

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)

- | | | |
|---|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> GED Assistance |
| <input type="checkbox"/> Housing Referral | <input type="checkbox"/> Domestic Violence Counseling | <input type="checkbox"/> Recidivism Reduction |
| <input type="checkbox"/> Resume Preparation | <input type="checkbox"/> Custody | <input type="checkbox"/> Mentoring |

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 returned to our office via email attachment, US mail or turned in at time of appointment. Our email address is: rcwoutreach@gmail.com.

Reentry Center for Women
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