

**WOODSTOCK, NEW YORK**

76 Tinker Street • Woodstock NY 12498

*Chief of Police: Clayton Keefe*



*Colony of the Arts*

**POLICE DEPARTMENT**

Phone: 845-679-2422 • Fax: 845-679-2009

*Dispatch Supervisor: Laurie Hamilton*

**Woodstock Outreach Initiative Program**

**Police Intake Form**

(To be completed by Police Department Personnel)

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Photo ID: YES NO License# \_\_\_\_\_

Gender of Participant: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Warrant check completed: YES NO List any warrants: \_\_\_\_\_

Does Participant have health Insurance?

\_\_\_None \_\_\_Medicare \_\_\_Other \_\_\_Medicaid \_\_\_Private Insurance

Insurance carrier?

\_\_\_\_\_

Type of coverage?

\_\_\_\_\_

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

If YES, where?

\_\_\_\_\_

Does participant want or need a detox facility? NO YES

If YES, Is Kingston Hospital able to place? NO YES Other detox facilities?

\_\_\_\_\_

If YES, Ambulance called? \_\_\_\_\_ Who responded? \_\_\_\_\_

Has the participant ever been involved with a self-help program (Narcotics Anonymous, other)?  
NO YES If Yes, where?

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

Participant Assigned Angel? NO YES

Name: \_\_\_\_\_

Any concerns by the officer or the Chief of Police or his/her designee of a reasonable belief that the Volunteer Angel could be harmed by the participant? YES NO If YES, explain:

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May we contact the participant in the future to learn more about his/her experience with this program? YES NO

Please list any other relevant comments or issues:

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Name and Signature of Participant

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Date

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Name and Signature of Police Personnel

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Date