



MC SHIN HOUSING CLIENT

We at The McShin Foundation know we are very good at what we do. We are currently conducting research in order to be able to prove this to the state and federal government, in order to receive more support and funding. All information will remain confidential and will not be shared with anyone other than research personnel. Your names will never be published and will not be released with our findings. Thank you for your cooperation.

Name: _____ DOB: _____

Last known address: _____

Sex: ___ F ___ M Age: _____ Race: _____

Indigent ___ Self-supporting ___

Substance abuse: ___ drugs ___ alcohol ___ both

How long have you been using? drugs: _____ alcohol: _____ both: _____

Have you previously been convicted of a misdemeanor or felony? _____

How many of each? _____ When? _____

Was this Substance Use Disorder related? _____

Do you suffer from depression? _____ Eating disorder? _____

Co-occurring disorder? _____

Do you have a serious medical condition (i.e., Hep C, HIV)? _____

Would you like to be tested? _____

Why are you seeking recovery from The McShin Foundation?

What are your other options? _____

Date entered: _____ Self-supporting date: _____

Indigent days for _____

Reason for departure: _____

Still involved in recovery? ___ Yes ___ No