

Applicants Name: (Last) (First)

Date: ____ / ____ / ____ Time: _____ Staff Signature: _____

Street Address (See Note **): _____

Phone: (Home) _____ (Cell) _____ (Work) _____

(* If the inquirer (1) is not a permanent resident of the address given above, then indicate the relationship of the person(s) whose house he or she is staying at):

Street Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

	Name	Location	Date
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Additional Information: _____

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(gray) 101A-901

5. Medical, Dental, and Mental Health Issues

Impairments: Mental Health ☐ Physical Health ☐ Anorexia ☐ Bulimia ☐ _____ ☐

List Allergies: _____

Hay Fever _____ Asthma _____ Diabetes _____ Migraines _____ Wear Glasses _____ Dental Problems _____ Back Problems _____

Additional Information: _____

Prescription Medication: Yes ☐ No ☐ Will it be required in the future? ☐ Yes ☐ No

Name of Medication prescribed: _____

Reason for taking: _____

Frequency of use: _____

Prescribed by whom: _____

Medication paid for by: _____

6. Sex Offense Issues

Have you ever been arrested, charged or convicted of a sex offense? Yes ☐ No ☐

STOP AT THIS POINT – read the next two paragraphs.

If the caller answers YES to the question, politely share that they will need to speak to the Intake Director concerning these issues as it relates to possible entry into the program.

Also, at this time, graciously terminate the “question asking portion” of the interview; but, if needed, continue providing information concerning the program and entry process. _____

7. Marital Status

☐ Single ☐ Married (how long?) _____ ☐ Separated ☐ Divorced ☐ Widowed

Additional Information: _____

Do you have children? (If so, how many and what are their ages?) _____

Do you pay child support? (Y/N) _____ How much? _____ Who has custody? _____

Additional Information: _____

8. Background

☐ High School (yrs completed) _____ ☐ College (yrs completed) _____

☐ Military Experience _____ ☐ Ethnic Background _____

☐ Receiving Government Aid _____ ☐ Current Debts _____

Additional Information: _____

Use Form: 101B (lemon) for additional information and future contacts

9. Legal Issues (Give a brief description)

a. Ever Incarcerated?: ☐ Yes ☐ No When / Where / For What? _____

b. Mental Health related : ☐ Yes ☐ No Explanation: _____

c. Parole: Yes ☐ No ☐ Starting When? / How long? _____

Officer's Name: _____ Phone: _____

Address: _____

d. Probation: Yes ☐ No ☐ Starting When? / How long? _____

Officer's Name: _____ Phone: _____

Address: _____

e. Criminal Charges: Yes ☐ No ☐ Explanation: _____

f. Pending Court Case: ☐ Yes ☐ No Explanation: _____

Attorney / PD Name: _____ Phone: _____

Address: _____

g. Outstanding Warrants of Arrest: Yes ☐ No ☐ Explanation: _____

h. Pending Divorce: Yes ☐ No ☐ Explanation: _____

i. Other Legal Issues: Yes ☐ No ☐ Explanation: _____

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10. Presenting Problem(s) (Give a brief description: How much, how often, how long, type, etc)

a. Drugs: Yes ☐ No ☐ Explanation: _____

b. Alcohol: Yes ☐ No ☐ Explanation: _____

c. Gang Involvement: ☐ Yes ☐ No Explanation: _____

d. Mental Health (suicidal, anger, etc): Yes ☐ No ☐ Explanation: _____

e. Homosexual Activity: ☐ Yes ☐ No Explanation: _____

f. Tobacco Use: ☐ Yes ☐ No How Long _____ How Much _____ Willing to Quit? (Y/N) _____

g. Other: _____

11. Action to be taken

- ☐ Inquirer told to call back
- ☐ Referred to: _____
- ☐ Would like a return call
- ☐ Send "Introductory Packet"
- ☐ Set entry date for Phase I _____
- ☐ Schedule Interview (set date and time)
- ☐ Visitation request (set date and time)
- ☐ Other: _____
- ☐ Other: _____

☐ Send "Introduction Packet" to: Inquirer (1) ☐ Inquirer (2) ☐ See Form 101B ☐

Initiated By	Date	Completed By	Date

Determination:

Accepted ☐ Start Date _____ Rejected ☐ Reason _____

☐ Referred to: _____

Comments: _____