Ipswich Police Department
Operation HOPE
Intake Form “B”

In Partnership with
Ipswich Police Department  
Operation HOPE Intake Form

**INTAKE INFORMATION**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Report Number:</td>
<td></td>
</tr>
</tbody>
</table>

**ADVISORY TO PROGRAM PARTICIPANT CONCERNING PURPOSE OF DISCLOSURES**

The below information is solicited to assist Ipswich Police Department Operation HOPE and your assigned “Angel” in seeking treatment options for you and to pursue a possible facility placement. Your cooperation concerning this matter is vital to this process. Your failure to disclose requested information may result in the inability to effectively identify treatment options and/or facility placement.

**PARTICIPANT INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td></td>
<td>Sex:</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>PHOTO ID</td>
<td>Yes</td>
<td>No</td>
<td>State &amp; Type ID:</td>
<td>Age:</td>
</tr>
</tbody>
</table>
### PARTICIPANT CONTACT

<table>
<thead>
<tr>
<th>Name of Person Who Can Contact Participant:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Relationship:</th>
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<tbody>
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</table>

### PARTICIPANT RELATIONSHIP STATUS

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

### PARTICIPANT EDUCATION STATUS

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

### PARTICIPANT RECENT EMPLOYMENT STATUS

Has the Participant had a paying job within the past 30 days?

<table>
<thead>
<tr>
<th>NO</th>
<th>□</th>
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</table>

<table>
<thead>
<tr>
<th>YES (part-time)</th>
<th>Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES (full-time)</th>
<th>Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

### PARTICIPANT INSURANCE/MEDICAL INFORMATION

Does Participant have health Insurance or coverage? NO □ YES □

If yes, which of the following?

- Medicare □
- Other □
- Medicaid □
- Private Insurance □

Type of Coverage (if applicable): HMO □ PPO □
Insurance Carrier: __________________________________________________________

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

Doctor and/or Facility Name: ____________________________________________

**PERSONAL HISTORY INFORMATION**

Does Participant know anyone who has gone through the Operation HOPE program? NO ☐ YES ☐

What drugs is the participant currently using? ______________________________________

How much and how frequently is the participant currently using drugs? ________________

When was the last time the Participant used any opiate? ______________________________

What opiate 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 (inject) ☐ YES (snort) ☐

Does the Participant currently abuse or illegally use prescription opiates? 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)? NO ☐ YES ☐

If yes, what types of treatment have you received? Methadone ☐ Behavioral ☐ Other ☐

Suboxone ☐ Detox only ☐

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

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

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

Has the participant previously served in the US military? NO ☐ YES ☐
How did the Participant hear about the Ipswich Police Operation HOPE program?
________________________________________________________________________

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

May we contact the Participant again to learn more about his/her experience with this program?  NO ☐  YES ☐

**ANGEL ASSIGNMENT**

Participant Assigned “ANGEL(S)”?  NO ☐  YES ☐

Name(s) of “ANGEL(S) __________________________________________________________
________________________________________________________________________

Please list any other relevant comments or issues:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Officer: ________________________________________________________________

Supervisor: ________________________________________________________________