**Client Intake Form**

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_/\_\_\_/\_\_\_\_\_\_ **Age**: \_\_\_\_ **Social Security Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Marital Status:** \_\_\_\_\_\_\_\_

**Form Completed By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **May I Leave a Voice Mail**? Y / N

**Home Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **May I Text You**? Y / N

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County:** \_\_\_\_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_

**Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **May I Email You**? Y / N

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number of Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who You Referred You to This Program**? Self \_\_\_ Family \_\_\_ Probation/Parole Officer \_\_\_ Website \_\_\_ Friend \_\_

**PURPOSE FOR VISIT**

 **Primary reason(s) for seeking services**: (check all that apply)

 \_\_\_\_ Employment \_\_\_\_ Substance Abuse Counseling \_\_\_\_ Computer Training

 \_\_\_\_ Job Training \_\_\_\_ Mental Health Counseling \_\_\_\_ GED Assistance

 \_\_\_\_ Job Referral \_\_\_\_ Domestic Violence Counseling \_\_\_\_ Recidivism Reduction

 \_\_\_\_ Resume Preparation \_\_\_\_ Anger Management \_\_\_\_ Mentoring

**Other specific concerns**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What are your reentry goals**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERSONAL HISTORY**

**Do you smoke**? Y / N **How much**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do you drink**? Y / N **How much**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you take drugs**? Y / N **How often**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Highest education completed**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What were you sentenced for**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long did you serve**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Are you currently on probation/parole**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have children**? Y / N **How many**? \_\_\_\_\_ **Do you currently have custody of your children**?\_\_\_\_\_\_\_\_\_\_\_\_

**With whom do you currently reside**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How long**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of transportation do you have**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do you have a driver’s license**? Y / N

**STATEMENT OF UNDERSTANDING**

I have read and understand the contents of this Client Intake Form and hereby consent to it. I understand that the information I provide is completely voluntary and confidential, and will not be used for third party purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Client Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

This form may be submitted to our office via email attachment, US mail or turned in at time of appointment.

Rock Services of the Triangle

Attn: thall@rockservicesofthetriangle.org

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