



Client Intake Information

Name: _____

Date: _____

Agency who will assist in post incarceration

Birth Date: _____ Age: _____

Vet: ☐

ID Card: ☐

SS card: ☐

Income

Working: ☐

DOC Housing Voucher ☐

HARP Funding ☐

SSI: ☐

SSDI: ☐

Other: ☐

Healthcare

Medicaid: ☐

State Health: ☐

Other: ☐

Any Mental Health services or medication in the past or present? Please list:

Any chemical dependency past or present and do you receive services? Where?:

What should we know about you to assist you?
Please feel free to write in comments.

County of Origin (Pierce, King, Thurston, etc.)

Other: _____

Housing History

Have you lived in shared housing before? If so, where and what year?

Times you've lost housing and why:

Debt/LFOs: Yes or No Amount: _____

Anything else: _____

Incarceration or Arrest History

Current Conviction: _____

Year of Conviction: _____

Any charges pending:

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

DOC Number _____

Are you working with any other organization or case managers who are they helping with resources? _____

Work History

Are you working or looking for work?

Type? _____

Certifications: _____



Do you plan on attending school or training and what type of education? _____

Emergency Contacts: Family or Friends

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

2. Name: _____

Relation: _____

Address: _____

Phone number: _____

Counselor (CC2-CC3)

Contact Information:

Name: _____

Phone: _____

Extension: _____

Email: _____

Applicant Signature

Date

Anything you would like us to know/Comment:
