

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: _____

SSN# _____

Emergency Contact: _____ Phone # _____

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

Who is your Employer?: _____

Do you have Insurance? _____ if so, who are you insured with? _____

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/12th Some College Graduated College 2 or 4 year

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Have you been to Residential Treatment before? _____

If so, Where? _____

When? _____

Do you have any **mental health concerns**? _____

If so, What? _____

Have you been diagnosed with any mental health conditions? _____

Do you currently take medication for this? _____

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 _____

Are you a Veteran? _____

if so do you receive serves through VA Clinic? _____

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Substance History for the last 30 days and within the last year: FILL OUT COMPLETELY

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					
Methamphetamine					
Codeine					
Fentanyl					
Librium					
Valium					
Marijuana					
Inhalants (paint, gas, glue, dust off)					
Hallucinogens (LSD, Mescaline, PCP, Ketamine, Mushrooms Ecstasy, MDMA)					
Percocet					
Xanax					
Oxycontin					
Oxycodone					
Morphine					
Heroin					
Tobacco					
Other					

Do you have a court order for Treatment? _____

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

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

Have you been arrested before? _____ How many times? _____

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? _____

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? _____

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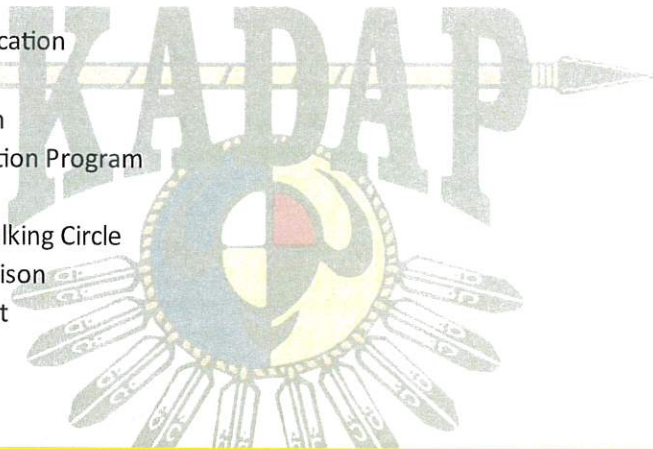
Phone 580-919-1576 or 405-648-0943

KADAP APPLICATION FOR SERVICES

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
- Anger Management



MEDIA CONSENT: by signing here you consent to media releases, such as KADAP Facebook/social media, Kiowa Tribe social media or newsletter and can include your name, picture, any successes or milestones.

Client Signature

Date

- 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.
- I further release KADAP and the Kiowa Tribe of any responsibility when I am in their vehicles during transport.
- In the event that I involve Kiowa Administration I am fully aware that KADAP may release information pertinent to the subject matter.

Client Signature

Date

Staff Signature

Date

KIOWA ALCOHOL-DRUG ADDICTIONS & PREVENTION/BHS

AUTHORIZATION TO RELEASE/OBTAIN PROTECTED HEALTH INFORMATION

I, _____ Date of Birth: _____

HEREBY AUTHOURIZE: KADAP

TO COMMUNICATE OR EXCHANGE WITH:

_____ PH
_____ PH
_____ PH

The following: (client must check all that apply)

☐ Psychotherapy Notes (If checking this box, No other circles may be checked)

☐ Biopsychosocial Assessment ☐ Progress/Intervention Tx Notes ☐ Screening/Intake Assess ☐ Presc/Dr. Orders

☐ Med list/record ☐ Treatment/Stabilization plans ☐ Nursing Assess ☐ Physical exam

☐ Diagnosis ☐ Psychiatric Eval ☐ Case Mgmt Assess ☐ Other (specify) _____

☐ Discharge Summary ☐ Summary of Care ☐ Psychiatric Eval ☐ Lab Report

☐ Emergency Info ☐ Appt scheduling

The undersigned agrees that any of the items checked above may include any and all SUD information contained in such record, except as specifically limited as follows: _____

FOR THE FOLLOWING PURPOSE(S). CLIENT MUST INDICATE BY CHECKING CIRCLE

☐ Treatment Planning/Coord of Care/Client Advocacy ☐ Responsible Party/ Family member ☐ Emergency Contact ☐ Legal Rep ☐ Follow Up

☐ Submission of Court/Prog report ☐ Continued Treatment ☐ Insurance Elig/health benefit ☐ Obtain Housing ☐ Obtain DHS benefits

☐ Obtain disability benefits ☐ Other, Please specify: _____

TIME PERIOD OF INFORMATION TO BE RELEASED: _____ TO _____

METHOD OF RELEASE: (Please check all that apply) ☐ Fax ☐ Written ☐ Verbal ☐ Audio ☐ Email

Notice to recipients of alcohol and drug abuse records

This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or tother information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The information authorized for release may include records which may indicate the presence of Communicable or NON-Communicable Disease. (63O.S 1-502-2)

I understand that the information authorized for release may indicate that I have been treated for psychological, psychiatric of Substance Use conditions.

Clients referred by the Criminal Justice System-the information disclose may only redisclosed to carry out the recipients' official duties with regard to the clients criminal proceeding in reference to which the consent to release confidential information was made by the client.

I understand that my record may be protected under Federal Regulations, (42 CFR Part 2, governing alcohol and drug use patient records, the Health Insurance Portability and Accountability Act of 1996(HIPPA) CFR Parts 160 & 164) and State Confidentiality regulations and cannot be released without my written consent unless otherwise provided for in the regulations. Federal regulations prohibit KADAP from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. I understand if the person/organization authorized to receive my protected health information is not a health plan or health provider, privacy regulations may no longer protect the information. I also understand that I (or my legally authorized representative) may revoke this consent (in writing), at any time by contacting a KADAP staff member unless action has already been taken. A photocopy of this authorization shall be considered as valid, as the original.

This consent will expire (choose one) ☐ Twelve(12) months from the date of signature ☐ Other (insert date or event) _____

Not to exceed one year from date of signature below.

I further understand that my treatment services are not contingent upon, or influenced by, my decision to permit the information release, and by signing below, I indicate that my consent to the release of this information is given freely and voluntarily

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Parent/Guardian Siganature: _____

Date: _____

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INFORMED CONSENT TO TREAT

Client Name _____ Date of Birth _____

I understand that I am eligible to receive a range of services from KADAP/BHS, the type and extent of services will be determined following an initial assessment and a thorough discussion with program staff.

The goal of the assessment process, is to determine the best course of treatment for me, however, Outpatient services are provided over a 12 week period.

By my signature below, I voluntarily request and consent to Substance Use Disorder (SUD) and or Behavioral Health assessment, care, treatment, services or referral and authorize KADAP to provide such care, treatment, services or referral, as are considered necessary and advisable. I understand and acknowledge that no one has made guarantees or promises as to the results that I may receive.

By signing this Informed Consent to Treatment Form, I acknowledge that I have both read and understood the terms and information contained therein. I further acknowledge that I have been given ample opportunity to ask questions and seek clarification on anything that may be unclear to me.

I, _____, give KADAP/BHS consent to treat me.

Staff Signature: _____ Date: _____

KIOWA ALCOHOL-DRUG ADDICTIONS & PREVENTION/BHS CLIENTS RIGHTS

Client Name: _____ Date of Birth: _____

Welcome to the KADAP/BHS Program. As a client of KADAP, you have certain rights and responsibilities.

These rights are listed below. Please read these rights and feel free to ask any questions. You will be asked to sign that you have read these rights and have received a copy. A signed copy must remain in your file.

1. To have a right to be treated with respect and consideration, throughout your treatment with KADAP.
2. To Privacy as according to CFR42, Confidentiality Act.
3. To request a copy of your Treatment Plan or any documents that do not belong to KADAP alone.
4. To receive continuum of care, aftercare or holistic approaches offered by KADAP.
5. To refuse Treatment for any reason, at any time and resources will be provided at discharge.
6. To participate or not participate in any KADAP extra curriculum activities.
7. To creation of your Treatment Plan/KADAP Services and be informed of any need for changes or other services needed.

Disclaimer

KADAP will transport to and from facility's except when you leave treatment against medical advice, walk-out or terminate services. We strive to have a continuum of care without lapses in treatment so, we would like to be involved with the placement or replacement of your treatment, prior to this final step.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For each item below, circle the number which reflects how often you have experienced the situation described **DURING THE TIME FRAME** the administrator has checked below:

- ☐ Your entire life
- ☐ The past six months
- ☒ The past twelve months
- ☐ The six months before
- ☐ The six months since

FVA

"Drinks" and "drinking" refer to any type of alcohol - beer, wine, hard liquor, etc.

1. Had drinks (beer, wine, liquor) with lunch?
2. Taken a drink or drinks to help you talk about your feelings or ideas?
3. Taken a drink or drinks to relieve a tired feeling or give you energy to keep going?
4. Had more to drink than you intended to?
5. Experienced physical problems after drinking (e.g. nausea, seeing/hearing problems, dizziness, etc.)?
6. Gotten into trouble on the job, in school, or with the law because of your drinking?
7. Became depressed after having sobered up?
8. Argued with your family or friends because of your drinking?
9. Had the effects of drinking recur after not drinking for a while (e.g., flashbacks, hallucinations, etc.)?
10. Had problems in relationships because of your drinking (e.g., loss of friends, separation, divorce, etc.)?
11. Became nervous or had the shakes after having sobered up?
12. Tried to commit suicide while drunk?
13. Found myself craving a drink or a particular drug?

FVOD

The word "misuse" means taking medications in larger amounts than prescribed, longer than prescribed, or using medications not prescribed for you. "Drugs" include things like pot, cocaine, meth, heroin, etc.

1. Misused medications or took drugs to improve your thinking and feelings?
2. Misused medications or took drugs to help you feel better about a problem?
3. Misused medications or took drugs to become more aware of your senses (e.g., sight, hearing, touch, etc.)?
4. Misused medications or took drugs to improve your enjoyment of sex?
5. Misused medications or took drugs to help forget that you feel helpless and unworthy?
6. Misused medications or took drugs to forget school, work or family pressures?
7. Gotten into trouble at home, work, or with the police because of medications or drug-related activities?
8. Gotten really stoned or wiped out on drugs (more than just high)?
9. Tried to get a hold of some prescription drug (e.g., tranquilizers, pain killers, pills to calm nerves, sleep aids, etc.)?
10. Spent your spare time in drug-related activities (e.g., talking about drugs, buying, selling, taking, etc.)?
11. Used drugs or medications and alcohol at the same time?
12. Kept taking medications or drugs in order to avoid pain or withdrawal?
13. Felt your misuse of medications, alcohol, or drugs has kept you from getting what you want out of life?
14. Took a higher dose or different medications than your doctor prescribed in order to get the relief you need?
15. Used prescription drugs that were not prescribed for you?
16. Your doctor denied your request for medications you needed?
17. Been accepted into a treatment program because of misuse of medications, alcohol, or drugs?
18. Engaged in activity that could have been physically dangerous after (or while) drinking or using drugs or medications?

Please provide one answer, True (T) or False (F) for each question.
There are no right or wrong answers; just answer the way you feel.
Answer every question; blank responses are not permitted.

T F

- ☐ ☐ 1. People know they can count on me for solutions.
- ☐ ☐ 2. Most people make some mistakes in their lives.
- ☐ ☐ 3. I usually "go along" and do what others are doing.
- ☐ ☐ 4. I have never been in trouble with the police.
- ☐ ☐ 5. I was always well behaved in school.
- ☐ ☐ 6. I like doing things on the spur of the moment.
- ☐ ☐ 7. I have not lived the way I should.
- ☐ ☐ 8. I can be friendly with people who do many wrong things.
- ☐ ☐ 9. I do not like to sit and daydream.
- ☐ ☐ 10. No one has ever criticized or punished me.
- ☐ ☐ 11. Sometimes I have a hard time sitting still.
- ☐ ☐ 12. People would be better off if they took my advice.
- ☐ ☐ 13. At times I feel worn out for no special reason.
- ☐ ☐ 14. I am a restless person.
- ☐ ☐ 15. It is better not to talk about personal problems.
- ☐ ☐ 16. I have had days, weeks or months when I couldn't get much done because I just wasn't up to it.
- ☐ ☐ 17. I am very respectful of authority.
- ☐ ☐ 18. I come up with good strategies.
- ☐ ☐ 19. I have been tempted to leave home.
- ☐ ☐ 20. I often feel that strangers look at me with disapproval.
- ☐ ☐ 21. Other people would fall apart if they had to deal with what I handle.

- ☐ ☐ 22. I have avoided people I did not want to speak to.
- ☐ ☐ 23. Some crooks are so clever that I hope they get away with what they have done.
- ☐ ☐ 24. My school teachers had some problems with me.
- ☐ ☐ 25. I have never done anything dangerous just for fun.
- ☐ ☐ 26. I need to have something to do so I don't get bored.
- ☐ ☐ 27. I have sometimes drunk too much.
- ☐ ☐ 28. Much of my life is uninteresting.
- ☐ ☐ 29. Sometimes I wish I could control myself better.
- ☐ ☐ 30. I believe that people sometimes get confused.
- ☐ ☐ 31. Sometimes I am no good for anything at all.
- ☐ ☐ 32. I break more laws than many people.
- ☐ ☐ 33. If some friends and I were in trouble together, I would rather take the whole blame than tell on them.
- ☐ ☐ 34. Crying does not help.
- ☐ ☐ 35. I think there is something wrong with my memory.
- ☐ ☐ 36. I have sometimes been tempted to hit people.
- ☐ ☐ 37. Most people would lie to get what they want.
- ☐ ☐ 38. I always feel sure of myself.
- ☐ ☐ 39. I have never broken a major law.
- ☐ ☐ 40. There have been times when I have done things I couldn't remember later.
- ☐ ☐ 41. I think carefully about all my actions.
- ☐ ☐ 42. I have used too much alcohol or "pot," or used too often.
- ☐ ☐ 43. Nearly everyone enjoys being picked on and made fun of.

T F

- ☐ ☐ 44. I like to obey the law.
- ☐ ☐ 45. I frequently make lists of things to do.
- ☐ ☐ 46. I think I know some pretty undesirable types.
- ☐ ☐ 47. Most people will laugh at a joke now and then.
- ☐ ☐ 48. I have rarely been punished.
- ☐ ☐ 49. I use tobacco regularly.
- ☐ ☐ 50. At times I have been so full of energy that I felt I didn't need sleep for days at a time.
- ☐ ☐ 51. I have sometimes sat around when I should have been working.
- ☐ ☐ 52. I am often resentful.
- ☐ ☐ 53. I take all my responsibilities seriously.
- ☐ ☐ 54. I do most of my drinking or drug use away from home.
- ☐ ☐ 55. I have had a drink first thing in the morning to steady my nerves or to get rid of a hangover.
- ☐ ☐ 56. While I was a teenager, I began drinking or using other drugs regularly.
- ☐ ☐ 57. One of my parents was/is a heavy drinker or drug user.
- ☐ ☐ 58. When I drink or use drugs I tend to get into trouble.
- ☐ ☐ 59. My drinking or other drug use causes problems between me and my family.
- ☐ ☐ 60. New activities can be a strain if I can't drink or use when I want.
- ☐ ☐ 61. I frequently use non-prescription antacids or digestion medicine.
- ☐ ☐ 62. I have never felt sad over anything.
- ☐ ☐ 63. I have neglected obligations to family or work because of my drinking or using drugs.
- ☐ ☐ 64. I am usually happy.
- ☐ ☐ 65. I'm good at figuring out the plot in a spy drama or murder mystery long before the end.
- ☐ ☐ 66. I have wished I could cut down my drinking or drug use.
- ☐ ☐ 67. I am a binge drinker/drug user.
- ☐ ☐ 68. I often use energy drinks or other over-the-counter products to get me through my day.
- ☐ ☐ 69. I'm reluctant to tell my doctors about all the medications I'm using.
- ☐ ☐ 70. My doctors have not prescribed me enough medication to get the relief I need.
- ☐ ☐ 71. I know that my drinking/using is making my problems worse.
- ☐ ☐ 72. I have built up a tolerance to the alcohol, drugs, or medications I've been using.
- ☐ ☐ 73. Over time I have noticed I drink or use more than I used to.
- ☐ ☐ 74. I have worried about my parent(s)' drinking or drug use.

The use of SASSI questionnaires is restricted to qualified individuals who have registered with The SASSI Institute.
If you are not a registered user it is ILLEGAL TO REPRODUCE THIS FORM IN PART OR WHOLE IN ANY FORMAT.
This form is for use with the SASSI Online System only.



KIOWA ALCOHOL-DRUG ADDICTIONS & PREVENTION

208 HARDEE ST WEST, ANADARKO, OK 73005

Adverse Childhood Experience (ACE)

Client Name: _____

Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically, the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today.

This can be very helpful in the success of your treatment. While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:
Swear at you, insult you, put you down, or humiliate you?
Or Act in a way that made you afraid that you might be physically hurt?
Yes or No If Yes, enter 1 _____

2. Did a parent or other adult in the household often:
Push, grab, slap, or throw something at you?
Or Ever hit you so hard that you had marks or were injured?
Yes or No If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever:
Touch or fondle you or have you touch their body in a sexual way?
Or Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes or No If Yes, enter 1 _____

4. Did you often feel that:
No one in your family loved you or thought you were important or special?
Or Your family didn't look out for each other, feel close to each other, or support each other?
Yes or No If Yes, enter 1 _____

5. Did you often feel that:
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes or No If Yes, enter 1 _____

6. Were your parents ever separated or divorced?
Yes or No If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:
Often pushed, grabbed, slapped, or had something thrown at them? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes or No If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
Yes or No If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes or No If Yes, enter 1 _____

10. Did a household member go to prison?
Yes or No If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____

Counselor Signature: _____



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Patient Health Questionnaire (PHQ-9)

Client Name: _____

Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding:

Total Score _____ = _____ + _____ + _____

Total Score _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

◊Not difficult at all

◊Somewhat difficult

◊Very difficult

◊Extremely difficult

Client Record ID#: _____

Counselor Signature: _____

Date: _____