



NORTH SHORE CDC

INTAKE ASSESSMENT FORM

PARTICIPANT INFORMATION

1. Last Name:		First Name:		Middle Initial:
2. Social Security Number		3. Date of Birth (MM/DD/YY)		4. Telephone:
5. Current Address: Street/City/State/Zip		6. Email Address:		
7. Gender?		8. Race/Ethnicity: _____		
9. Country of Birth: _____ Registered Voter? ☐ Yes ☐ No Link to Online Registration System: https://www.sec.state.ma.us/ovr/		10. Immigrant: ☐ Yes ☐ No If Yes: Arrival Year in US: _____ Would you like helpful citizenship resources? ☐ Yes ☐ No		
11. Native Language		12. Second Language		
13. Current Living Status: ☐ a. Living with Family ☐ b. Living alone ☐ c. Living with Friends ☐ d. Living in a Homeless Shelter ☐ e. Living in a Halfway House ☐ f. Living in a Work/Release Program ☐ g. Other: (Specify) _____				
14. Marital Status: ☐ a. Single ☐ b. Married ☐ c. Separated ☐ d. Divorced		15. Household Income: \$ _____		
16. Emergency Contact: Name: _____ Number: _____ Address: _____ _____		17. If you were struggling in the program, who would we call to encourage you to get refocused? Name: _____ Number: _____		

EDUCATIONAL & EMPLOYMENT HISTORY

18. Highest Grade or Year of School Completed: ☐ a. Less than 8 th ☐ b. 8 th Grade ☐ c. 9 th Grade ☐ d. 10 th Grade ☐ e. 11 th Grade ☐ f. High School graduate/GED	
19. Most recent School/Program attended: _____ _____	20. Address of School/Program: _____ _____ _____
21. Name of Guidance Counselor:	22. Guidance Counselor's Contact: () _____

23. Are you currently employed? ☐ Yes ☐ No If yes, where? \$ _____		Email: _____
		24. Employer's Contact: () _____ Email: _____

DEPENDENTS AND PUBLIC ASSISTANCE

25. Lives by Self: ☐ Yes ☐ No	26. Lives with Parents or Lives with Other Relatives: ☐ Yes ☐ No	27. Do you have children? ☐ Yes ☐ No How many? _____	28. Are you in foster care? ☐ Yes ☐ No
29. Oldest Child Date of Birth (MM/DD/YYYY): _____		30. Youngest Child Date of Birth (MM/DD/YYYY): _____	
31. Do You Receive Public Assistance? ☐ Yes ☐ No List: _____	32. Does Anyone Else in Household Receive Public Assistance? ☐ Yes ☐ No List: _____	33. Do You Receive Child Care? ☐ Yes ☐ No List: _____	

CRIMINAL JUSTICE HISTORY

34. Have you ever been convicted of a crime? (If Yes, please explain): ☐ Yes ☐ No _____ _____			
35. Ever Convicted of a Misdemeanor? : ☐ Yes ☐ No		36. Ever Convicted of a Felony? ☐ Yes ☐ No	
37. Ever at a Juvenile Detention Facility? ☐ Yes ☐ No Facility name: _____		38. Ever at an Adult Correctional Facility? : ☐ Yes ☐ No Facility name: _____	
39. Time Incarcerated: Weeks _____ Months _____ Years _____			
40. Are you on Probation? ☐ Yes ☐ No Length: _____	38. Are you on Parole? ☐ Yes ☐ No Length: _____	41. Have you lost Your voting rights? ☐ Yes ☐ No	
42. Name of Parole/Probation Officer: _____		43. Parole/Probation Officer's Contact Number: () _____	

SUBSTANCE ABUSE HISTORY

44. Substance Abuse at Entry: ☐ Yes ☐ No	45. Please list the Substance(s) that is/are being abused: _____		
46. Have you done anything you wish you Hadn't when you were drunk/high? ☐ Yes ☐ No	47. Have you ever used alcohol or drugs to help you feel better? ☐ Yes ☐ No		
48. Have you ever been treated for substance abuse? ☐ Yes ☐ No	49. If "Yes" to previous question, list the facility: _____		
50. If no treatment was provided, would you like help with your alcohol/drug use? List why or why not: _____ _____			

PHYSICAL/MENTAL HEALTH HISTORY

51. Do you have health insurance? ☐ Yes ☐ No	52. Have you ever been treated for Mental Health? ☐ Yes ☐ No If yes, explain _____
--	---

If yes, who is your health care provider _____	_____
53. Do you have any health care issues or disabilities? ☐ Yes ☐ No If "Yes," describe: _____ _____ _____ _____ _____	
54. Are you currently taking any prescribed medication? ☐ Yes ☐ No If so, what/why? _____ _____ _____	
55. Would you like help in finding mental health resources? List why or why not: _____ _____ _____ _____	

PERSONAL INFORMATION

56. What are your personal barriers? _____ _____ _____ _____	
57. What are your goals for yourself while in this program? _____ _____ _____ _____	

Overall Observations | Notes:

Needs Additional Assessment	Yes___ No___
Needs referral (s)	Yes___ No___

Assessment Completed By (Name & Title) _____

Signature: _____

Date: _____

