

Howard County State Care Coordination (SCC) Intake/Enrollment Form

Full Name: _____

DOB: _____

Social Security Number: _____

Race/Ethnicity: AA ____ Caucasian ____ Latino ____ Asian ____ Other ____

Gender: Male ____ Female ____ Transgender ____ Non-binary ____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Howard County Resident: Yes ____ No ____

Phone: Cell _____ Home _____

Email: _____

Legal Status (Check all that apply):

Parole: ____

Probation: ____

Drug Court: Yes ____ No ____

Substance Abuse Diagnosis: _____

Mental Health Diagnosis: _____

Treatment History:

Last Known Usage: 30__ 60__ 90+__

Last Treatment Program: _____

Inpatient: Yes__ No__

Discharge Date: _____

Employed: (Check all that apply)

Full-time__

Part-time__

Seeking Employment _____

Unemployed _____

Please Circle Requested Services

<u>Housing:</u> Circle all that apply	<u>Substance Programs:</u> Circle all that apply	<u>Recovery Support:</u> Circle all that apply	<u>Entitlements:</u> Circle all that apply	<u>Medical Services:</u> Circle all that apply
Recovery Housing	For Males	NA/AA Groups	SNAP	Mental Health
Shelter	For Women	Peer Support Specialist	TCA	Medical
Rooms for Rent		Intensive Outpatient Treatment	SSI	Dental
Low Income Housing			SSDI	Eye Care
			Medical Insurance	
<u>Legal:</u> Circle all that apply	<u>Employment:</u> Circle all that apply	<u>Other:</u>	<u>Other:</u>	<u>Other:</u>
Expungement	Work attire			
Legal Aide	Full-time			
Birth Certificate	Part-time			
State Identification	Temp-Agency			
Social Security Card				