

Georgia's Friends: INTERVIEW FORM

Name: _____ DOB: _____
Last, First

SSN: _____

Last Permanent Address: _____

How long at that address: _____

Emergency Contact: _____ Relationship: _____
Name

Phone: _____

Significant Other: _____ Relationship: _____
Name

List the name(s) and age(s) for all children: _____

Who has custody of children: _____

Sources of income: _____

Food stamps or social security benefits: _____

Job History: _____

Job skills: _____

Valid driver's license? Y N

Criminal Convictions with dates and time served:_____

Recent arrests:_____

History of alcohol and drug use: First use , summary of amount, and last use of each:
Alcohol:_____

Prescription drug abused:_____

Opiates other than above:_____

Cocaine:_____

Marijuana:_____

Others:_____

Negative consequences from Drug and Alcohol Use:

Legal:_____

Health:_____

Family and social:_____

Work related:_____

SA Treatment:_____

Other notes about SA: _____

History of Physical Abuse: Y N _____

History of Emotional Abuse: Y N _____

Physicians (with location): _____

Medical Problems: _____

Current medications: _____

Agencies currently involved with contact person: _____

References:

1.) Name: _____ Relationship: _____
Phone number: _____

2.) Name: _____ Relationship: _____
Phone number: _____

Highest level of education: _____

Interest in pursuing further education or training: _____

Interests, skills and hobbies: _____

