LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
WAABSHKI-MIIGWAN DRUG COURT PROGRAM
EXIT QUESTIONNAIRE

Please fill out this questionnaire fully. It is to your advantage to provide the information requested entirely, accurately, and promptly.

PERSONAL DATA

NAME:		DOB:	
OTHER NAME(S) USED:			
ADDRESS:			
HOME TELEPHONE:		WORK TELEPHONE:	
SOCIAL SECURITY #:			

MARITAL STATUS

ARE YOU:	☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED		
SPOUSE'S NAME:		# OF CHILDREN:	
NAME(S) AND AGE(S) OF CHILDREN:			
YOU RESIDE WITH:			
CHILDREN RESIDE WITH:			

FAMILY INFORMATION

FATHER'S NAME:		LTBB MEMBER:	☐Y ☐N	DOB:	
MOTHER'S NAME:		LTBB MEMBER:	☐Y ☐N	DOB:	
BROTHER(S) AND SISTER(S):					
PLEASE DESCRIBE YOUR FAMILY LIFE (GOOD OR BAD) AS YOU GREW UP:					
WHERE YOU EVER ABUSED? HOW?					

EDUCATION:

HIGH SCHOOL, COLLEGE, OR UNIVERSITY	ADDRESS	LAST GRADE COMPLETED	YEAR	DID YOU GRADUATE?
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

G.E.D. CERTIFICATE:	☐ YES ☐ NO	YEAR:	
VOCATIONAL TRAINING:	☐ YES ☐ NO		
WHAT FIELD(S):		WHAT SCHOOL:	
DID YOU COMPLETE YOUR VOCATIONAL TRAINING?	☐ YES ☐ NO	YEAR	
OTHER SKILLS:			
DO YOU PLAN TO CONTINUE YOUR EDUCATION?	☐ YES ☐ NO		
HOW:			

EMPLOYMENT

PRESENT EMPLOYER:			TELEPHONE:		
ADDRESS:			CITY/STATE:		
HOW LONG:		START DATE:		WAGE: (HR/MO)	
DO YOU ENJOY YOUR JOB?					
ARE YOUA FULL, PART-TIME OR SEASONAL EMPLOYEE:					

INTERESETS AND ACTIVITIES

WHAT DO YOU ENJOY DOING MOST?
WHAT ARE YOUR HOBBIES?
WHAT DO YOU DO TO RELAX:
ARE YOU INVOLVED IN ANY GROUPS/ORGANIZATIONS WITHIN THE COMMUNITY?
☐ YES ☐ NO
IF SO, LIST THEM:

HEALTH:

HAVE YOU EVER BEEN TREATED OR EVALUATED BY BIA SOCIAL SERVICES OR CRISIS INTERVENTION?			
☐ YES ☐ NO			
EXPLAIN AND GIVE DATE(S):			
HAVE YOU EVER BEEN IN ANY IN-PATIENT OR OUT-PATIENT TREATMENT PROGRAM?			
☐ YES ☐ NO			
IF SO, WHEN AND WHERE?			
DO YOU HAVE ANY HEALTH/MEDIAL PROBLEMS?	☐ YES ☐ NO		
IF SO ARE THEY TEMPORARY OR PERMANENT?			
PLEASE EXPLAIN:			
DO YOU DRINK ALCOHOLIC BEVERAGES?	☐ YES ☐ NO		
WHAT KIND?		HOW OFTEN?	
DO YOU NEED ALCOHOL TO RELAX AND HAVE A GOOD TIME?			☐ YES ☐ NO
DO YOU OR HAVE YOU USED ANY ILLEGAL DRUGS?			☐ YES ☐ NO
WHAT KIND?		HOW OFTEN?	

HISTORY OF DRUG USE

DESCRIBE YOUR DRUG USE:

DRUGS OF CHOICE:

AGE AT FIRST USE:

PLEASE TAKE TIME TO MAKE SUGGESTIONS AS TO HOW WE CAN MAKE WMDCP BETTER FOR FUTURE CLIENTS:

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND UNDER PENALTIES OF PERJURY THAT THE INFORMATION YOU HAVE PROVIDED IS THE TRUTH. IF THE COURT DISCOVERS THAT YOU LIED OR GAVE MISLEADING ANSWERS ON THIS FORM YOU MAY BE CHARGED WITH CONTEMPT OF COURT.

_____	_____
DATE	SIGNATURE

WITNESSED BY:

_____	_____
DATE	SIGNATURE