



**HEALING  
SPRINGS**  
Recovery Community  
and Outreach Center



**The PREVENTION COUNCIL**  
Helping youth navigate life's challenges

## Saratoga County Jail Engagement Form

Today's Date: \_\_\_\_\_

### Contact Information

Name		Inmate ID#:	
POD:	A _____ B _____	Phone Number Ok to leave voicemail	( ) - <input type="radio"/> Yes <input type="radio"/> No
Street Address		Date of Birth	
City ST ZIP Code		Emergency Contact	
E-Mail Address		Emergency Contact #	( ) -
<b>Race:</b> <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Unknown <input type="radio"/> other _____		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non- Hispanic	
<b>Gender:</b> Male Female Other		Veteran: <input type="radio"/> Yes <input type="radio"/> No	

### Kindly check all that apply to help us in assisting you:

- I'm a recovering person (Please share how long you have been sober \_\_\_\_\_)
- Household size \_\_\_\_\_ Ages: \_\_\_\_\_
- Currently on MAT (if yes what) \_\_\_\_\_

Drug history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance: \_\_\_\_\_

Lawyer: \_\_\_\_\_ Court Location: \_\_\_\_\_

### Interests Tell us in which areas you are interested in focusing on.

Interests	Interest in the following:
<input type="radio"/> Family Court Support / Custody	<input type="radio"/> Are you open to 12 step fellowship
<input type="radio"/> Job Seeking	<input type="radio"/> Celebrate Recovery
<input type="radio"/> Support services with addiction in the family	<input type="radio"/> SMART Recovery
<input type="radio"/> Recreational sober activities	<input type="radio"/> Refuge Recovery
<input type="radio"/> Building a sober support network	<input type="radio"/> 30 day in-patient
<input type="radio"/> Life Skills	<input type="radio"/> Halfway House
<input type="radio"/> Health/Wellness	<input type="radio"/> MAT
<input type="radio"/> Education/Training	<input type="radio"/> Out patient
<input type="radio"/> Other: _____	<input type="radio"/> Temp/perm housing
<input type="radio"/> Drug Treatment Court	<input type="radio"/> Supervision

Do you have legal concerns or prior convictions?  Yes  No If yes, please explain:

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Please share about yourself and your background:

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Are you working with other service providers?

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Have you previously been in treatment? (In-patient / Out-patient / Detox)

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Mental Health History

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Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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Next Appointment: \_\_\_\_\_

For CRPA

Engagement Form

Wellness Plan

Releases Signed (if necessary)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_