



Information Packet

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

Email: _____

DOB: _____ Age: _____ Social Security: _____

Who suggested you contact Triumph? _____

What is the reason you are seeking services at Triumph? Mental Health Concerns: _____

Previous diagnosis: _____

Substance Use (Please list substances, ex. Alcohol, Marijuana, Opioids): _____

Legal Problems? _____

Probation/DOC First and Last Name: _____ Phone: _____

Address: _____

DUI Assessment Needed? Yes No

Petitioning for Deferred Prosecution: Yes No

Any legal issues regarding Driver's License? _____

Next Court Date: ____/____/____

Are you involved with Child Protective Services, Family Treatment Court, or Department of Children, Family, and Youth Services in any way? CPS FTC DCYF

If yes, name of caseworker: _____

Emergency Contact First and Last Name: _____

Phone: _____ Relationship to client: _____

Gender at Birth: Male Female Intersex



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Gender Identity: Choose Not to Disclose Male Female Transgender Female
 Transgender Male Transgender Intersex Refused Unknown

Sexual Orientation: Heterosexual Gay/Lesbian Bisexual Questioning Choosing not to disclose

Pregnant at Admission: Yes No

Are you required to register as a sex offender (any level)? Yes No

Race: American/Indian/Alaskan Native Asian Indian Black or African American
 Cambodian Chinese Filipino Guamanian or Chamorro Japanese Korean
 Laotian Mexican/Mexican American/Chicano Middle Eastern Native Hawaiian Other Asian
 Other Pacific Islander Other Race Unknown White

Ethnicity: Cuban Mexican Hispanic Puerto Rican Not Hispanic Other Hispanic
Specific Unknown

Living Status: Crisis Residence Dependent Living Adults Independent Living Adults
 Foster Home/Foster Care Institutional Setting Jail/Correctional Facility Other Residential
Status Private Residents Adults Private Residents Children Residential Care Unknown

Tribal Member: _____

Marital Status: _____

Tobacco Use: User Non-User Refused to Answer

Type of Tobacco used? Light (1-9 cigs/day) Moderate (10-19 cigs/day) Heavy (20+ cigs/day)
 Occasional Chews Vapes

Smoking Status: Current Former Never Smoked Refused to Answer

Preferred Language: _____ Other Language: _____ Need Interpreter? Yes No

Military Status: _____

Employment Status: Full-Time Part-Time Unemployed Homemaker Student
 Retired Disabled Volunteer

Education/Last Grade Completed: _____

Are you currently enrolled in school/trade program? _____



Information Packet

Number of Individuals in Household: _____

Individuals Under 18: _____

Yearly Gross Income: _____

Source of Income: _____

Do you receive public assistance? Yes No

Cash Benefit \$: _____

Food Benefit \$: _____

Are you currently enrolled somewhere for mental health or substance use services? Yes No