

PASS COURT

INTAKE FORM

Name (First and Last): _____

Current Address: _____

City/State/Zip: _____

Phone Number: _____ (home cell other) Alternate Phone Number: _____ (home cell other)

EMERGENCY CONTACT INFORMATION *(NEEDS TO BE 18 YEARS AND ABOVE)*

Primary Contact Name: _____ Relationship: _____ Phone#: _____

Secondary Contact Name: _____ Relationship: _____ Phone#: _____

SECTION 1: PERSONAL INFORMATION

Date of Birth: _____ Male Female

Relationship Status: Single In a Relationship Married Separated Divorced Widowed

Spouse/partner's name: _____ Does your spouse/partner live with you? Yes No

Children? Yes No

What are your children's names and ages?

Name & Age	Name & Age

Grandchildren? Yes No

Name & Age	Name & Age	Name & Age

SECTION 2: MILITARY BACKGROUND

Have you ever been in the military? Yes No *(If No, Skip to Section 3)* Were you discharged? Yes No

Type of discharge you received: Honorable Dishonorable Disability Other _____

SECTION 3: RESIDENTIAL INFORMATION

Where do you plan on living? (mark all that apply)

- Parents' home
- Relative's home
- Friend's home
- Own home
- Halfway house
- Shelter
- Homeless
- Other: _____

How long do you expect to live there? _____

How many people will live at the residence with you? _____

List everyone who will be living with you.

Name	Name	Name

Do you need emergency shelter? Yes No

Do you need housing assistance? Yes No

What type of housing assistance do you need? _____

Residence History

Former Address	Length of Stay (Months or Years)	Reason for Moving

SECTION 4: EDUCATION/VOCATIONAL TRAINING

Highest Level of Education:

- Some High School HS Diploma GED Vocational training
 Some College College degree Some graduate work Graduate degree

Describe any vocational training or degree that you received. _____

Have you received any licenses or certifications for a trade or profession while in custody or in the community? Yes No

Type	Certification or License Number	Certification or Licensing Authority

Are your licenses or certifications valid or current? Yes No

If no, why not? _____

Do you need assistance in obtaining or reinstating any licenses or certifications? Yes No

Do you plan to use your licenses or certifications in the future? Yes No

Are you interested in receiving any type of educational or vocational training or assistance? Yes No

If yes, what type of assistance are you seeking?

SECTION 5: EMPLOYMENT

What is your employment status?

- Employed Unemployed Disabled Retired Other: _____

CONFIDENTIAL

If currently employed: *(If unemployed, skip down to employment history)*

Employer: _____ Employer Address: _____

Position: _____ Supervisor's name: _____

Do you work: Full-Time Part-Time How long have you worked there? _____

Describe your duties: _____

Does your job provide benefits such as insurance, retirement, etc.? Yes No

How did you find this job? _____

Do you like your job? Yes No

What do you like or dislike about your job? _____

Do you see yourself working there long-term? Yes No

Are you satisfied with the rate of pay? Yes No

Are there opportunities for advancement or promotion? Yes No

Do you need any type of tools, training, or certifications in order to advance? Yes No

If yes, what do you need? _____

Employment History: *(List previous employers/position, including your work while in custody)*

Employer/Position Held	Length of Employment	Full-Time/Part-Time	Reason For Leaving

If Unemployed:

What have you been doing to try to find a job? _____

Do you need help in finding a job? Yes No

Job Skills: Describe any job skills that you have or any specialized training that you have received. (For example, list seminars or workshops you attended or accreditations or certificates you received.)

Are there any professions or trades in which you are interested in finding a job? Yes No

If yes, what are they? _____

Do you need any type of tools, training, or certifications for those professions or trades? Yes No

Have you ever received any type of career counseling about professions or trades that you might be interested in pursuing? Yes No

Are you interested in receiving career counseling about professions or trades? Yes No

SECTION 6: FINANCIAL

Sources of Income (check all that apply):

- Employment Social Security Government Assistance
 Child Support Retirement/Pension Family Other: _____

How many people do you support? _____

Do you earn enough to meet all of your needs and obligations? Yes No

If no, what are your needs? _____

Do you have a plan to address those needs? Yes No

What is your plan? _____

Restitution:

Were you ordered to pay restitution as part your sentence? Yes No

If yes, are you: Current Behind

If you are not current, do you have a plan to address that issue? Yes No

What is your plan? _____

Child Support:

Have you been ordered to pay child support by a court? Yes No

If yes, are you: Current Behind

If you are not current, do you have a plan to address that issue? Yes No

What is your plan? _____

Are you paying any type of child support, even if not court-ordered? Yes No

Do you need help to find out if you owe child support or establishing a payment plan? Yes No

Other:

Do you have any other financial obligations? Yes No

Check if applicable:	If Yes, are you:	If not current, do you have a plan to address that issue:	What is your plan? (explain)
<input type="checkbox"/> Traffic Fines or Tickets	<input type="checkbox"/> Current <input type="checkbox"/> Behind	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Probation/Parole Fees	<input type="checkbox"/> Current <input type="checkbox"/> Behind	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other State Fees	<input type="checkbox"/> Current <input type="checkbox"/> Behind	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Back Taxes	<input type="checkbox"/> Current <input type="checkbox"/> Behind	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Current <input type="checkbox"/> Behind	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 7: TRANSPORTATION

Do you have a valid driver's license? Yes No

If no, why not?

Never had one Outstanding tickets/Surcharges Suspension Other: _____

What do you need to do in order to get your driver's license? _____

Do you have transportation? Yes No

What is your current method of transportation? *(Select all that apply)*

Personal Vehicle Family/Friend Bus Train Ride Share (Uber/Lyft) Other: _____

If your primary method of transportation is a personal vehicle, is the vehicle insured and registered? Yes No

Is your current method of transportation sufficient to meet your needs? Yes No

If no, what is your plan to get a different method of transportation? _____

SECTION 8: PHYSICAL HEALTH

How would you describe your current health? Excellent Good Fair Poor

Are you having any issues with your health? Yes No *(If no, skip to Section 9)*

If yes, what is the condition? _____

Have you ever received treatment for that condition? Yes No

Are you currently receiving treatment for that condition? Yes No

If yes, list your current medication and/or treatment: _____

If no, why not? _____

Do you need/want assistance in obtaining treatment? Yes No

SECTION 9: MENTAL / EMOTIONAL HEALTH

Have you ever been diagnosed with any mental health condition? Yes No

If yes, what is the condition? _____

Do you believe you have a mental health condition? Yes No

Have you received any of the following:

Check if applicable:	If so, explain.
<input type="checkbox"/> Treatment for mental health condition	What is your treatment?
<input type="checkbox"/> Counseling for mental health condition	
<input type="checkbox"/> Hospitalization for mental health condition	
<input type="checkbox"/> Medication for mental health condition	List Medication:
<input type="checkbox"/> Other: _____	

Do you need/want assistance in obtaining any type of treatment? Yes No

SECTION 10: SUBSTANCE ABUSE HISTORY

Have you ever used illegal substances? Yes No

Have you ever been diagnosed as having a substance abuse problem or addiction? Yes No

Why did you use drugs? (Check all that apply)

- To help me deal with life
- I was bored/ just for fun
- To make physical pain go away
- Some of my family used drugs
- Other (Please describe) _____
- To make emotional pain go away
- To escape reality
- Curiosity
- To fit in with my peers / my friends used

What type of counseling or treatment have you received? (Check all that apply)

- DWI education
- Individual counseling
- Outpatient group counseling
- None
- Other (Please describe) _____
- AA/NA, etc.
- Drug education classes
- Residential treatment
- RDAP

SECTION 11: OTHER

- Do you need help in getting an identification card? Yes No
- Do you have any outstanding traffic tickets or warrants for your arrest? Yes No Don't Know
- Are you currently serving a state sentence of probation or parole? Yes No
- Do you have any past gang affiliations? Yes No
- If yes, are concerned those gang associations/affiliations can interfere? Yes No
- Is there any specific type of assistance that you need that was not addressed above? Yes No
- If yes, what type of assistance do you need? _____

USE AND DISCLOSURE OF PERSONAL INFORMATION

By signing below, I acknowledge that the information provided in this form is true to the best of my knowledge. I understand that no assistance is guaranteed and that I may need to provide more information to the PASS Reentry Court Team/partnering agencies in order to qualify for additional assistance. Personal data obtained will only be disclosed to third parties for providing goods and/or services to you. Your information will not be shared with any other third parties without your explicit consent.

Signature

Date

Printed Name