Name:
Date of Birth:

| State of Oregon Measures and Outcomes: Race (check all that apply) | Collection Form Ethnicity (check one) |
| :---: | :---: |
| Alaska Native | Cuban |
| American Indian | Hispanic - Specific Origin not Specified |
| Asian | Mexican |
| Black or African American | Not of Hispanic Origin |
| Native Hawaiian or Other Pacific Island | Other Specific Hispanic |
| Other Single Race | Puerto Rican |
| Two or More Races not listed | Unknown |
| White |  |

Who Referred You? (check all that apply)

|  | Alc/Drug Evaluation Specialist |
| :--- | :--- |
|  | Child Welfare |
|  | Circuit Court |
|  | Crisis/Helpline |
|  | Employer/EAP |
|  | Employment Services |
|  | Family/Friend |
|  | Federal Correctional Institution |
|  | Jederal Court |
|  | Media, Internet |
|  | Mental Health or Substance Abuse Provider |
|  | Othericipal Court |
|  | Parole |
|  | Police or Sheriff |
|  | Private Health Professional |
|  | Probation |
|  | Schoriatric Security Review Board |
|  | Self |
|  | State Correctional Institution |
|  | State Psychiatric Facility |
|  | Vocational Rehabilitation |

Are you A Veteran?

| $\square$ | NO |
| :--- | :--- |
|  | YES (Check one below if applicable) |
|  | Current or Former Active Duty Military |
| $\square$ | Current or former Guard/Reserve |

Tribal Affiliation? (check one)


## Name:

Date of Birth:

Name:
Date of Birth:

## Employment Status (check one)

| Disabled |
| :---: |
| Full Time <br> Homemaker <br> Hospital Pt. / Res. Of Other Inst. <br> Not in Labor Force <br> Part Time <br> Student <br> Retired <br> Unemployed <br> Other $\qquad$ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Living Arrangement (check one)

| $\square$ | Alcohol and Drug Free Housing |
| :--- | :--- |
| Private Residence |  |
| Oxford Home |  |
| Residential Facility |  |
| Room and Board |  |
| $\square$ | Supported Housing |
| Supportive Housing (congregate) |  |
|  | Supportive Housing (scattered site) |
| $\square$ | Transient/Homeless |


| Currently Pregnant? |  |
| :---: | :---: |
|  | Yes |
|  | No |
|  | N/A |
|  | Unknown |

## Alcohol or Drug Use last 90 days

yes
no $\qquad$

Number of arrests past month Total Arrests DUII Arrests past month Total DUII Arrests
Legal Status?


Tobacco use
yes
no
$\square$

Source of Income (check one)

| $\square$ | Wages/Salary |
| :--- | :--- |
|  | Public Assistance |
| $\square$ | Disability/SSDI |
|  | Retirement/Pension/SSI |
| $\square$ | Other |
| $\square$ | None |

Total number of dependents (Include yourself) Number of child dependents

