

***New Philadelphia Municipal Recovery Court Program***

***Application Screening Form***

1. Screening Date: \_\_\_/\_\_\_/\_\_\_ Case #: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

4. Gender: Male Female 5. Date of Birth: \_\_\_/\_\_\_/\_\_\_ 6. Marital Status: \_\_\_\_\_

7. Telephone #'s: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

8. Address: \_\_\_\_\_  
\_\_\_\_\_

9. Do you live with other people at this address? NO YES → *If yes*, complete the table below

NAME	AGE	RELATIONS HIP	DRUG & ALCOHOL USE	MENTAL ILLNESS	PHYSICAL ILLNESS

10. How many children do you have? \_\_\_\_\_ Age(s) of children: \_\_\_\_\_

Do you have custody of your children? YES NO

11. How long have you lived at this address? \_\_\_\_\_

12. Are you willing to/able to relocate, if necessary, to a safer environment? YES NO → *If no*, state reason \_\_\_\_\_

13. Do you have a valid Driver's License? YES NO → *If no*, state reason \_\_\_\_\_

14. Do you have your own transportation? YES NO  
If no, do you have another source of reliable transportation? YES NO

15. Are you currently employed?  
Yes full time part time Employer: \_\_\_\_\_ Hire date: \_\_\_\_\_

No – looking for work No- disabled No- retired No- not looking Other: \_\_\_\_\_

**16. Are you currently attending school? YES NO**

If yes → full time part time School: \_\_\_\_\_

Highest level of education (or grade) completed : \_\_\_\_\_

**17. Do you have health insurance? NO YES → insurance provider: \_\_\_\_\_**

**18. Approximately how much money do you receive from the following sources each month?**

Employment \$ \_\_\_\_\_ .00  
Public assistance \$ \_\_\_\_\_ .00  
Retirement/Social Security \$ \_\_\_\_\_ .00  
Disability \$ \_\_\_\_\_ .00  
Unemployment \$ \_\_\_\_\_ .00  
Child Support \$ \_\_\_\_\_ .00  
Other \$ \_\_\_\_\_ .00

**19. Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_**

**Address: \_\_\_\_\_ Phone: \_\_\_\_\_**

**20. Do you have any alcohol/drug-free peers? YES NO**

**21. Do you have a problem with alcohol and /or drug use? YES NO**

**22. Are you willing to be in a treatment program for 12 to 18 months? YES NO**

**23. Are you able to attend Recovery Court review hearings at 11:30am on Wednesdays? YES NO**

**24. Criminal History: Begin with the most recent charge(s),**

Date of arrest	Charge(s)	Felony or Misdemea	Time Served	Outcome Parole/ Probation	PO's Name

**25. Substance Use/Abuse/Dependency/Addiction History:**

Substance	Age at First Use	Age/Date of Last Use	Frequency (Times/ Month)	Daily Use? (Y/N)	Quantity	Method of Use
Alcohol						
Marijuana						
Cocaine						
Heroin						
Suboxone						
Methadone						
Methamphetamine						
Ecstasy/MDMA						
Inhalants						
Spice						
Bath Salts						
Hallucinogens (LSD, PCP, acid)						
Prescription Medication (Vicodin, OxyContin, Ultram, Xanax, etc.)						
Over-the-Counter Medication (DXM/ Robitussin, codeine, cough syrup, diet pills, etc.)						

**26. List substances in order by drug of choice:** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**27. Have you ever received treatment services for drug problems?** NO YES→*If yes, complete table*

Treatment Facility	Inpatient/ Outpatient	Date	Contact Person	Completed (YES/ NO)

**28. Have you ever been diagnosed with a mental illness? YES NO**

If yes, when, by whom and what was the diagnosis: \_\_\_\_\_

\_\_\_\_\_

**29. Do you have any current physical health problems? YES NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**30. What goals do you want to achieve in life? \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**31. Please provide any other information you believe is important to your current situation:**

\_\_\_\_\_

\_\_\_\_\_

**Defendant's signature: \_\_\_\_\_ Date: \_\_\_\_\_**