

Shepherd Recovery and Counseling Services Inc.

7117 E. Reno

Midwest City OK, 73110

ADSAC INTAKE

DATE _____ TIME _____ COST _____

NAME (LAST, FIRST, MI) _____

ADDRESS _____ CNTY _____

DOB _____ SSN _____ GENDER _____ MARITAL STATUS _____

CELL PHONE _____ WORK PHONE _____

LAST GRADE COMPLETED _____ ETHNICITY _____

DATE OF ARREST _____ CHARGE _____

BAC _____ UNDER THE INFLUENCE OF _____ AT ARREST

LAST PLACE YOU HAD A DRINK _____

WAS CHARGE REDUCED Y N OTHER DUI's PENDING Y N

DRIVERS LICENSE Y N NUMBER _____

PREVIOUS DUI(S) _____ DATES _____

PREVIOUS ALCOHOL ARRESTS _____

PREVIOUS DRUG ARRESTS _____

PREVIOUS CRIMINAL ARRESTS _____

AT FAULT ACCIDENTS _____ DATES _____

CLIENT ID _____ CLIENT SIGNATURE _____

ADSAC INFORMED CONSENT

You are here today for the Oklahoma ADSAC Assessment. The fee is State mandated at \$160 or \$175, depending on the time of your offense, and is payable by cash, money order or credit card. This process consists of 3 assessment instruments and will take approximately an hour and a half to two hours. The names, numbers and locations of three referral sources will be provided for you upon completion of the assessment so that you can full fill any obligations that are recommended. **You must begin the recommended interventions within 6 months of your assessment.**

NOTE: If you are under the influence of alcohol or drugs at the time of your scheduled assessment, you will be asked to reschedule your appointment and leave the facility immediately. It is recommended that you find safe transportation to get you where you need to go. Any and all physical or verbal abuse will be handled in a legal and/or professional manner.

As a client you have client rights that are established by the State of Oklahoma. If you would like to review those rights you are welcome to at this time. These rights included being treated as a human being and with respect. If at any time you feel like your rights have been violated, you may file a grievance. _____

A grievance may be filed at any time that you feel like your rights have been violated. Please inform your assessor as soon as you feel these rights have been violated and the process for filing the grievance will be explained to you immediately. _____

We are committed to the following: **42 CFR**, part 2 and **45 CFR, parts 160 & 164** (HIPPA). This is representation of the state and federal laws that govern your confidentiality as a mental health and substance abuse client. The above stated laws say your visit today and any visits in the future are completely confidential. Any information given to any outside parties can only be given if you sign a release of information for that particular entity.

There is however 3 exceptions to your confidentiality where we can let someone know that you are here without your signature. They are as follows:

1. If you are suicidal we can call the proper authorities to make sure you are safe.
2. If you are homicidal, again, we can call the proper authorities to make sure you are safe
3. If a judge court orders your records to his court we can send the requested documents without your signature. _____

You will initial this paper and in addition sign a Professional Disclosure that explains my licensure, provides my license number and my governing bodies. _____

CLIENT ID _____ CLIENT SIGNATURE _____

ADSAC ASI ADDENDUM

1. WERE YOU EVER DIAGNOSED WITH A LEARNING DISABILITY Y N
2. WERE YOU EVER MONITORED BY AN IEP IN SCHOOL Y N
3. DID YOU EVER GET SUSPENDED OR EXPELLED FROM SCHOOL Y N
4. DID YOU COMPLETE HIGH SCHOOL Y N

5. IF YOU DIDN'T COMPLETE HIGH SCHOOL WHY? _____

6. HAVE YOU EVER BEEN IN THE MILITARY Y N BRANCH _____

DATES OF SERVICE ____ / ____ RANK _____ DISCHARGE _____

7. WHAT DO YOU DO FOR FUN/RECREATION _____

8. WHO EMOTIONALLY SUPPORTS YOU IN ALL THAT YOU DO _____

9. WHAT IS YOUR FAMILY'S CULTURAL ORIENTATION _____

10. WHAT IS YOUR FAMILY'S RELIGIOUS ORIENTATION _____

11. TELL ME A STRENGTH OF YOURS _____

12. WHAT DO YOU NEED THAT WOULD MAKE YOUR LIFE EASIER _____

13. WHAT SPECAIL SKILLS OR INTERESTS DO YOU HAVE _____

14. WHAT IS YOUR PREFERENCE FOR TREATMENT _____

ASSESSOR SIGN _____ DATE _____

CLIENT ID _____

ADSAC REFERRAL & RECOMMENDATIONS FORM

DATE _____ CLIENT ID _____

CLIENT NAME _____ DOB _____

SSN/DL# _____ DATE OF ARREST _____

REASON FOR ASSESSMENT _____

LEVEL OF INTERVENTION _____

_____ LEVEL 1: VIP AND 10HR ADSAC

_____ LEVEL 2: VIP AND 24HR ADSAC

_____ LEVEL 3: VIP, 24HR ADSAC AND 6 WEEKS GROUP CNSLNG.

THE FOLLOWING MUST BE ABLE TO BE COMPLETED IN 90 DAYS.

_____ LEVEL 3B: 12 WEEKS GROUP CNSLNG, 12 WEEKS MUTUAL
SUPPORT MEETINGS (1 X WKLY FOR 12 WKS)

_____ LEVEL 4: INTENSIVE OUTPATIENT COUNSELING (9 TO 12 HRS
PER WEEK) & CONCURRENT MUTUAL SUPPORT
MEETINGS AND AFTERCARE.

**_____ LEVEL 5: RESIDENTIAL SUBSTANCE ABUSE TREATMENT &
ATTENDANCE AT MUTUAL SUPPORT MEETINGS
FOLLOWED BY AFTERCARE GROUP COUNSELING.**

**ALL COMPLETION CERTIFICATES FROM RECOMMENDATIONS MUST
BE RETURNED TO ORIGINAL ASSESSOR IN ORDER FOR
PARTICIPANT TO RECEIVE RED STAMP CERTIFICATE FOR DPS.**

ASSESSOR _____ # _____

Temi Rotimi, LADC/MH

**NOTARIZED STATEMENT OF SUSTAINED
ABSTINENCE**

I ATTEST AND VERIFY THAT:

PRINT NAME OF ADSAC PARTICIPANT

**TO THE BEST OF MY KNOWLEDGE THIS INDIVIDUAL HAS BEEN CONTINUALLY
ABSTINENT, FOR A MINIMUM OF SIX (6) MONTHS FROM ALCOHOL AND OTHER
MOOD ALTERING DRUGS.**

FROM _____ TO _____
DATE ABSTINENT BEGAN CURRENT DATE

MY RELATIONSHIP WITH THE PARTICIPANT IS _____ PROF _____ PERSONAL

**A personal signer cannot be a spouse or s/o of any kind, a parent, step-parent, child,
aunt, uncle, sibling, cousin, etc.**

PRINT NAME

SIGNATURE

DATE

SUBSCRIBED AND SWORN to before me this

_____ DAY OF _____, 2016

NOTARY

MY COMMISSION EXPIRES: _____

MY COMMISSION NO. _____

STATE OF _____)

) SS:

COUNTY OF _____)

STATEMENT OF PROFESSIONAL

DISCLOSURE

I AM REQUIRED BY OKLAHOMA ADMINISTRATIVE CODE TO FURNISH AND ALLOW YOU TO REVIEW THIS DOCUMENT OF DISCLOSURE OF MY DUI ASSESSOR CERTIFICATION. I AM CERTIFIED BY THE OKLAHOMA STATE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AS A STATE CERTIFIED SUBSTANCE ABUSE ADSAC ASSESSOR.

MY CERTIFICATION NUMBER 2421

MY GOVERNING BODY FOR ADSAC CERTIFICATION IS:

**OKLAHOMA DEPARTMENT OF MENTAL HEATH AND SUBSTANCE
ABUSE SERVICES**

ADSAC PROGAMS

PHONE (405) 522-3870

P.O. BOX 53277

FAX (405) 522-3767

OKC OK, 73152-3277

EMAIL jbureman@odmhsas.org

LICENSE

MY LICENSE NUMBER IS 1015

MY GOVERNING BODY FOR MY LADC/MH LICENSE IS:

STATE BOARD OF LICENSED ALCOHOL & DRUG COUNSELORS

PHYSICAL ADDRESS

101 NE 51st STREET

OKC OK, 73105

PHONE (405) 521-0779

FAX (405) 521-0291

MAILING ADDRESS

P.O. BOX 54388

OKC OK, 73154

EMAIL rpierson@okdrugcounselors.org

CLIENT SIGNATURE _____ DATE _____

CLIENT ID _____

MUTUAL SUPPORT MEETINGS SIGNATURES

DATE	MEETING	TIME	SUBJECT	SIGNATURE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLIENT SIGNATURE _____ DATE _____

CLIENT ID _____

REFERRALS FOR SERVICES

VIP

ADSAC SCHOOL (10hr and 24hr)

GROUP COUNSELING (6wk and 12wk)

INTENSIVE OUTPATIENT SERVICES

INPATIENT FACILITIES

