



INTAKE PACKET

Please **PRINT** all information completely and accurately. If more space is needed, use other side of the paper.

Name: _____

DOB: _____ SSN: _____

Address: _____

Phone Number: _____

Email Address: _____

LEGAL HISTORY

Have you ever been on juvenile probation to the Court or with a juvenile probation officer? Y N

How old were you the first time you were arrested? _____

What offense(s) are you currently being supervised for? _____

Have you ever been arrested in another state? Y N

Have you ever been on any other form of supervision or incarceration in another state? Y N

Describe your version of **CURRENT** offense [crime(s) for which you are on supervision] and describe why you committed the crime and your feelings about your conviction and sentence (used other side if needed):

EDUCATION/EMPLOYMENT

Are you currently employed: _____ Yes _____ No
If so, where?

Present Employer: _____ Salary \$ _____ Address: _____
Phone: _____

Supervisor: _____ Job Title: _____ Shift: _____

Hours per week: _____ Dates of employment: From _____ to _____

Does your current employer know you are on probation? _____

Previous Employer: _____ Salary \$ _____/Month

Dates employed: From _____ to _____ Hours per week: _____ Your position: _____

Why did you leave? _____

What is the longest job you've held? _____ How long? _____

Highest Grade Completed: _____ Name of High School: _____

Were you ever suspended or expelled? Y / N GED: Y / N High School Diploma: Y / N College Degree: Y / N

FAMILY / RELATIONSHIP

Are you currently married? Y N

Are you currently in an ongoing relationship? Y N

Do you currently live with anyone who is on supervision or has been convicted of a crime? Y N

Has anyone in your family (parents, siblings, children) ever been convicted of a crime? Y N

Partner: _____
Name Date of Birth Phone number

Street City State Zip

Father: _____
Name Date of Birth Phone number

Street City State Zip

Mother: _____
 Name _____ Date of Birth _____ Phone number _____

 Street _____ City _____ State _____ Zip _____

List the name, age, and your relationship with any person you currently live with:
 Name: _____ Age: _____ Relationship: _____

Lists name, age, and address of any children you have:
 Name _____ Age _____ Address _____

List names of all biological and/or step siblings:
 Name _____ Age _____ Address _____

LEISURE/RECREATION:

Are you involved in any groups or organizations? Y / N If so, what? _____

What activities do you enjoy doing in your free time?

- | | | | | |
|------------------|------------------------|--------------|------------------|---------------|
| ____ Reading | ____ Gardening | ____ Camping | ____ Video Games | ____ Exercise |
| ____ Walking | ____ Hiking | ____ Hobbies | ____ Cooking | ____ Sleeping |
| ____ Watching TV | ____ Computer/Internet | ____ Friends | ____ Music | ____ Sports |
| ____ Church | ____ AA/NA | ____ Fishing | ____ Shopping | ____ Gambling |
| ____ Crafts | ____ Golf | ____ Pets | ____ Movies | ____ Other |

Who do you usually spend time with (names)? _____

DRUG & ALCOHOL HISTORY

Was alcohol involved with your offense? Y N

Were you under the influence of alcohol at the time of your arrest? Y N

Was any controlled substance (including marijuana) involved with your arrest? Y N

Were you under the influence of any controlled substance (including marijuana) at the time of your arrest? Y N

Have you ever been hospitalized or involved with residential treatment? Y N

Which controlled substances have you EVER tried?

- Marijuana Cocaine Hashish LSD Heroin Methamphetamine
 Mushrooms Ecstasy Peyote Ketamine GHB Barbiturates or downers
 Other (list all) _____

Which controlled substances have you used within the last year?

- Marijuana Cocaine Hashish LSD Heroin Methamphetamine
 Mushrooms Ecstasy Peyote Ketamine GHB Barbiturates or downers
 Other (list all) _____

For those controlled substances you used within the last year:

Frequency: A few times a year A few times a month A few times a week A few times a day

Methods: Intravenously Smoking Snorting / Nasal Other

How old were you when you first tried / experimented with controlled substances? _____

How often have you used alcohol within the last year:

Frequency: A few times a year A few times a month A few times a week A few times a day

Are you currently involved with substance abuse counseling? Y N

Have you ever been involved with substance abuse counseling? Y N

If yes to any of the above, complete below:

_____ Agency

_____ Contact Person

_____ Address

_____ Phone Number

_____ Start Date: End Date (leave blank if ongoing)

_____ Fax Number

COUNSELING SERVICES

Are you currently involved with mental health counseling? Y N

Have you ever been involved with mental health counseling? Y N

What was the primary reason for your involvement with counseling? _____

What if any diagnoses resulted from your involvement with counseling? _____

Have you ever been hospitalized or involved with impatient treatment around mental health? Y N

If yes to any of the above, complete below:

Agency _____

Contact Person _____

Address _____

Phone Number _____

Start Date: _____

End Date (leave blank if ongoing) _____

Fax Number _____

COMMUNITY RESOURCES

Are you receiving: TANF Grant (Welfare) Food Stamps OHP SSI or SSD

Do you have an open case with the Department of Human Services Child Welfare? Yes No

If yes, name of case worker _____ Phone # _____

Have you had an open case in the last two (2) years? Yes No

Other Sources of Income and monthly amount:

Social Security Income: \$ _____

Unemployment Benefits: \$ _____

AFS Grant / Welfare: \$ _____

Food Stamps: \$ _____

Child Support: \$ _____

Alimony: \$ _____

Disability: \$ _____

Retirement: \$ _____

Other (list): \$ _____

What do you believe are your greatest needs right now:

_____ Housing _____ Insurance _____ Counseling _____ Transportation _____ Food

_____ Employment _____ Finances _____ Budgeting _____ Child Care _____ Health

I hereby certify that the statements in this document are, to the best of my knowledge, truthful and accurate.

Signature

Date