LIMITED AUTHORIZATION TO RELEASE INFORMATION

Name: _____ SSN: _____ Date of Birth: _____

I REQUEST AND AUTHORIZE:

- ☐ Hoopa Chemical Dependency
- ☐ Humboldt County District Attorney's Office
- ☐ Probation Officer
- ☐ Hoopa Tribal Court
- ☐ Other _____ (Specify)
- ☐ Hoopa Behavioral Health Center
- ☐ Humboldt County Public Defender's Office
- ☐ Hoopa Health Center
- ☐ Domestic Violence Prevention Program
- ☐ Hoopa Family Services

TO RELEASE AND/OR EXCHANGE INFORMATION/RECORDS WITH:

HOOPA WELLNESS COURT
P.O. BOX 1389
HOOPA, CA 95546
TELEPHONE: (530) 625-4305

YOU MAY USE OR DISCLOSE THE FOLLOWING INFORMATION (check all that apply):

- ☐ Identifying information
- ☐ General Progress Report*
- ☐ Treatment plan
- ☐ Attendance Report
- ☐ Diagnosis
- ☐ Discharge summary
- ☐ Current Medications
- ☐ Other(specify)_____

*Progress report does not include session notes: it is a summary of progress only.

REASON(S) FOR AUTHORIZATION: For determination of participation in Hoopa Wellness Court

MY RIGHTS:

I do have to sign an authorization form: (1) to take part in research study or (2) to receive health care when the purpose is to create health care information for a third party.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization:: (1) fill out a revocation form, available at the Health care facility, or (2) Write a letter to the custodian of records.

Once health care information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer apply.

I further authorize the sending of any of these records to HOOPA WELLNESS COURT

Signature:_____ Date signed: _____

Print Name: _____

A Copy of this authorization shall have the same effect as the original.

THIS AUTHORIZATION EXPIRES 90 AFTER THE DATE THAT IT IS SIGNED

HOOPA VALLEY TRIBE
WELLNESS COURT

12530 State Highway 96
PO Box 1389
Hoopa, CA 95546
Phone: 530-625-4305

WELLNESS COURT PARTICIPANT APPLICATION

Please read each question carefully before answering. Failure to complete all required Wellness Court forms accurately will delay the processing of your application. False or misleading information will be treated as a false statement subjecting you to exclusion from the Program.

IDENTIFYING INFORMATION:

Name: _____ DOB: ____/____/____

Address: _____

Mailing address if different: _____

Length at current address: _____

Currently living: Alone _____ Spouse/Significant Other _____ Roommate _____ Parent(s) _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Cell Phone: ( ) _____ SSN: ____/____/_____

SUBSTANCE ABUSE HISTORY/TREATMENT:

Primary substance of choice: _____ Age of first Use: _____ Frequency: _____

Amount: _____ Last Use: _____

Secondary substance of choice: _____ Age of first Use: _____ Frequency: _____

Amount: _____ Last Use: _____

Other substances of abuse: _____

PROBLEMS RELATED TO SUBSTANCE ABUSE:

Have you ever experienced a blackout? ☐ Yes ☐ No

Have you noticed an increase or decrease in tolerance to achieve desire effect? ☐ Yes ☐ No

Have you ever taken a substance in larger amounts over a longer period than what was intended? ☐ Yes ☐ No

Have you ever experienced withdrawal symptoms? ☐ Yes ☐ No

Have you ever spent a great deal of time in activities necessary to obtain the substance/ recovery from its effects? ☐ Yes ☐ No

Has there been a persistent desire or unsuccessful effort to cut down or control your substance use? ☐ Yes ☐ No

Have you given up social, occupational, or recreational activities because of your substance use? ☐ Yes ☐ No

Do you continue to use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by the substance (e.g., continued drinking despite a medical warning that drinking would make a physical condition worse?) ☐ Yes ☐No

Have you ever participated in treatment? ☐ Yes ☐No If yes, please list the type(s) of treatment and approximate date(s):

_____

_____

Have you ever used substances intravenously? ☐ Yes ☐No When _____

Have you ever attended AA/NA meetings? ☐ Yes ☐No When _____

Have you ever had an AA/NA sponsor? ☐ Yes ☐No When _____

Have you ever taken any type of medication to assist with your sobriety? (Antabuse, Saboxone, etc.)

_____

Do you smoke? ☐ Yes ☐No Daily Amount _____ Have you ever tried to quit? ☐ Yes ☐No

EDUCATIONAL HISTORY:

Level of Education: HS Diploma ____ GED____ HSED ____ Year Completed ____

Vocational Degree_____ College Degree _____

Are you currently enrolled in any educational or skill development program? ☐ Yes ☐No

If yes, explain: _____

Have you ever been diagnosed with a learning disability? ☐ Yes ☐No

If yes, explain: _____

FINANCIAL STATUS & EMPLOYMENT HISTORY:

Do you receive any public assistance? ☐ Yes ☐No

General Relief? ☐ Yes ☐No

Social Security? ☐ Yes ☐No

SSI? ☐ Yes ☐No

Other? ☐ Yes ☐No What _____

Are you currently employed? ☐ Yes ☐No. If yes, about how many times per week? _____. Length of time at current job? _____ Current Job site: _____ Salary/Wages: _____ ☐Hourly ☐ Monthly ☐ Yearly

If no current employment, ☐Unemployed, but seeking ☐ Unemployed, but not seeking

Health Insurance? Yes☐ No ☐

Monthly Expenses:

Rent/mortgage_____ Student loans _____ Credit cards _____

Utilities_____ Phone _____ Cable/Internet _____

Loans _____ Child Care _____ Child Support _____

Food _____ Restitution/fines _____ Rent to Own Items _____

Total monthly bills_____

Do you have a valid driver's license? Salary/Wages: ☐ Yes ☐ No. If not, why? _____

_____

MILITARY HISTORY:

Branch of Service: _____ Highest Rank Achieved _____

Length of Service: _____ Discharge Type: _____

FAMILY & SOCIAL HISTORY:

Father's Name: _____ Phone No.: ( ) _____

Address: _____

Mother's Name: _____ Phone No.: ( ) _____

Address: _____

Step-father's Name: _____ Phone No.: ( ) _____

Address: _____

Step-mother's Name: _____ Phone No.: ( ) _____

Address: _____

Sibling(s) Names and Locations:

_____

_____

Have you discussed the option of participating in Wellness Court with any family members?

☐ Yes ☐ No Explain: _____

Family History of Alcoholism/Substance abuse or addiction: ☐ Yes ☐ No

Current Status:

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Name of spouse or significant other: _____ DOB: ____/____/____

Length of marriage/relationship: _____

Do you have any children? ☐ Yes ☐ No Living with you? ☐ Yes ☐ No

Children's names, ages and living situation

Name: _____ Age: _____ Living _____

Name: _____ Age: _____ Living _____

Name: _____ Age: _____ Living _____

Name: _____ Age: _____ Living _____

LEGAL HISTORY:

Do you have any existing warrants or pending charges that are outside of Hoopa Valley Tribe? ☐ Yes ☐ No

If yes, explain: _____

Case number(s)_____

Do you have any prior convictions for violent crimes and/or convictions involving a weapon? ☐ Yes ☐ No

If yes, explain: _____

Case number(s)_____

What legal charge(s) have brought you to be referred for Wellness Court? _____

Case number(s)_____

PHYSICAL/MENTAL HEALTH:

Please list any current mental health diagnosis: _____

Treating Psychiatrist: _____ Agency: _____

Phone No.: ( ) _____

Current Medications: _____

_____

_____

Side Effects: _____

Please list any current physical problems: _____

Treating Doctor: _____ Agency: _____ Phone No.: _____

Do you have any allergies? _____

Do you have any form of communicable diseases? (Hepatitis C, HIV, etc.) _____

Have you been hospitalized in the last year? ☐ Yes ☐ No. Date(s) _____

History of suicidal ideations (threats/attempts/hospitalizations)? ☐ Yes ☐ No. Year(s) _____

Please explain: _____

_____

History of homicidal ideations (threats/attempts)? ☐ Yes ☐ No. Year(s) _____

Please explain: _____

_____

Strengths (List what you believe your strengths to be):_____

_____

_____

Weaknesses (List what you believe your weaknesses are):_____

_____

_____

Leisure / Interests (List what you enjoy doing in your leisure time): _____

_____

Are there any un-resolved issues that you feel contribute to your alcohol/chemical use?

_____

_____

MOTIVATION:

Please explain why you want to be involved in Wellness Court:

I declare under penalty of perjury under the Laws of the Hoopa Valley Tribe that the above is true and accurate to the best of my knowledge and belief.

Dated: _____ _____

Signature