

Howard County State Care Coordination (SCC) Intake/Enrollment

Full Name: _____

DOB: _____

Race: AAM _____ Caucasian _____ Latino _____ Asian _____

Gender: Male _____ Female _____ Transgender _____

Address: _____

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

Phone: Cell _____ Home _____

Email: _____

Legal Status:

Parole: _____

Probation: _____

Incarcerated: _____ (pending discharged date)

Drug Court: YES _____ NO _____

Substance Abuse Diagnose: _____

Last Known Usage: 30 _____ 60 _____ 90+ _____

Last Treatment Program:

Maura J. Rossman, M.D., Health Officer

Inpatient: Yes _____ No _____

Discharge Date: _____

EMPLOYED: Fulltime _____
Part-time _____
Temp _____

Military Service: _____ Yes _____ No

Please Circle the Services You Are Requesting

Shelter	Recovery Housing	Entitlements SNAP TCA SSI T-DAPT	Food / pantry	Rooms for Rent Low Income Housing
NA\ AA Support Groups Peer Support	Substance Program	Mental Health Services	Medical Insurance	Referral to Eye Care
Employment	Work attire	Legal Expungement Services	Referral to Medical Doctor	Referral to Dental Service
Other:	Other:	Other:	Other	Other