



THE MERCY PROJECT

Program Participant Intake Form

NOTE: If the person seeking help appears to be in medical distress, notify dispatch immediately and request EMS and First Responders.

Participant's Name: _____ Date: _____ Time: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ DOB: _____ Photo ID? YES NO

Sex of Participant: Male Female SSN _____

Emergency Contact _____ Relationship _____ # _____

Relationship status (that is, does Participant have a partner)?

- Legally married In a committed relationship Widowed
 Separated Single, never married Divorced

How much school has the Participant completed?

- Some high school Some college
 High school graduate/GED College graduate

At any time in the past 30 days, did the Participant work at a paying job?

NO YES, part-time full-time (type of job) _____

Does Participant have health Insurance?

- None Medicare Other Medicaid Private Insurance

Insurance carrier? _____ ID# _____ Grp# _____

Copy of Card

Does Participant have doctor or regular place where they get medical care? NO YES, Name: _____

Does Participant know anyone who has gone thru the MERCY Project? _____

Has Participant been in the MERCY Project before? NO YES, when? _____

Warrant check completed? YES NO List any warrants: _____



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Search completed? YES NO List any items: _____

Has the Participant been arrested for drugs? YES NO If yes, about how many times? _____

CCH check completed? YES NO History of violence? YES NO

Is Participant on probation/parole? YES NO If YES, to what jurisdiction? _____

Any concerns by the officer or the supervisor of a reasonable belief that a Care Team Member could be seriously harmed by the participant? YES NO

Does CCH include 3 or more drug related arrests, and at least one of them is a conviction for possession with intent to distribute OR trafficking OR drug violation in a school zone? YES NO

If Yes, List: _____

Participant turning over drugs? NO YES Description: _____

Participant turning over paraphernalia? NO YES Description: _____

Participant assigned a Care Team Member? NO YES Name of Care Team Member: _____

Participant transported to _____ by whom? _____

Treatment type? Admitted? YES NO
 Detox In-Patient Out-Patient

DAST Score: _____

When was the last time the Participant used any opiate? Date: _____ Time: _____

What opiate did the Participant use? _____

How old was the Participant when he/she first used drugs? _____ Kind? _____

How old was the Participant when he/she first used opiates? _____

Does the Participant currently use heroin? NO YES, inject YES, snort



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How long has he/she been using? _____ How often? _____ How much? _____

Does the Participant currently use prescription opiates? YES NO Is the Participant a smoker? YES NO

List any prescription medications currently taking: _____

Does the Participant have any medical issues? (like diabetes, heart disease, etc) _____

Has the Participant been diagnosed with a mental health disorder? NO YES, _____

How many times has the Participant been to detox? _____

Except for detox, has the Participant ever received addiction treatment in the past (before this time)? YES NO

If yes, what types of treatment did the Participant received?

Mental Health In-Patient Out-Patient Recovery Group Detox only Other _____

-If yes, what facility, and when? _____

Did the Participant have a source of care or recovery support after treatment? YES NO

Has the Participant ever been involved with a self-help program (NA, other)? YES NO

Did the Participant ever try to get addiction treatment and was unable to get in? YES NO

How did the Participant hear about the MERCY Project? _____

Why did the Participant decide to come for this service now? _____

Does participant family wish to join a family support group? YES NO

If so, list family members:

Please list any other relevant comments or issues:



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I attest that the foregoing information is true and correct.

Applicant: _____

Date: _____

Application received by:

Officer: _____

Supervisor: _____