

Prince George's County Re-Entry Initiative
Department of Corrections
Intake Form

Instructions: Please complete all sections of this form

PERSONAL INFORMATION

Name: _____ Sex: Female Male
Date of Birth: _____ Race: _____ Single Married Divorced Separated
Street Address: _____
City: _____ Zip: _____
Phone #s: _____ (Home) _____ (Cell) Alternative Phone #: _____
If Homeless, please check Yes No If yes, do you need shelter assistance? Yes No
Email Address: _____

SERVICES/DOCUMENTS NEEDED: (Please check if applicable)

Birth Certificate Social Security Card Non-Driver's State ID Federal Bonding
 Health Insurance/Medication Assistance Do you have a GED? Yes No
Are you ordered to pay Child Support? Yes No Do you need assistance? Yes No
Are you employed? Yes No Do you need job assistance? Yes No
Have you ever experienced Neglect or Abuse? Yes No
Alcohol/ Drug Abuse: Yes No If so, are you in need of treatment? Yes No
How did you hear about us? Advertisement Friend/Family Website Hub Word of mouth
 other: _____

Thank you for completing the Intake Form. You will be contacted via phone or email within 48 business hours with a confirmation receipt and appointment date. Once you received your appointment date, please call (301) 909-6138 to confirm your appointment.

Office Use Only

Appointment Location: _____
_____ Appointment Date & Time Staff assigned: _____
_____ 425 Brightseat Rd Landover, MD.
_____ Other: _____ Staff scheduling: _____