



**Community Family Life Services
Reentry and Universal Intake Form**

DEMOGRAPHIC INFORMATION:

*Name : _____ Today's Date : ___/___/___

Address: _____ Ward: _____

*Date of Birth : ___/___/___ Federal Register #: _____ DCDC#: _____

SSN#: _____ Marital Status: _____

Contact Number : (_____) _____ Email Address: _____

Race : Caucasian African-American Asian or Pacific Islander Latino American Indian
 other _____

What is the highest level of your education?

- Elementary School _____ Middle School _____ High School (grade completed or GED) _____
 College _____

Emergency contact name: _____ Relationship: _____

Phone: (_____) _____ Email Address: _____

CURRENT LEGAL STATUS:

****For the purpose of this intake, 'Reentry' refers to the processes by which offenders, who have been released from prison, are returning to the community.**

Have you ever been incarcerated? Yes No

If yes:

What was your charge? _____

How long? _____

What was your release date? ___/___/___

Did you require any special services during your incarceration? Yes No

Please explain: _____

Are you (check all that apply) :

- Not reentry or justice affected
 Reentry if so, what is or are the charge(s)? _____
 Justice Affected: Yes No I am not sure

If yes:

Pre-trial

Probation

If yes, for how many months? _____

Name of probation officer: _____

Supervised Release/Parole

If yes, for how many months? _____

Name of parole/supervision officer: _____

Combination (Please Specify): _____

Are you currently involved in the criminal justice system? Yes No Pre-Trial I am not sure

Have you ever been incarcerated before? Yes No

If yes, how many times and what were the previous charges?

IDENTIFICATION INFORMATION:

Do you have a:

Birth Certificate? Yes No

Driver's License/non-DL ID? Yes No

Social Security Card? Yes No

Passport? Yes No

Jail Issued Identification? Yes No

Is it current? Yes No

EMPLOYMENT/INCOME STATUS:

*Are you currently employed? Yes No

*Current Income: \$ _____

* Source(s) of Income: Employment Social Security Disability None of the above

Were you employed prior to incarceration? Yes No

If yes, where? _____

Full-time Part-time

What type of work? _____

HOUSING INFORMATION:

Where were you staying prior to your incarceration and with who?

*Have you ever been homeless? Yes No

*Are you currently homeless? Yes No

Please explain how you cope or have coped with homelessness:

Where are you currently staying?

How long are you able to stay? _____

Will you be seeking single housing or family housing? _____

Have you worked with any other agencies to sign up for housing, such as Virginia Williams or House of Ruth?

If so, please list: _____

Have you ever been evicted/disqualified from public or section 8 housing? Yes No

PARENTAL STATUS:

Do you have children under the age of 18? Yes No

How many children do you have under 18? _____

Do you have children over the age of 18? Yes No

How many children do you have over 18? _____

Where are your children currently staying? _____

Will your children be in your care? Yes No

*Are you in the process of reuniting with your children? Yes No

If no, are you interested in reunification? Yes No

If you are a parent, is someone coparenting with you? Yes No

If yes, are you interested in mediation services to help you in managing co-parenting responsibilities?

Yes No

TRAUMA-INFORMED CARE:

*****Please inform your interviewer if you feel discomfort when answering the following Trauma-Informed Care questions.**

Have you experienced any traumatic experiences? Yes No

If comfortable, please explain:

Did you experience trauma in your childhood? Yes No

If comfortable, please explain:

*Have you ever experienced Domestic Violence? Yes No

If yes, please check all Domestic Violence services that you have received or are receiving :

TPO CPO Medical Care Therapeutic Services Housing/Shelter Care Financial Supports Transportation Assistance for/with children Relocation

SUPPORT SYSTEM INFORMATION:

Who makes up your support system?

Describe your relationships:

Are your friends supportive of your personal growth? Y N

Is your family supportive of your personal growth? Y N

Do they help you out when you are in need? Y N

Do you feel safe when they are around?

Describe your romantic partner(s):

Is your partner a source of moral support? Y N

Do you rely on your partner for financial support? Y N

Does your partner ever threaten to withhold access to your finances, housing, or children in order to get you to do what they want? Y N

Do you feel safe with your partner? Y N

Was your partner supportive of you during your incarceration? Y N

SUBSTANCE USE INFORMATION:

Do you have a history of substance abuse?: Y N

If yes, what was your substance(s) of choice? _____

How long did you use for? _____

Have you ever been in treatment for substance abuse? _____

Are you currently using any substances? Y N

If yes, what is your substance(s) of choice? _____

Are you interested in treatment? _____

MENTAL HEALTH STATUS:

Have you ever been diagnosed with a mental health disorder? Yes No

Do you have a current Mental Health diagnosis? Yes No

If yes, please identify?

Have you ever been treated for this diagnosis? Yes No

If yes:

By whom: _____

Start Date: ___/___/___ End Date: ___/___/___

Reason(s) services were discontinued:

Provide the last date that you engaged with a provider: ___/___/___

Name and location of provider:

Have you ever been prescribed medications? Yes No

If yes can you name them?

Are you currently taking these medications? Yes No

How do you obtain these medications?

Please list any mental health core service agencies you are linked with:

Case manager name and phone #: _____

If you are not connected with a mental health service agency, are you interested in being connected?

Yes No

Are you currently experiencing any Mental Health concerns? Yes No

Using your own words, please describe or identify your concerns.

Do you currently have any feelings of hopelessness, helplessness, or depression? Yes No

Are you interested in receiving counseling? Yes No

Do you currently feel like you want to harm or injure yourself? Yes No

Do you currently feel like you want to harm others? Yes No

Have you ever harmed yourself? Yes No

If yes, please explain:

Have you ever told anyone that you wanted to harm or injure yourself? Yes No

If yes, please explain

Have you ever attempted to kill yourself? Yes No

If yes, when did this occur? _____

What was your method? _____

Was this your only attempt? Yes No

If yes, please explain

Did you receive services to address this attempt? Yes No

If yes, please explain

PHYSICAL HEALTH INFORMATION:

Have you ever taken an HIV test? Yes No

If yes, do you mind sharing the results? _____

If you are HIV+, are you connected to care? Yes No

If no, are you interested in being connected? Yes No

Are you currently pregnant? Yes No

If yes, how many months? _____

Are you currently taking any medications for a physical health condition? Yes No

If so, what medications are you taking? _____

How do you obtain these medications?

SERVICES REQUESTED FROM CFLS (check all that apply):

- *Housing** ***Employment** Parenting ***Peer Support/Mentoring (PTSC)** Food Distribution
- Clothing Identification Assistance *** Medical Case Management** ***Reentry Case Management**
- Birth Certificate ***Emergency/Drop-In** ***Relapse Prevention** Speakers Bureau HIV Testing

NOTES:

ADDITIONAL QUESTIONS:

How do you access online services?

- Private device
- Public device (library, family/friends, etc.)

- Mobile phone
- Laptop/Tablet/Desktop Computer

Did someone refer you to CFLS? Yes No

If so, who? _____

Where or how did you hear about us?

What other services, outside of CFLS do you use (i.e. Pathway Housing, DC Safe, etc.)?

IMMEDIATE NEEDS (Select all that apply):

- Birth Certificate
- Driver's License/Non-drivers ID
- Social Security Card
- High School Diploma
- Stable Housing
- Food
- Medical Care
- College Degree
- Child Care
- Transportation
- Addiction
- Mental Health
- Anger Issues
- Domestic Violence
- Conflict Resolution Skills
- Positive Work History
- Access to a Computer
- Computer Literacy
- Judicial System Involvement
- Geographical Limitations
- Resume

Recommendations/Follow Up Assessment:

Once you have completed this form. Please save a copy of the form by clicking the Save button (Please be sure to rename this document. Ex: Universal Intake Addendum-Your Name). Click the Send Form button to email your form to Lachrisa Richardson at lrichardson@cflsdc.org