



Date: _____

DUIP Intake

First Name: _____ Last Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Date of Birth: _____ E-Mail: _____

Housing Status: (Select One)

Own Rent Homeless Other

of People Living in Household: _____

Household Average Monthly Income: _____

Highest Education Level: (Select One)

No GED/Diploma High School Diploma/GED Occupational/Vocational Training
 Some College Associates Degree Baccalaureate Degree or Higher

Are you Registered to Vote?

Yes No

Did You Previously Attend MAAC DUIP?

Yes No

If so, which program?

First Offender 3Mth First Offender 4Mth First Offender 6Mth
 First Offender 9Mth Multiple Offender 12Mth Multiple Offender 18Mth
 Wetreckless 2nd Offence Under 21 Wetreckless Over 21 Wetreckless Under 21

Rate the following with 1 being Bad, 3 Fair and 5 Good.	Bad		Fair		Good
	1	2	3	4	5
1. Please rate your drinking or use of drugs and/or alcohol.					
2. Please rate your relationship with your family.					
3. Please rate your relationship with your employer.					
4. Please rate your health.					
5. Please rate your happiness and well-being.					