



## ARCA- Assisted Recovery Centers of America TEDS

CSTAR PROGRAM  SOR PROGRAM  MEDICAID

Partner Agency \_\_\_\_\_ DMH ID # \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

HAVE YOU EVER FELT THE NEED TO BET MORE MONEY?  YES  NO

HAVE YOU EVER HAD TO LIE TO PEOPLE IMPORTANT TO YOU ABOUT HOW MUCH YOU GAMBLE?  YES  NO

HOW IMPORTANT TO YOU NOW IS TREATMENT FOR ALCOHOL PROBLEMS?

NOT AT ALL / SLIGHTLY / MODERATELY / CONSIDERABLY / EXTREMELY

HOW IMPORTANT TO YOU NOW IS TREATMENT FOR DRUG PROBLEMS?

NOT AT ALL / SLIGHTLY / MODERATELY / CONSIDERABLY / EXTREMELY

HOW IMPORTANT TO YOU NOW IS TREATMENT FOR PSYCHOLOGICAL PROBLEMS?

NOT AT ALL / SLIGHTLY / MODERATELY / CONSIDERABLY / EXTREMELY

VETERAN STATUS?  YES  NO

LIVING ARRANGEMENT

ALONE / WITH FAMILY / WITH UNRELATED PERSON / WITH TRANSITIONAL / WITH PARENT OR SIBLINGS / WITH OTHER / WITH SPOUSE

MARITAL STATUS

NEVER MARRIED / MARRIED / WIDOWED / DIVORCED / SEPARATED / REMARRIED / COMMON LAW / LIVING AS MARRIED

NUMBER OF CHILDREN IN YOUR CARE \_\_\_\_\_

NUMBER OF CHILDREN REMOVED FROM CUSTODY OR IN DFS CUSTODY \_\_\_\_\_

LEGAL STATUS

NONE / PROBATION / PAROLE / AWAITING DISPOSITION / INCARCERATED

CURRENTLY PREGNANT (IF APPLICABLE)  YES  NO

NUMBER OF ARRESTS IN THE PAST 30 DAYS \_\_\_\_\_

NUMBER OF LIFETIME DUI ARRESTS \_\_\_\_\_

**EDUCATION (CIRCLE HIGHEST COMPLETED)**

KINDERGARTEN / 1<sup>ST</sup> GRADE / 2<sup>ND</sup> GRADE / 3<sup>RD</sup> GRADE / 4<sup>TH</sup> GRADE / 5<sup>TH</sup> GRADE / 6<sup>TH</sup> GRADE / 7<sup>TH</sup> GRADE / 8<sup>TH</sup> GRADE

9<sup>TH</sup> GRADE / 10<sup>TH</sup> GRADE / 11<sup>TH</sup> GRADE / 12<sup>TH</sup> GRADE / GED

TECH EDUCATION IN LIEU OF HIGH SCHOOL

TECH EDUCATION IN ADDITION TO HIGH SCHOOL

1<sup>ST</sup> YEAR COLLEGE / 2<sup>ND</sup> YEAR COLLEGE / 3<sup>RD</sup> YEAR COLLEGE / 4<sup>TH</sup> YEAR COLLEGE

GRADUATE COLLEGE / 1<sup>ST</sup> YEAR GRADUATE / MASTER'S DEGREE / 3<sup>RD</sup> YEAR GRADUATE

**SPECIAL EDUCATION (CIRCLE ALL THAT APPLY)**

NO SPECIAL EDUCATION / BEHAVIOR DISORDERED CLASSROOM / EDUCABLE MENTAL RETARDATION / ELEMENTARY AND

SECONDARY SPECIAL EDUCATION / LEARNING DISABLED CLASSROOM / REMEDIAL READING/RESOURCE ROOM

SPECIAL EDUCATION (UNSPECIFIED) / SPECIAL EDUCATION TESTING SUGGESTED / SPECIAL SCHOOL / SPEECH THERAPY

TRAINABLE MENTAL RETARDATION

**ENROLLED IN SCHOOL / JOB TRAINING**     YES     NO

**EMPLOYMENT STATUS**

EMPLOYED-FULL TIME (+35 HOURS/WEEK) / EMPLOYED-PART TIME (<35 HOURS/WEEK) / SHELTERED WORKSHOP

SUPPORTED EMPLOYMENT / UNEMPLOYED-SOUGHT LAST 30 OR ON LAYOFF / NOT IN WORK FORCE-HOMEMAKER

NOT IN WORFORCE-STUDENT (ACADEMIC OR VOCATIONAL) / NOT IN WORFORCE-RETIRED / NOT IN WORFORCE-DISABLED

NOT IN WORKFORCE-OTHER

**OCCUPATION**

CLERICAL WORKER / CRAFTSMAN / LABORERS / MANAGERS, OFFICIALS, PROPRIETORS / MILITARY SERVICE / OPERATIVE

(MECHANICAL INDUSTRY) / OTHER / PROFESSIONAL / SALES WORKERS / SERVICES & HOUSEHOLD

**INCOME SOURCE**

ALIMONY / CHILD SUPPORT / DISABILITY / EMPLOYMENT / FAMILY OR FRIENDS / ILLEGAL / MILITARY / NONE / OTHER

PUBLIC ASSISTANCE-STATE / RETIREMENT / SSA / SSDI / SSF / UNEARNED INCOME / UNEMPLOYMENT / VA / WORK COMP

**WEEKLY INCOME**

\$1 - \$49     \$50 - \$99     \$100 - \$149     \$150 - \$199     \$200 - \$299     \$300 - \$499     \$500 AND OVER

**HOUSEHOLD MONTHLY INCOME \$** \_\_\_\_\_

**PUBLIC ASSISTANCE (CIRCLE ALL THAT APPLY)**

FOOD STAMPS / JOB OPPURTUNITIES AND BASIC SKILLS TRAINING / LEGAL SERVICES FOR THE POOR / MEDICAID

MEDICARE / PSYCHIATRIC SERVICES / PUBLIC HOUSING / SSD BENEFITS / SUBSTANCE ABUSE TREATMENT ASSISTANCE

UNEMPLOYMENT COMPENSATION / VETERAN COMPENSATION / VETERAN PENSIONS / WORKER'S COMPENSATION

	<b>SUBSTANCE ABUSED</b> (EG: HEROIN, COCAINE, MARIJUANA, ETC)	<b>ROUTE OF ADMINISTRATION</b> (EG: IV, SNORT, SMOKE, ETC)	<b>FREQUENCY OF USE</b> <b>IN PAST 30 DAYS</b>	<b>AGE OF FIRST USE</b>
1				
2				
3				

**DID YOU ATTEND A PRIOR DETOX PROGRAM?**  YES  NO

IF YES, HOW MANY HAVE YOU ATTENDED: \_\_\_\_\_

**DID YOU ATTEND A PRIOR RESIDENTIAL OR INPATIENT PROGRAM?**  YES  NO

IF YES, HOW MANY HAVE YOU ATTENDED: \_\_\_\_\_

**DID YOU ATTEND A PRIOR OUTPATIENT PROGRAM?**  YES  NO

IF YES, HOW MANY HAVE YOU ATTENDED: \_\_\_\_\_

**PRIMARY SOURCE OF PAYMENT**

SELF PAY / BLUE CROSS BLUE SHIELD / MEDICAID / OTHER GOV / WORKERS COMPENSATION / OTHER INSURANCE / NO CHARGE / OTHER

**HOW MANY DAYS HAVE YOU ATTENDED A SELF-HELP PROGRAM IN THE LAST 30 DAYS?** \_\_\_\_\_

**ARE YOU CURRENTLY TAKING ANY MEDICATIONS FOR TREATMENT OF ADDICTION?** IF YES, SELECT FROM THE FOLLOWING LIST:

NONE / NALTREXONE / BUPRENORPHINE / DISULFIRAM / NALOXONE / SUBOXONE / TRANQUILIZERS (VALIUM, LIBRIUM, ETC)

VIVITROL / CAMPRAL / ANTI-DEPRESSENTS / METHADONE

**CIRCLE YOUR PRIMARY HEALTH INSURANCE PROVIDER**

NONE / BLUECROSS BLUESHIELD / HEALTH MAINTENANCE ORGANIZATION (HMO) / MEDICARE / MEDICAID

OTHER PRIVATE INSURANCE / OTHER (TRICARE, CHAMPUS)

**DO YOU HAVE DEVELOPMENTAL PROBLEMS**  YES  NO **DO YOU HAVE PSYCHOLOGICAL PROBLEMS**  YES  NO

**HAVE YOU USED TOBACCO IN THE LAST 30 DAYS?**  YES  NO

