

T.A.A.P.

Teen Addiction Awareness Program

INTAKE FORM (Filled out by parent/guardian)
(Please Print)

Teen's Name:

Fathers Name:		Address:		
Phone #:	Cell/Pager #:	City:	State:	Zip:
Last grade finished in school:		Race:	Occupation:	

Mothers Name:		Address:		
Phone #:	Cell/Pager #:	City:	State:	Zip:
Last grade finished in school:		Race:	Occupation:	

Do you know or suspect that anyone in your family – yourself, siblings, parents, etc. – has an addiction to tobacco, alcohol or other substances?

Does your child have a curfew on weeknights and weekends? Explain.

Do you know the parents of the friends that your teen spends time with?

Has your teen been treated by a physician and/or counselor for tobacco, alcohol or other drug related incidence or problems?

During the last four weeks, how many days of school did your teen skip?

None 1 day 2 days 3 days 4 – 5 days 6 – 10 days 11 or more days

Which best describes your family?

- Teen lives with two parents.
- Teen lives in one-parent family with mother.
- Teen lives in one-parent family with father.
- Sometimes teen lives with mother, and sometimes with father.
- Teen lives with guardian or grandparent

Teen has —brothers/sisters

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