

## CLACKAMAS COUNTY SOCIAL SERVICES COMMUNITY COURT INTAKE/QUESTIONNAIRE

This form should be discussed and reviewed with your attorney before you complete it. Our hope is to be able to identify areas of need and provide you with appropriate information and assistance.

### Section A

Today's date \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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

How long have you lived in Clackamas County? \_\_\_\_\_

Marital Status:    single     married     divorced     other

Do you rent and maintain a residence independently?    Yes     No

Briefly describe your living situation. \_\_\_\_\_

Is English your primary language?    Yes     No

If no, what language do you speak and understand best? \_\_\_\_\_

Are you responsible for any minors in your care? Yes  No

If yes, how many children and what are their ages?

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**SECTION B:**

Have you ever received help from Clackamas County Social Services?

Yes  No

If yes, briefly describe the services you received and how long ago that was.

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Are you currently receiving food stamps or cash assistance? Yes  No

Are you currently a student or receiving financial Aide? Yes  No

Are you currently receiving social security disability benefits? Yes  No

If yes, please explain. \_\_\_\_\_

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Are you a veteran? Yes  No

Are you currently receiving veteran benefits? Yes  No

Do you need veteran related services? Yes  No

SECTION C

Did you graduate from high school/GED? Yes  No

Highest grade you completed. \_\_\_\_\_

Are you currently employed? Yes  No

If yes, where are you currently working? \_\_\_\_\_

How long have you been working for this employer? \_\_\_\_\_

Full time  Part time  Temporary

Do you have medical insurance through your employer? Yes  No

What is your hourly rate of pay with this employer? \_\_\_\_\_

If unemployed, are you currently looking for work? Yes  No

Please identify barriers that would prevent you from looking for work at this time.

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in receiving job search assistance? Yes  No

Do you have current ID for the State of Oregon? Yes  No

Do you have a current ODL? Yes  No

What is your primary means of transportation? \_\_\_\_\_

Have you ever received Vocational Rehabilitation Services? Yes  No

**SECTION D**

Have you ever been referred to or been seen by a mental health professional?

Yes  No

If yes, when were you last seen? \_\_\_\_\_

Who saw you? \_\_\_\_\_

What condition(s) were you treated for? \_\_\_\_\_

Have you ever been hospitalized for mental illness? Yes  No

If yes, please describe the circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking.

\_\_\_\_\_  
\_\_\_\_\_

Do you see yourself as having alcohol and/or drug addiction issues?

Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for alcohol or drug addiction?

Yes  No

If yes, when were you last seen? \_\_\_\_\_

Who treated you? \_\_\_\_\_

What addiction(s) were you treated for? \_\_\_\_\_

\_\_\_\_\_

Have you ever received inpatient treatment for alcohol/drugs?

Yes  No

Have you had any traffic related violations with alcohol or substance abuse? Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you view your addiction(s) as being directly related to the legal issues you are currently facing? Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

Do you have a disabling condition at this time that would prevent you from securing full-time / part-time employment? Yes  No

If yes, please comment: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking medication that would impact your ability to work? Yes  No

If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_

## SECTION E

In your opinion, what assistance and support would be helpful for you in order to prevent further involvement with the legal system?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check off any needed resources below that would apply to you.

Housing/Shelter       Food       Employment       Education

Health Insurance       Clothing       Furniture       Counseling

Legal Advice       Health/Dental Services       Transportation

Medication assistance       Job interviewing assistance

If you could choose a career for yourself, what would that be?

\_\_\_\_\_  
\_\_\_\_\_

In your own words, please describe what your strengths are. Include positive activities and hobbies you enjoy doing.

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