Client Intake Form

Please print clearly. All information is kept strictly confidential.

INTAKE FORM ID # _____ PROGRAM SITE ASSIGNMENT _____

PERSONAL INFORMATION

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

LAST FOUR OF SSN _____ BIRTH DATE (MM/DD/YYYY) _____

Gender: ☐ Male ☐ Female ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

DRIVER'S LICENSE / ID # _____ ISSUING STATE _____

CELL PHONE _____ ALTERNATE PHONE _____

EMERGENCY CONTACTS

NAME _____ RELATIONSHIP _____ TELEPHONE _____

NAME _____ RELATIONSHIP _____ TELEPHONE _____

BACKGROUND

Veteran: ☐ Yes ☐ No BRANCH _____

PROBATION / PAROLE _____ LOCATION _____

PAROLE/PROBATION OFFICER'S NAME _____ PO PHONE # _____

MEDICAL

CURRENT MEDICATIONS

Are you under a physician's care? ☐ Yes ☐ No IF YES, WHY

DOCTOR'S NAME | PHONE | AGENCY

LIST ALL PHYSICAL MEDICAL PROBLEMS

BEHAVIORAL HEALTH

LIST ALL PAST AND CURRENT PSYCHIATRIC ENCOUNTERS

Under care of a behavioral health facility? ☐ Yes ☐ No AGENCY / HOW LONG

Prescribed psychotropic meds? ☐ Yes ☐ No

Do you possess these meds? ☐ Yes ☐ No

MEDICATIONS PRESCRIBED

Will your doctor prepare a work release letter? ☐ Yes ☐ No

Have you ever attempted suicide? ☐ Yes ☐ No IF YES, EXPLAIN

CASEWORKER / DOCTOR NAME | PHONE | DIAGNOSIS

SUBSTANCE USE

DRUG(S) OF CHOICE

DATE OF LAST USE

Can you pass a drug test today? ☐ Yes ☐ No

BENEFITS & INCOME

Currently receiving county, state, or federal benefits? ☐ Yes ☐ No WHAT

WHY

Ever received county, state, or federal benefits? ☐ Yes ☐ No WHAT

WHY

LIVING & EMPLOYMENT

Current Living Situation: ☐ Streets ☐ Shelter ☐ Detox ☐ Jail ☐ Rental ☐ Hospital ☐ DV Shelter ☐ Motel

Currently Employed? ☐ Yes ☐ No IF NO, LAST PLACE OF EMPLOYMENT

DATE LAST WORKED

NAME, ADDRESS & PHONE OF CURRENT EMPLOYER

PAY RATE | TYPE OF EMPLOYMENT | CURRENT INCOME

VERIFICATION CONTACT

Who can we call to verify application? ☐ PO ☐ Public Defender ☐ Attorney ☐ Case Manager ☐ COIII ☐ Pretrial ☐ Other

CONTACT NAME | PHONE # (REQUIRED)

FAX (REQUIRED)

If incarcerated, a contact name is required to process the application.

LEGAL STATUS

Do you have current charges? ☐ Yes ☐ No IF YES, WHAT _____

NEXT COURT DATE _____

Are you a parole violator? ☐ Yes ☐ No REASON FOR VIOLATION _____

ANTICIPATED RELEASE DATE _____

Supervision: ☐ IPS ☐ Direct ☐ Regular Parole ☐ Fed Probation ☐ None

SUPERVISING AGENCY _____

PO NAME, PHONE, OFFICE LOCATION _____

Court Fines? ☐ Yes ☐ No HOW MUCH ($) _____

Community Service? ☐ Yes ☐ No HOW MANY HOURS _____

WHERE ARE YOU ASSIGNED? _____

PROGRAM ENTRY

REFERRED BY _____ ENTRY DATE _____

Lived at Hands Helping Friends LA before? ☐ Yes ☐ No

WHEN / WHERE _____

CONDITIONS OF ENTRY _____

ACKNOWLEDGEMENT

I certify that the information provided is true and complete to the best of my knowledge. I understand that any false statements may result in denial or termination from the program.

PRINT NAME _____ DATE _____

APPLICANT SIGNATURE _____

INTAKE PROCESSED BY _____ DATE _____