

KIOWA ALCOHOL-DRUG ADDICTIONS & PREVENTION/BHS

208 Hardee St.W

Anadarko, Ok 73005

Phone 580-919-1576 or 405-648-0943

KADAP APPLICATION FOR SERVICES

Today's Date: _____

Why are you requesting services?

Answer each category completely, if it does not apply put (N/A) be as thorough as possible.

Name: _____

Address: _____ City, State, & Zip: _____

Telephone Number: _____ Email: _____

Tribal Affiliation: _____ or Ethnic Background: _____

Date of Birth: _____ Age: _____ Gender: _____

Who do we call in case of emergency? _____ Ph# _____

Are you employed? _____ If so full/part time?: _____

Who is your Employer?: _____

Are you Disabled? _____ If so, when did you become disabled? _____

Do you receive Disability payments? _____

Marital Status: Married Single Divorced Widowed Never Married

Highest Grade Completed: 9th 10th 11th GED Some College Graduated College 2 or 4 year

Have you been arrested before? _____

If so, what for? _____

Do you have any DUI's arrests? _____ If so, how many? _____

Do you have a Driver's License? _____ If so what state? _____

If not why? _____

Have you been to Residential Treatment before? _____

If so, Where? _____

Do you have any mental health concerns? _____

Have you been diagnosed with any mental health conditions? _____

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If so, What? _____

How many people live in your household? _____

Are you pregnant? _____ If yes, when is your due date? _____

How many Children do you have? _____

Are any of your children under some else's guardianship? _____

If so who? _____

Who is your ICWA or DHS worker? _____

Phone number _____

Do you have a court order for Treatment? _____

Are you a Veteran? _____ if so do you receive serves through VA Clinic? _____

Substance History for the last 30 days and within the last year

Substance Used	Y/N	How many days With in Last 30 days	How many months With in Last Year	Route of Administration (smoke, snort, inject, oral, other)	Date last Used?
Alcohol					
Metham phetamine					
Codiene					
Fentanyl					
Librium					
Valium					
Marijuana					
Inhalants (paint,gas, glue,dust off)					
Hallucinogens (LSD, Mescaline,PCP, Ketamine,Mushrooms Ecstasy, MDMA)					
Percocet					
Xanax					
Oxycontin Oxycodone					
Morphine					
Heroin					
Other					

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Are you interested in MAT Treatment (Medication Assisted Treatment)? _____

Have you ever been on MAT program? _____ If so when/where? _____

Are you currently involved in the legal system? _____ if so what county _____

Do you have a Parole/Probation Officer? _____ If so who and contact info? _____

What are your charges?

Are you interested in Counseling? Family Individual Group

Are you interested in any of the following:

- Early Recovery Education
- Parenting
- Gambling Addiction
- Batterer's Intervention Program
- Opioid Awareness
- Men's/Women's Talking Circle
- Wellbriety/White Bison

By signing, I understand that all parts of this application have been answered honestly and to the best of my knowledge, so that I may receive services.

Client Signature

Date

Staff Signature

Date