

A CLEAR DIRECTION INC.

Drug & Alcohol Outpatient Treatment/Anger Management/Batterer Intervention Program  
345 S Hydraulic Wichita, KS 67211  
Phone (316)260-9101 / Fax (316) 260-9103

BIP INTAKE FORM

CLIENT NAME: \_\_\_\_\_ Today's Date \_\_\_\_\_

DOB \_\_\_\_\_ LAST 4 DIGITS OF SS# \_\_\_\_\_

FULL ADDRESS (Must Included zip code) \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

WHAT HAVE YOU BEEN ARRESTED FOR (not just convicted) IN YOUR LIFETIME: \_\_\_\_\_

WHAT IS THE DATE OF THE ARREST THAT GOT YOU HERE TODAY? \_\_\_\_\_

PROBATION OFFICER/PAROLE/ATTORNEY/ WHO REFERRED YOU TO BIP?

AGENCY NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

HAVE YOU EVER COMPLETED A KDVOA (BIP eval)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHERE WAS YOUR KDVO COMPLETE AND WHAT DATE? \_\_\_\_\_

MANDATORY INFORMATION FOR VICTIM

VICTIM NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER WAY TO CONTACT VICTIM \_\_\_\_\_

IF THERE CURRENTLY A PROTECTION /NO CONTACT ORDER IN PLACE WITH VICTIM-CHECK ONE

YES  NO

EMERGENCY CONTACT FOR YOU (THIS CAN NOT BE THE VICTIM)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE CIRCLE THE CORRECT ANSWER BELOW  
While you were growing up, during your first 18 year

## Finding Your ACE Score

1. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you — or act in a way that made you afraid you might be physically hurt?

YES     NO

2. Did a parent or other adult in the household often push, grab, slap, or throw something at you — or ever hit you so hard that you had marks or were injured?

YES     NO

3. Did an adult or person at least 5 years older than you ever touch or fondle you, have you touch them sexually, or try to/actually have oral, anal, or vaginal sex with you?

YES     NO

4. Did you often feel that no one in your family loved you or thought you were important or special — or that your family didn't look out for each other or support each other?

YES     NO

5. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you — or that your parents were too drunk or high to take care of you?

YES     NO

6. Were your parents ever separated or divorced?

YES     NO

7. Was your mother or stepmother often pushed, grabbed, slapped, kicked, bitten, hit with a fist or something hard, or threatened with a gun or knife?

YES     NO

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

YES     NO

9. Was a household member depressed, mentally ill, or did a household member attempt suicide?

YES     NO

10. Did a household member go to prison?

YES     NO

Now add up your 'YES' answers: \_\_\_\_\_

This is your ACE Score