

WILLOWBEND FARMS ENTRANCE/SUPPORT REQUEST

WILLOWBEND
FARMS

Date: _____ Name _____

Age: _____ Location: _____

DOB: _____ SS#: _____

Contact Number: _____

Emergency Contact: _____

Referring Agency Name and Number: _____

Number of children: _____ Ages: _____

Custody Arrangements: _____

Pregnant? _____ If yes, how many months? _____

No. of Years in Addiction: _____ Chemical Preference: _____

Length of Sobriety _____

Number of Years of Trafficking/Prostitution: _____ Clean time, if any: _____

Sexual Exploitation History (ie. streets, motels, areas of town): _____

Sexual Abuse History:

Domestic Violence: _____

Mental Health Diagnosis, if any: _____

Are you in therapy? _____ Therapist: _____

Physical disabilities, Chronic/ongoing conditions: _____

Medications: _____

Suicide attempts: _____

Inpatient A&D Treatment, IOP, and/or Recovery: _____

Inpatient psychiatric hospitalizations (please include dates): _____

Medical Insurance? _____ Provider: _____

Arrest Record:

Felonies:

Pending Cases:

Probation:

County:

Probation Officer:

Phone

Family Relationships:

Current Relationships:

Education:

Person Completing Intake:

Relation to Prospect:

Signature:

Date:
