Scarborough Police Department
Operation HOPE Intake Form

In Partnership with

PRCC
Portland Recovery Community Center

Operation HOPE Form “B”; Version: 12/8/2015
Scarborough 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>
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</tbody>
</table>

ADVISORY TO PROGRAM PARTICIPANT CONCERNING PURPOSE OF DISCLOSURES

The below information is solicited to assist Scarborough 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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>SSN:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Sex:</td>
</tr>
<tr>
<td>PHOTO ID</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
**PARTICIPANT CONTACT**

Name of Person Who Can Contact Participant:  

Phone Number:  

Relationship:  

**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>
</tr>
</thead>
<tbody>
<tr>
<td>YES (part-time)</td>
<td>☐</td>
</tr>
<tr>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>YES (full-time)</td>
<td>☐</td>
</tr>
<tr>
<td>Type:</td>
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</tr>
</tbody>
</table>

**PARTICIPANT INSURANCE/MEDICAL INFORMATION**

Does Participant have health Insurance or coverage?  

<table>
<thead>
<tr>
<th>NO</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, which of the following?  

- Medicare  
- Other  
- Medicaid  
- Private Insurance  

Type of Coverage (if applicable):  

- HMO  
- PPO  

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Insurance Carrier: ____________________________________________________________

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

Doctor and/or Facility Name: __________________________________________________

Does the participant have an open case with DHHS? NO ☐ YES ☐

CRIMINAL HISTORY AND RECORDS

Is the participant currently on probation? NO ☐ YES ☐

If “yes”, who is the probation officer? _____________________________________________

Is the participant currently in the Maine Pretrial program? NO ☐ YES ☐

Is the participant currently in the Maine Drug Court program? NO ☐ YES ☐

Does the participant currently have an open DHHS case? NO ☐ YES ☐

Based upon criminal records checks, is the subject eligible for program participation? (i.e. no warrants; no disqualifying conviction history, no known risk of harm) NO ☐ YES ☐

PERSONAL HISTORY INFORMATION

NOTE TO PARTICIPANT: The below information is being solicited to assist in the identification of appropriate treatment options. Information reported below will be subject to medical verification. Failure to provide accurate and truthful information may result in an inability to effectively identify treatment options and/or facility placement.

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

Has the Participant been arrested for drugs? NO ☐ YES ☐

If yes, about how many times? ________________________________________________

What drugs are the participant currently using? _________________________________

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

____________________________________________________________________________

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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 Operation HOPE?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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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 ☐

First Name(s) and Angel Number of “ANGEL(S) __________________________________________________________

__________________________________________________________________________

Please list any other relevant comments or issues:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Officer: ________________________________________________________________

Supervisor: ______________________________________________________________