

Cook Inlet Tribal Council: Recovery Services
Contact Form

Date: _____

By placing my initials I understand that the intake process will take approximately 2 to 3 hours and I will be required to be present the entire time: _____ Initial

Name: _____
First Middle Last Suffix Maiden Alias

Date of Birth: ____ / ____ / ____ Social Security Number: _____

Gender: Male Female Transgender

Gender Identity: Male Female Transgender Male Transgender Female Queer non-conforming Two Spirit Inter sex Cisgender

Do Not identify with any above No Response/Refuse Other _____

Sexual Orientation: Bi-sexual Gay Heterosexual Lesbian Pansexual Queer No response\refuse Unknown

Other Preferred pronoun: He\His She\Her They\Them Ze\Hir Prefer first name as pronoun _____

Race:

- Alaska Native/American Indian Caucasian/White African American/Black Japanese
 Asian Chinese Filipino
 Korean Native Hawaiian Guamanian/Chamorro
 Samoan Other Asian Other Pacific Islander
 Other Race: please describe _____

Hispanic Ethnicity: Not Hispanic Mexican/Mexican American Puerto Rican Cuban Another Hispanic, Latino Spanish

Alaska Native Ethnicity: Aleut Alutiiq Athabascan Eyak Haida Siberian Yup'ik Inupiat Tlingit Tsimshian

Regional Corporation: Check if you are a shareholder of one of the 13 Regional Native Corporations

- Ahtna, Inc The Aleut Corporation Arctic Slope Regional Corporation
 Bering Straits Native Corporation Bristol Bay Native Corporation Calista Corporation
 Chugach Alaska Corporation Cook Inlet Region, Inc Doyon, Ltd
 Koniag, Inc Nana Regional Corporation Sealaska Corporation
 The 13th Regional Corporation CIRI family member CIRI descendant
 None

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Number: _____ Email Address: _____

Other Contact numbers: _____ Can we leave a message? Yes No If Yes is an ROI in place? Yes No

Referral Name: _____ Referral Agency: _____ Referral Phone Number: _____

Please answer the below Questions:

1. Have you ever tested positive for TB? Yes No If so when? _____
2. IV Drug User? Yes No
3. Who were your referred by: ASAP Probation OCS CITC Other (list) _____
4. Are you currently incarcerated? Yes No
5. Are you required to get an assessment for your referral agency? Yes No
6. When was the last day the applicant used substances? _____

Medical Provider Facility Name: _____ Contact Number: _____

Are you Pregnant: Yes No Don't Know If yes, who/where are you receiving Prenatal Care? _____

Any Known Allergies: _____

FOR STAFF USE:

Admission Program: IS IOP/OP Recovery Journey (ETC) Chanlyut Youth Assessment (CAIS) Youth OP (CAOP)

Participant ID: _____

Five Factor ID: _____

CONSENT FOR TRANSPORTATION

I, _____, hereby give my authorization for Recovery Services to transport me to and from appointments or recreational activities in program vehicles driven by insured employees of Cook Inlet Tribal Council, Inc.

Participant Print Name

Participant Signature

Date

Witness Signature

Date

Cook Inlet Tribal Council: Recovery Services
Intervention Services

CONSENT FOR USE AND DISCLOSURE OF PHOTOGRAPH/VOICE/VIDEO RECORDINGS

Please read this form carefully. If there is a word or anything you do not understand ask the staff member who is with you or your primary case manager to explain it. A new consent form must be signed for each activity.

Participant: _____
Last Name First Name MI

I, _____, hereby voluntarily and without compensation authorize pictures/voice/video recordings to be made of me by (specify the name of the CITC RS Department, newspaper, magazine, television stations, brochure, etc.)

Intervention Services: First Step Assessment Center Cook Inlet Tribal Council

While I am participating in (describe the activity)
Early Intervention Program Services and Activities

I authorize disclosure of the photo/voice/video recording to (specify name and address of the organization, agency or individual(s) to whom the release is to be made)
Cook Inlet Tribal Council Recovery Services

I understand that the photo(s)/voice/video recording(s) for this activity is/are intended for the following purposes (describe purpose):
Supervision, evaluating clinical counseling techniques of the group leader and training

I understand that use of these photo(s)/voice/video recording(s) for this activity will be until the following date/condition (specify date, event or condition of expiration), or until I revoke this consent through writing at any time except to the extent that action has been taken in reliance on it. The strictest standards regarding confidentiality are maintained. Furthermore, this photo(s)/voice/video recording(s) will be kept in a secure area.

Initial: _____

I understand that I may review the photos or recordings or ask further questions on the use of these materials at any time by contacting (list contact name and phone number).

Initial: _____

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and HIPAA, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent through writing or verbal dialogue at any time, except to the extent that such release has been taken prior to revoke date. To revoke in writing send letter to CITC Recovery Services, 3600 San Jeronimo Drive, Anchorage, AK 99508. To verbally revoke contact CITC Recovery Services (907) 793-3200. This consent expires automatically one year from the signature date or the date or event upon which is specified: _____

Participant Signature

Date

Witness Signature/Title

Date