

Grace Place Service Request

Date: _____ Time: _____ Staff Member: _____

Contact made by: (circle one) Phone In Person

Referred by: (name, agency, contact info) _____

Admittance is not guaranteed until a clean drug test on move-in day.

Client Name: _____

DOB: _____ SSN: _____

Contact number: _____ Your number? Y N

Seeking which services (circle all that apply)

Emerg. Shelter	Long-term Shelter	A&D Services
DV Services	Job Training	Other _____

Have you stayed at Grace Place before: Y N

Where are you currently staying: _____

Notes about client needs/requests: _____

Are you at eminent risk of harming yourself or someone else?

Are you willing to submit to a 12 month Program? Y N

Initially there are no privileges available. This includes phone calls, visitations and free time. Are you willing to submit to significant restrictions in the initial phases of the program? Y N

Are you currently pregnant? Y N Not Sure

Domestic Violence Issues: Y N

Name of Abuser: _____

Relationship: _____

Do you need law enforcement or medical attention: Y N

Notes: _____

Substance Abuse (check all that apply):	Last Use: -
____ Alcohol	_____
____ Marijuana	_____
____ Cocaine/Crack	_____
____ Heroin	_____
____ Barbiturates/"Pills"	_____
____ Amphetamines	_____
____ Methamphetamine	_____
____ Other (list)	_____

of Overdoses? _____ Dates: _____

Past Treatment (Location):	Dates:
_____	_____
_____	_____
_____	_____

Probation/Parole? Y N What County? _____

Name of Probation Officer _____

How often are you required to report, and where: _____

Any upcoming court dates: _____

Any current charges or legal issues or warrants? _____

Notes: _____

Mental Health (check all that apply)

____ Depression

____ Anxiety

____ Hallucinations

____ Flashbacks

____ Violent Tendencies (past/present)

____ "Voices"

____ Other _____

Participating in Current Treatment: Y N

List: _____

List All Medications:

Do you have children? Y N

First names/ages: _____

Who has custody: _____

Is DCBS involved: _____

Who is currently caring for them: _____

Who is caring for your children if you are at Grace Place for 12 mo: _____

Notes: _____

Any physical health problems or limitations? _____

Are you able to climb a flight of stairs? Y N

Notes: _____

Office Use: (Action Taken) _____
