



INTAKE APPLICATION FORM

GENERAL INFORMATION: (PLEASE PRINT)

Name: (Last) _____ (First) _____ (MI) _____

Street: _____ City: _____ State: _____ Zip: _____

S.S. #: _____ Driver License/State ID: _____

Birth Date: ____/____/____ Ethnic Background: _____ Marital Status: _____

Cell#: _____ - _____ - _____

Email: _____

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)

Name: _____ Relation: _____ Tel _____

Name: _____ Relation: _____ Tel _____

STATUS: (PLEASE PRINT)

Are you on: Probation: ☐ Y ☐ N DHS Involved: ☐ Y ☐ N Court Involved: ☐ Y ☐ N

DHSCW, PO, Etc. Name: _____ Phone # _____

Military or Veteran: ☐ Y ☐ N (Branch: _____) Referred By: _____

REQUESTED LEVEL OF SERVICES IN HOUSE (check all that apply):

☐ Level 1 –House Only (\$575 per month), includes house phone, internet, electricity, water.

☐ Level 2 – Cell Phone (\$50 per month)

☐ Level 3 – Transportation (\$50 per month, grocery store, doctor visits, etc.)

GENERAL BACKGROUND

Have you ever resided in a halfway house? ☐ Y ☐ N

If so, where? _____ When? _____

What is your highest level of education?

☐ High School Graduate

☐ College/University

☐ GED

☐ Other (Please explain) _____



CRIMINAL HISTORY:

Have you ever been convicted and/or arrested of a crime? ☐ Y ☐ N

If yes, please list and describe each: _____

Are you currently incarcerated? ☐ Y ☐ N

If yes, please list and describe, include your release date: _____

Have you ever been ARRESTED AND/OR CONVICTED of a sex related crime/offense? ☐ Y ☐ N

If yes, please describe: _____

Are you a registered sex offender? ☐ Yes ☐ No

If yes, list your registry number: _____

What was your conviction? _____

Date of conviction: _____

State of conviction: _____

Are you currently on probation or parole? ☐ Yes ☐ No

If yes, list your probation/parole officer's name & contact information:

Officer Name: _____

Phone: _____

Are there any restrictions on where you can live? ☐ Yes ☐ No

If yes, please explain: _____

Do you have a history of failing to register as a sex offender? ☐ Yes ☐ No

If yes, please explain: _____

Have you completed any sex offender treatment programs? ☐ Yes ☐ No

If yes, provide details: _____



What are your current means of transportation? _____

Are you able to manage daily tasks independently (e.g., cooking, cleaning, personal hygiene)?

Do you have any problems with rules or authority? ☐ Y ☐ N If yes, please explain: _____

Are you prejudiced towards any ethnic group or race? ☐ Y ☐ N If yes, please explain: _____

Do you have a history of eviction or difficulties maintaining housing? If yes, please explain.

What strategies or techniques do you use to manage stress or anxiety?

Do you currently have a support system (e.g., family, friends, or sponsors)? ☐ Y ☐ N If yes, please explain: _____

Please share your goals for the next 1-3 year: _____



PHYSICAL & EMOTIONAL WELL BEING: (PLEASE PRINT)

1. Are you currently under the care of a medical professional for any physical health concerns? If so, please list each, and indicate treatment (prior and/or current)?

2. Have you been diagnosed with any mental condition(s)/disorder(s)? ☐ Y ☐ N

If yes, please list each and indicate treatment (i.e. counseling):

3. Have you ever attempted suicide? ☐ Y ☐ N

If yes, please describe and how long ago:

Did you have a plan? ☐ Y ☐ N

Did you seek counseling or other help at that time? ☐ Y ☐ N

If yes, please describe:

Are you having any thoughts of harming yourself or others now? ☐ Self ☐ Others ☐ N/A

How did you hear about the BECTH?

Were you referred? ☐ Y ☐ N If yes, by whom?

EMPLOYMENT: (PLEASE PRINT)

Are you currently employed? ☐ Y ☐ N

If yes, what kind of work do you do?

If so, how much is your weekly income after taxes (net)?

Do you have any other sources of income?



SUBSTANCE ABUSE HISTORY: (PLEASE PRINT)

List all mood or mind-altering substance(s) that you have ever taken (non-prescribed legal or illegal)? _____

Are you on any of the above substances(s) now? ☐ Y ☐ N

If yes, please list which ones: _____

List your substance(s) or "drug(s)" of choice: _____

Most Recent Substance(s) Used: (Including Alcohol) _____

Date of last Use: _____

List Prior Sober Living Homes and Include Date and Length of Stay for Each:

List Current Length of Sobriety: _____ Longest Period of Sobriety: _____

How old were you when you first used alcohol and drugs? _____

Have you ever been in a Drug/Alcohol Treatment Center? ☐ Y ☐ N

If so, where? _____ When? _____

Have you ever received any DUI's or DWI's? ☐ Y ☐ N If yes, how many? _____

What kind of problems has drinking and/or drug use caused you? _____

Have you ever received any DUI's or DWI's? ☐ Y ☐ N If yes, how many? _____

Where and with whom do you currently reside?

(Name(s) & Address) _____

Disclaimer: By signing below, I am stating that my answers to the above questions have been truthful and accurate to the best of my knowledge. I understand that deliberately making false statements and responses to any of the above questions may result in immediate eviction from the premises.

BECTH Requires Your Honesty, a core principle, vital to maintaining a healthy and sober life.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____