

If you live with other people, please list them below:

Name Relationship to You () -
Phone#

Name Relationship to You () -
Phone#

Emergency Contact Information

Who should we contact in case of an emergency?

Name Relationship to You () -
Phone#

Name Relationship to You () -
Phone#

Do you have children? Yes No

Child's Name: Male / Female Date of Birth: Other Parent's Name: Child Lives with:

Do you have a DHS worker? Yes No _____ () -
Case worker name Phone#

Has a health care professional ever told you that you have any of the following?

Please check all the boxes that apply:

Bipolar Disorder, type: _____ Schizo Affective Disorder Schizophrenia
 Other: _____

Please mark any of the drugs you have used in the last year:

Alcohol Cannabis Benzos Cocaine Fentanyl Heroin
 Inhalants Methamphetamine Hallucinogens (LSD, PCP, Mushrooms, Ketamine, MDMA)
 Prescription Drug(s): _____
 Other: _____

In the last 12 months how many times have you overdosed? __ Never __ Once __ Twice __ 3 times __ 4 or more

Have you ever gone to the hospital or emergency room because of an overdose? __ Yes __ No

Have you ever been given naloxone (Narcan) because of an overdose? __ Yes __ No

Have you ever received Medication Assisted Treatment (MAT)? __ Yes __ No

Grievance Policy

Parolees/Probationers, Clients of Columbia County Department of Community Justice, Adult Division, have the right to protest (grieve) any improper action taken on their case. The procedure to be followed by the parolee/probationer will be explained by Community Corrections staff. Any Community Justice Client wishing assistance in properly processing the grievance, please request it from the office staff.

Respectfully,

Parole & Probation Staff

Client's Signature

_____/_____/_____
Date

Information provided may be used for debt collection purposes and/or may be collected from other official sources.

Please completely fill out both sides of this form