Bureau of Substance Abuse Services

Massachusetts Department of Public Health

Page 1 of 2



ESM Client ID:	Intake Form	ESM Release of Information: Yes No				
Provider ID:	Family Residential & Sober Living Adult	Enrollment Date: / / mm dd yyyy				
		mm dd yyyy				

		A	auit			mm	dd yyyy
	,	ALL QUESTIONS MARKED WI	TH A ▶	MUST	BE COMPLETED.		
	1. First Name:	Middle Initial:	Las	st Name:			Suffix:
	2. Highest Grade Completed:						
	Not of school age	High school diploma/GED		Colleg	e degree or higher		No formal education
	Some schooling, no high school	Some college		Other certific	credential (degree, cate)		Unknown
	Some high school	Associates degree					
>	3. Gender: Male Female	Transgender			► 4. Birth Date:	mm	/ / dd yyyy
	5. SSN:				If client refuses to give	e SSN or	it is unknown, enter 999-99-9999
	PERSONAL INFORMATION>ADDRESS Sec	tion			3		,
>	6a. Address Type: Home Near Ho	meless Homeless Se	ee Job Ai	d in the	Intake Manual to dete	rmine H	omeless vs. non-Homeless!
If Ad	dress Type is "Homeless", only enter the city/to	own and zip code where client is us	ually hom	eless. D e	o not use the Program	n's city/t	own/zip.
	Street Address:					Uni	t:
>	City/Town:				► State:	•	Zip code:
	6b. Is this your Primary Address? Yes	₹					
	ALTERNATE NAME Section						
	If client has an alternate name, complete	the following:					
	7a. First Name:	Middle Initial:	Las	st Name:			
	7b. Name Type: Alias Nickname	☐ Known by ☐ Married Nan	ne 🗌	Maiden	Name Name a	at Birth 🗌	Prior Marriage Name
	CLIENT CHARACTERISTICS>DEMOGRAPH	IICS Section					
<u> </u>	8a. Are you Spanish/ Hispanic/Latino?	Yes No					
If 'ye	es' to Question 8a, complete Question 8b.	If 'no' to Questio	n 8a, go	to Quest	ion 9		
	8b. Which of the following ethnicities bes	t describes you?					
	Central American	Mexican, Mexican Amo	erican, Ch	nicano		merican	
	Cuban Dominican	Puerto Rican Salvadoran			Unknow Other, s		
If 'n	o' to Question 8a, Select one from below						
	What is your primary Ethnicity/Ancesti	••••••••••••••••••••••••••••••••••••••					
	African	Chinese			I atin	Americar	ı Indian
	African American	Eastern European				e Easterr	
	American	European				guese	
	Asian Indian	Filipino			Russi		
	Brazilian	Haitian			Thai		
	Cambodian	Japanese			Vietna	amese	
	Cape Verdean	Korean			Unkn	own	
	Caribbean Islander	Laotian			Other	, specify	
	Canbbean Islander	Laotian			Other	, ѕреспу	

Massachusetts Department of Public Health

	10. What is your race? (check all that a	apply)				
	American Indian/Alaskan Indiar	า	Native Hawaiian or Pa	acific Islander	· Unkı	nown
	Asian		White		Refu	
	Black, African American		Other, specify:			
	11. In what language do you prefer to	read or discuss he		s?	D.	anian.
	American Sign Language		Haitian Creole			ssian opiob
	Cambodian (Khmer)		Hmong			anish
	Cape Verdean Creole		Korean Laotian			etnamese
	Chinese					her, specify
	English		Portuguese			
	HOUSEHOLD CHARACTERISTICS Sect	tion				
>	12. Number of Adults in Household: (if client is Homeless, enter 1)				Household (children ur e client whether or not re	
>	14a. Client Income: \$		14b. Income Freque	ncy:	Weekly Bi-Weekly	☐ Monthly ☐ Annually
	15. Source of Income: (Check all that a	apply)				
	Wages/Salary		Veterans Disability	Payment	Re	tirement - Social Security
	Child Support		Private Disability P	ayment	Re	tirement/Pension - Private
	Alimony		Public Assistance -	TANF	Ve	terans Pension
	Disability		Public Assistance -	General	No	n-employment Cash Income
	Disability - SSI		Unemployment Co	mpensation	No.	ne
	Disability - SSIDI	-	Workers Compens	•	Oth	ner
	Disability - SOIDI		Workers Compense	ation		ici
	16. Received Income Verification:					
•	17. Marital Status: Never Marrie	ed 🗌 Married	d Divorced	Wid	owed Separate	ed Significant Partnership Rlat.
	INSURANCE Section (Data Entry: To ge	et to Insurance section	on, return to Face She	et and select	Insurance link on left sid	le of screen.)
>	18. Insurance Type:					
	Uninsured	•	/ MassHealth /	☐ MP	(Medicare –Over 65-so	•
		MBHP			disabled)	Administration)
					aloabioa)	
	LIM (LIMO) (Private LIMO	CI (Private In	auranaa thraugh	Пот	,	ouhoidu
	HM –(HMO) (Private HMO –	,	nsurance – through	□ от	(Other - Includes State	subsidy –
	HM –(HMO) (Private HMO – through employment or client pay)	,	ent or client pay with	□ от	,	subsidy –
>	through employment or client	employme	ent or client pay with		(Other - Includes State ConnectCare / Health Safety Net)	subsidy – y Number:
>	through employment or client pay) Insurance Company Name: If entering a New insuran	employmono subsid	ent or client pay with y)	Not require	(Other - Includes State ConnectCare / Health Safety Net) ed if uninsured Police	,
>	through employment or client pay) Insurance Company Name: If entering a New insurance Data If existing a light with any or client with a second contact	employmeno subsidence record, enter the	ent or client pay with y) he Enrollment Date as	Not require	(Other - Includes State ConnectCare / Health Safety Net) ed if uninsured Police care Effective Date.	y Number:
>	through employment or client pay) Insurance Company Name: If entering a New insurant pata Entry: If existing client with new	employment no subside	ent or client pay with y) he Enrollment Date as late previous insuran	Not require s the Insurar ce record wi	(Other - Includes State ConnectCare / Health Safety Net) ed if uninsured Police nce Effective Date. th day before this Enro	y Number:
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>	through employment or client pay) Insurance Company Name: If entering a New insurance Entry: If existing client with new If existing client and the 19. Is this your Primary Insurance? If the client has additional insurance of the client has additio	employment of subsider the subs	ent or client pay with y) the Enrollment Date as late previous insurant Changed since the control of the following. If not the enter under additional / MassHealth /	Not require s the Insurar ce record wi client's last e	(Other - Includes State ConnectCare / Health Safety Net) ed if uninsured Police Ince Effective Date. Ith day before this Enro Incomplete. (Medicare – Over 65-so disabled) (Other - Includes State	ny Number: collment Date not at your program), simply hit SAVE!!! me