**Client Intake Form**

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

**Date of Birth**: \_\_\_/\_\_\_/\_\_\_\_\_\_ **Age**: \_\_\_\_ **Last 4 Digits of** **SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **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

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

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

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

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

**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.

Reentry Center for Women

PO Box 1002

Cary, NC 27512

reentrycenterforwomen@gmail.com