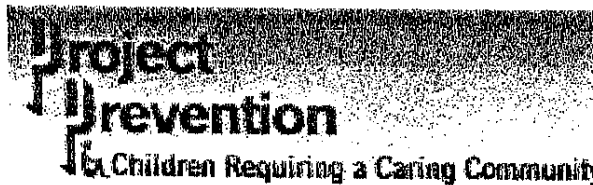


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To share with you
what we see on
a daily basis....



Contact: 888-30-CRACK • www.projectprevention.org • info@projectprevention.org

Client Survey Form (May 2007: Binding)

Answer ALL questions completely and accurately. Failure to do so will delay payment.

Name: [redacted] Age: 31 Phone: [redacted]

Race (circle): African American/Black Caucasian/White Hispanic Other _____

How many times have you been pregnant? 7

How many times have you given birth (live or stillborn)? 5

Number of stillborn births? 0 Number of abortions? 2 Number of miscarriages? 0

How many of your children died after birth (not stillborn)? 0

How many living children do you have? 5

How many children live with you permanently? 1

How many of your children live on their own? 0

How many of your children live with relatives (excluding you)? 4

How many of your children are currently in foster care? 0

How many of your children have been adopted? 0

During how many of your pregnancies did you use drugs and/or alcohol? 3

Of your living children, how many were exposed to drugs and/or alcohol while you were pregnant? 2

At what age did you first use drugs and/or alcohol? 14 for alcohol 18 yrs old for drugs

Do you currently work? NO Part or Full Time? _____ Marital Status? Single

Highest Grade Completed? 10th Are you currently using drugs and/or alcohol? NO

List the drugs have you used in your lifetime? marijuana, meth & Crack

How many times have you been in inpatient drug treatment? 1 Outpatient? 1

*** \$50 Referral Fee ***

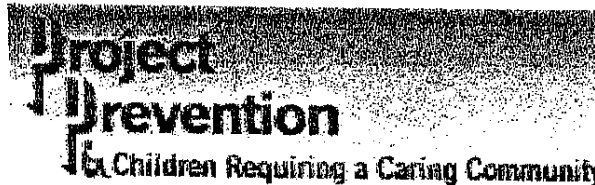
As a client you are eligible to receive \$50 for each participant you refer to our program. Any person you refer only needs to include your name on their paperwork. You will receive \$50 for each person referred. Residents of drug treatment programs are not eligible for referral fee.

Address: Project Prevention • 4351 Main Street #203 • Harrisburg, NC 28075

CA

If you need
Information about my
Kids Call CPS

Information
All here.



Contact: 888-30-CRACK • www.projectprevention.org • info@projectprevention.org

Client Survey Form (May 2007: Binding)

Answer ALL questions completely and accurately. Failure to do so will delay payment.

Name: [REDACTED] Age: 35 Phone: [REDACTED]

Race (circle): African American/Black Caucasian/White Hispanic Other

How many times have you been pregnant? 13

How many times have you given birth (live or stillborn)? 13

Number of stillborn births? 1 Number of abortions? 1 Number of miscarriages? 1

How many of your children died after birth (not stillborn)? 1

How many living children do you have? 10

How many children live with you permanently? none

How many of your children live on their own? none

How many of your children live with relatives (excluding you)? none

How many of your children are currently in foster care? all

How many of your children have been adopted? all

During how many of your pregnancies did you use drugs and/or alcohol? all

Of your living children, how many were exposed to drugs and/or alcohol while you were pregnant? all of my babies was drugs baby

At what age did you first use drugs and/or alcohol? 15 years old

Do you currently work? never Part or Full Time? _____ Marital Status? _____

Highest Grade Completed? 7 Are you currently using drugs and/or alcohol? no

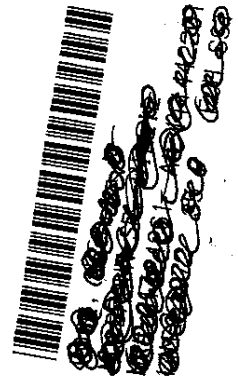
List the drugs have you used in your lifetime? Crack Cocaine and I drink in the past
I have 51 days Clean.

How many times have you been in inpatient drug treatment? 3 times Outpatient? 1

*** \$50 Referral Fee ***

As a client you are eligible to receive \$50 for each participant you refer to our program. Any person you refer only needs to include your name on their paperwork. You will receive \$50 for each person referred. Residents of drug treatment programs are not eligible for referral fee.

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Answer all questions completely and accurately. Failure to do so will delay payment.

Name: [REDACTED] Age 23
Phone: [REDACTED]

Race (circle): African American/Black Caucasian/White Hispanic
Other: _____

How many times have you been pregnant? 6

How many times have you given birth (live or stillborn)?

Number of stillborn births? 1 Number of abortions 4 Number of miscarriages _____

How many of your children died after birth (not stillborn)? _____

How many living children do you have? 1

How many children live with you permanently? 0

How many of your children live on their own? 0

How many of your children live with relatives (excluding you)? 1

How many of your children are currently in foster care? 0

How many of your children have been adopted? 0

During how many of your pregnancies did you use drugs and/or alcohol? 6

Of your living children, how many were exposed to drugs and/or alcohol while you were pregnant? 1

At what age did you first use drugs and/or alcohol? 14

Do you currently work? no Part or full time? _____ Marital status? _____

Highest grade completed? 10 Are you currently using drugs and/or alcohol? _____

List the drugs that you have used in your

lifetime: meth weed, pills, Alcohol, shrooms

How many times have you been in inpatient treatment? 2 Outpatient? 3