Participant Name: _____
(Last) (First) (Maiden)

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES - ALCOHOL & DRUG INFORMATION SYSTEM
ACT PROGRAM FORM

ACT ADMISSION INFORMATION

1. Program Number . . . . . .

2. Client ID . . .

3. Admission Date . . . .
mo day year

4. Act Facility . . . . . .

5. Admission Status . . . . . .
1. Admission
2. Readmission - Same Offense

6. Case Number . . .

ACT TREATMENT

12. NON-DUI CLIENT: CHECK FOR YES
a. Dangerous Drug Misdemeanor Client
b. Driving Related Reduced Charge Client

13. Court ID Number . . . . . .
(Use Court ID Code Table)

14. County of DUI Arrest . . . . . .
(Use County Code Table)

15. Blood Alcohol Level . . . . . ■
(Use 97 if not available)

16. Previous DUI/BAC Convictions . . . . . .
(Last 5 Years)

17. Previous ACT Program Completed . . . . . .

18. Prior Treatment Episodes . . . . . .

19. Mandatory Monitoring Required . . . . . .
1. Yes 2. No

SOCIO-DEMOGRAPHIC

7. Birth Date . . . . . .
mo day year

8. Sex . . . . . .
1. Male 2. Female

9. Race/Ethnicity . . . . . .
1. White
2. Black
3. American Indian
4. Alaskan Native
5. Asian/Pacific Islander
6. Hispanic: Mexican
7. Hispanic: Puerto Rican
8. Hispanic: Cuban
9. Other Hispanic

10. Marital Status . . . . . .
1. Married 2. Unmarried

11. Employment Status .. . .
1. Employed Full Time
2. Employed Part Time
3. Unemployed
4. Not in Labor Force
5. Public Assistance Benefits Depleted

ACT DISCHARGE

20. Discharge Date . . .
mo day year

21. Reason for Discharge . . . . . .
1. Completed Program
2. Did Not Complete Program
3. Transferred
4. Referred to Treatment

22. Results of Assessment/Evaluation . . . . . .
1. Misuse/No Problem
2. Abuser
3. Dependency
4. Unidentified

23. Treatment Recommendation . . . . . .
1. None
2. Outpatient
3. IOP
4. Inpatient

24. Program Referred to (Use Program Table) .

25. Agency Referred to (Use Referral Code Table) .

26. Coded Remarks . .

DO NOT SUBMIT UNTIL DISCHARGE