

WOODSTOCK, NEW YORK

76 Tinker Street • Woodstock NY 12498

Chief of Police: Clayton Keefe



Colony of the Arts

POLICE DEPARTMENT

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Dispatch Supervisor: Laurie Hamilton

Woodstock Outreach Initiative Program

ANGEL COPY INTAKE FORM

[NOTE: The Angel shall ask the following questions. The participant is not required to answer them.]

Participant's Name: _____

Date: _____ Time: _____ Angel's Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone #: _____ DOB: _____

Gender of participant: _____

Should the Angel contact anyone? Name: _____

Phone Number: _____ Relationship: _____

Does participant have health Insurance?

None Medicare Medicaid Private Insurance Other

Insurance carrier? _____ Type of coverage? _____

Does participant have doctor or regular place where they get medical care? NO YES

If YES, who or where? _____

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

If YES, where? _____

Has the participant ever been involved with a self-help program (Narcotics Anonymous, other)?

NO YES If Yes, where? _____

What may prevent the participant from going into treatment? Pets Bills Family Housing

Dependents/Kids Working mom Caregiver Other [Explain]

What help, if any, would the participant need to help them get clean?

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

Does participant know anyone who has gone through the Woodstock Outreach Initiative Program? NO YES If YES, who? _____

[NOTE: The participant may be required to answer the following questions if interviewed by a treatment facility.]

When was the last time the participant used any drugs? _____

What drugs did they use? _____

How old was the participant when they first used drugs? _____

How old was the participant when they first used opiates? _____

Does the participant currently use heroin? NO YES

Does the participant inject? NO YES

Does the participant snort? NO YES

Does the participant currently use prescription opiates? NO YES

How many times has the participant been to detox? _____ time(s).

Except for detox, has the participant ever received addiction treatment in the past? NO YES

If yes, what types of treatment have you received?

Methadone Behavioral Other Out Patient
 Suboxone Detox only Long Term

Did the participant ever try to enter addiction treatment but was unable to get in? NO YES

Can participant explain why?

This space for any other relevant comments or issues:

Name and Signature of Volunteer Angel

Date

Name and Signature of Police Personnel

Date