

**True North Project
Eligibility Screening**

Demographics

Name: _____ Date of Birth: _____ Sex: M F

Last First MI

Today's Date: _____ Arrest Date: _____

Incarceration Date: _____ Scheduled Discharge Date: _____

Social Security #: _____ Ethnicity: _____ Tribe: _____

Address: _____ Phone #: _____

Street City State Zip Code

Tell me about your living situation when not incarcerated:

Who do you live with? Is there use in the house? Would you return there following incarceration?

Health Insurance: _____ SSI/SSDI Amount: _____

Are you eligible for Medicaid and SNAP? Yes No I don't know

Are you a Veteran? Yes No

Branch: _____ Years Served: _____ Discharge: _____

Highest Level of Education Completed: _____

Do you have the ability to work? Yes No

If no, please explain:

Family/Friends

Marital Status: Married Not Married Spouse's Name: _____

Current Status of Relationship: _____

Legal

What facility are you currently incarcerated? _____

Are you required to register as a violent or sexual offender? Yes No

Have you been sentenced to a DOC placement? Yes No I don't know

If yes, please explain:

Could you tell me your account as to why you are here and what lead to your current legal involvement?

Current Charges:

1. _____
2. _____
3. _____
4. _____
5. _____

Scheduled Sentencing Date: _____ Sentencing Judge: _____

Previous legal involvement? Jail/Prison? Jail last 30 days?

Probation Officer: _____ County: _____ Phone: _____

Attorney: _____ Firm/County: _____ Phone: _____

Identifying conditions in the following areas will not affect your opportunities with the True North Project. This information is used only to provide comprehensive care

Mental Health

Any mental health diagnosis? Yes No If yes, please fill out all areas below:

Diagnosis	Physician/Facility	Medication	Notes

History of psychiatric treatment and/or hospitalizations? Yes No If yes, please fill out all areas below:

Facility Name	Year	Reason	Notes

Do you have a history of self-harm? Yes No If yes, please explain:

Have you had any previous suicidal attempts and/or suicidal ideations? Yes No

If yes, please explain:

Do you have a history of violence, fights, or harm to others? Yes No

If yes, please explain:

Medical

List any medical conditions and corresponding medications in the chart below:

Medical Condition	Physician/Facility	Medication Needed	Treatment/Notes

If you have medical condition, are you able to complete all activities of daily living? Yes No

If no, please explain:

Does your condition require monitoring? Yes No If yes, please explain:

How often do you check-in with your physician for medical conditions?

Treatment

Have you been in treatment for substance dependence previously / or been evaluated for substance dependence? When? Where?

Facility Name	Year	Complete/Incomplete	Notes

On a scale of 1 – 5, with 1 being drug / alcohol use being a little bit of a problem to 5 being a serious problem, where do you rate your alcohol / drug problem? Please give explanation as to why you gave this rating:

On that same scale of 1 – 5, how would you rate your willingness / readiness to change? Please give explanation as to why you gave this rating:

Use History

Diagnostic

Type of Substance	Date Last Used	Amount Used/ Frequency	Route of Administration	Comments
Alcohol				
Heroin				
Methadone				
Opiates				
Barbiturates				
Sedatives				
Amphetamine				
Cannabis				
Hallucinogens				
Inhalants				
Tobacco				
Benzodiazepine				
Cocaine				
Other: _____				

Primary Drug of Choice: _____

- Yes No 1. Have you used for a longer period of time or taken more than intended?
- Yes No 2. Have you wanted to cut down or attempted to control your use?
- Yes No 3. Do you spend a great deal of time in activities to obtain, use or recover from use?
- Yes No 4. Do you crave or have a strong desire to use?
- Yes No 5. Does your use result in a failure to fulfill major role obligations at work, school or home?
- Yes No 6. Do you have continued use despite having persistent or recurrent social or Interpersonal problems caused or exacerbated by the effects of use?
- Yes No 7. Have you given up or reduced social, occupational, or recreational activities in order to use?
- Yes No 8. Recurrent use in situations in which it is physically hazardous?
- Yes No 9. Do you continue to use with knowledge of having a persistent or recurrent physical problems that are likely to have been caused or exacerbated by you use?
- Yes No 10. Have you experienced tolerance?
- Yes No 11. Withdrawal Symptoms?

Secondary Drug of Choice: _____

- Yes No 1. Have you used for a longer period of time or taken more than intended?
- Yes No 2. Have you wanted to cut down or attempted to control your use?
- Yes No 3. Do you spend a great deal of time in activities to obtain, use or recover from use?
- Yes No 4. Do you crave or have a strong desire to use?
- Yes No 5. Does your use result in a failure to fulfill major role obligations at work, school or home?
- Yes No 6. Do you have continued use despite having persistent or recurrent social or Interpersonal problems caused or exacerbated by the effects of use?
- Yes No 7. Have you given up or reduced social, occupational, or recreational activities in order to use?
- Yes No 8. Recurrent use in situations in which it is physically hazardous?
- Yes No 9. Do you continue to use with knowledge of having a persistent or recurrent physical problems that are likely to have been caused or exacerbated by you use?
- Yes No 10. Have you experienced tolerance?
- Yes No 11. Withdrawal Symptoms?

Tertiary Drug of Choice: _____

- Yes No 1. Have you used for a longer period of time or taken more than intended?
- Yes No 2. Have you wanted to cut down or attempted to control your use?
- Yes No 3. Do you spend a great deal of time in activities to obtain, use or recover from use?
- Yes No 4. Do you crave or have a strong desire to use?
- Yes No 5. Does your use result in a failure to fulfill major role obligations at work, school or home?
- Yes No 6. Do you have continued use despite having persistent or recurrent social or Interpersonal problems caused or exacerbated by the effects of use?
- Yes No 7. Have you given up or reduced social, occupational, or recreational activities in order to use?
- Yes No 8. Recurrent use in situations in which it is physically hazardous?
- Yes No 9. Do you continue to use with knowledge of having a persistent or recurrent physical problems that are likely to have been caused or exacerbated by you use?
- Yes No 10. Have you experienced tolerance?
- Yes No 11. Withdrawal Symptoms?

The cost to participate in the True North Project is \$5 per day during your stay in the program. Half of the cost is due within one week of admission and half is due before discharge.

What is your plan for paying this fee?

I have read and understand this application and submit my request for admission into the True North Project.

Signed: _____ Date: _____