CHEP/Resident Intake Form

Intake Date _____ Staff Interviewer _____ Referred by _____

Name: _____

Date of Birth: _____ Social Security Number _____

Gender: _____ Age_____ Cell Phone Number _____

Race _____

Military Service: (if any) _____

Dates of service: _____ Branch (es) of service _____

Service in war zone: (location and duration) _____

Were you ever under hostile or friendly fire? ( ) YES ( ) NO

Discharge (honorable, general, medical, dishonorable, bad conduct, other) _____

Social Networks including family

What is your Marital Status? __Single __Married __Separated __Divorced

Do you have children? _____ Do you have legal custody? _____

What is the current status of custody and child care/living situation of your children?

_____

_____

_____

Housing

How long has it been since you had permanent housing? _____

Why are you currently homelessness? _____

Briefly describe your Housing History:

_____

_____

_____

Briefly describe your History of homelessness:

_____

_____

Where did you spend last night? _____

What have you done to secure permanent housing? (e.g. applications for assistance or programs)

If you were to be discharged from the program abruptly where would you go?

Finances:

What are your current sources of income?

Total monthly income: _____

How much money do you have in savings (a bank, credit union, or other financial institution? Please list name of bank and amounts in each account.)

What cash benefits/assistance do you and your family receive?

What non-cash benefits do you and your family receive?

Do you have any debts? Please list amounts and to whom you owe the money

Employment:

Are you currently working? If so, it is full or part time? _____

What is the name/address/phone number of your employer:

How long have you worked at current employment? _____

Are you seeking new/changed/additional employment?

Are you enrolled/participating in job readiness/job training programs? If so, please give details.

Give a brief summary of your work history:

_____
_____
_____
_____
_____
_____
_____
_____

What resources are you using to seek employment?

_____
_____
_____

How are you preparing to seek employment? (e.g. up to date resume and cover letter; ability to complete on-line applications)

_____
_____
_____

What makes finding/securing employment difficult? (e.g. criminal record; lack of references)

_____
_____
_____

Education:

What is your highest level of education attained?

( ) No Schooling Completed
( ) Nursery School to 4th Grade
( ) 5th Grade or 6th Grade
( ) 7th Grade or 8th Grade
( ) 9th Grade
( ) 10th Grade
( ) 11th Grade
( ) 12th Grade, No Diploma
( ) High School Diploma
( ) GED
( ) Post Secondary School
( ) Associate's Degree
( ) Bachelor's Degree
Major _____
( ) Master's Degree
( ) Doctorate
( ) Other Graduate/Professional Degree
( ) Some College
( ) Some Technical School
( ) Tech School Certification

Do you have any specialized training/certifications?

_____

What are your current educational activities?

_____

What are your educational aspirations?

_____

Physical Health
See problem list under Tab #1.

Do you have any current physical injuries or disabilities?

Type of disability:

( ) Alcohol Abuse	( ) Development	( ) Drug Abuse	( ) Physical/Mental
( ) Mental Illness	( ) Physical/Mobility	( ) HIV/AIDS	( ) Hearing Impaired
( ) Vision Impaired	( ) Dual Diagnosis	( ) Other: _____	

_____
_____

Describe any history of disability (e.g. work-related, related to military service, birth disorder, injury or trauma in your life).

_____
_____

Do you have any known allergies? See Face Sheet, Tab #1

What are your current medications? See Tab #1.

Who is your local health provider?

_____

Mental Health

Please give a brief history of mental health issues:

_____
_____
_____

What forms of treatment/counseling are you currently receiving?

_____
_____
_____

Hospitalizations: (dates, treatment- IP, partial, IOP, OP, facility/provider)

_____
_____
_____
_____
_____
_____

Elimination of Substance Abuse / Addictive Behaviors

Are you currently maintaining sobriety/staying clean from alcohol and drug abuse, and, if so, for how long?

_____

What is your current alcohol and drug use (drug of choice)?

_____

Are you currently participating in any treatment/recovery program or counseling? If so, where?

_____

What is your history of abuse/recovery?

_____
_____
_____
_____
_____

What are the ongoing/recurring barriers to maintaining sobriety/staying clean?

_____

Documentation

Do you have the following documentation?

__ DD214

__Birth Certificate

__Social Security Card

__Driver's License or non-driver photo ID

__Vehicle Registration

__Vehicle Insurance

__Immigration/Naturalization status (N/A if not applicable)

Legal History

Have you been a victim of crime(s) including domestic violence?

_____

Do you have any history of arrests? (Offense, date, disposition)

_____
_____

Do you have any history of convictions? (Offense, date, disposition)

_____
_____

Do you have any history of periods of incarceration? (Date, place, duration)

_____

_____

Do you have any history of probation/parole? (Duration, current status, expected conclusion)

_____

If currently on probation or parole, what is the name/contact information of your Probation Officer?

_____

Do you have any outstanding liens/judgments/court fines?

_____

_____

Do you have any outstanding warrants?

_____

Do you have any pending Court appearances?

_____