

Alt Recovery Initial Assessment Questionnaire

General Intake Questions

Please allow up to 10 business days after Intake Forms have been submitted for one of our staff to reach out to you. Your information is protected under state law. Please see our privacy policy for more details.

* Indicates required question

1. Email *

2. Are you filling this form out for you or someone else? *

Mark only one oval.

Myself

Someone Else

3. If filling this out for someone else, please state your name and relation to the person seeking services.

4. Legal Name *

5. Preferred Name

6. Date of Birth *

Example: January 7, 2019

7. Sex assigned at birth *

Mark only one oval.

- Male
- Female
- Decline to answer

8. Gender Identity

Mark only one oval.

- Female
- Male
- Non-binary

9. Preferred Pronouns

10. Phone Number *

11. Email Address *

12. Have you used our services before? *

Mark only one oval.

- Yes
- No
- Decline to answer

13. Social Security Number

Basic Assessment Questionnaire

Please answer the following in order for us to direct you to the correct place in a faster timeline.

14. Have you been diagnosed or lived with a substance use disorder? *

Mark only one oval.

- Yes
- No
- Declined to answer

15. Are you currently experiencing homelessness? *

Mark only one oval.

- Yes
- No
- Declined to answer

16. Do you have insurance? *

Check all that apply.

- No
- Medicaid
- Medicare
- Private Insurance
- Declined to answer

17. Do you currently have income? *

Mark only one oval.

- No
- Yes (If yes, please specify)
- SSI
- SSDI
- Retirement
- Employment
- Other
- Declined to answer

18. Please type your name below as your signature and date the form.

*By typing your name you state that the answers above are true to the best of your knowledge and that you give permission and acknowledge someone will be in contact with you.

Example: January 7, 2019

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