



A New Beginning For Women and Children

Preliminary Intake

Date: _____ Name: _____ DOB: _____
Number of kids: _____ Ages: _____ Custody? _____
Contact number: _____ Can you pass a drug screen? _____
Homeless _____ Domestic Violence _____ Addiction _____
Last time of drug use? _____ Drug of choice _____ How often _____
Where are you living now? What city? _____
Work Full Time? _____ Eating Disorder? _____ Take care of personal needs? _____
Bipolar? _____ Depression? _____ Anxiety? _____
Do you take Medications? _____ Doctor _____
Have you ever been arrested? _____
Food stamps? _____ Medical card? _____ Vehicle? _____ Identification? _____
SS card ? _____ Birth Certificate ? _____
End goal _____

There is a \$25.00 application fee for the background check

Email for background check: _____

They have to Work FT & do house chores & we charge a program Fee

We have: rules, curfew, accountability, work schedules, pay off debt, save money for deposits, public transportation (if not vehicle), no relationships (inside or outside of home), no visitors, we are in Mayfield/Graves area, bring limited amount of clothing/shoes, wash clothing when arrive here, 7 month program

Notes: _____

BEGIN / TRANSFORM / CHANGE / MATURE