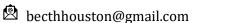


## **INTAKE APPLICATION FORM**

**GENERAL INFORMATION:** (PLEASE PRINT) Name: (Last) (First) (MI) Street: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ S.S. #: Driver License/State ID: Birth Date: / / Ethnic Background: Marital Status: Cell#: \_\_\_\_-**EMERGENCY CONTACT INFORMATION:** (PLEASE PRINT) Name: \_\_\_\_\_\_ Relation: \_\_\_\_\_ Tel \_\_\_\_\_ Name: \_\_\_\_\_\_ Relation: \_\_\_\_\_ Tel \_\_\_\_\_ **STATUS:** (PLEASE PRINT) Are you on: Probation:  $\square$  Y  $\square$  N DHS Involved:  $\square$  Y  $\square$  N Court Involved:  $\square$  Y  $\square$  N DHSCW, PO, Etc. Name: \_\_\_\_\_Phone # \_\_\_\_\_ Military or Veteran: \( \subseteq \text{ 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?  $\square$  Y  $\square$  N If so, where? When? What is you highest level of education? ☐ College/University ☐ High School Graduate ☐ Other (Please explain)  $\square$  GED







## **CRIMINAL HISTORY:**

Are you a registered sex offender?   Yes   No  Yes, list your registry number:   What was your conviction?   Date of conviction:	Have you ever been convicted and/or arrested of a crime? $\square$ Y $\square$ N		
If yes, please list and describe, include your release date:	If yes, please list and describe each:		
If yes, please list and describe, include your release date:			
Have you ever been ARRESTED AND/OR CONVICTED of a sex related crime/offense?	Are you currently incarcerated? $\square$ Y $\square$ 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:	If yes, please list and describe, include your release date:		
If yes, please describe:Are you a registered sex offender?   Yes  No f yes, list your registry number:  What was your conviction?  Date of conviction:			
Are you a registered sex offender?   Yes   No  Yes, list your registry number:   What was your conviction?   Date of conviction:	Have you ever been ARRESTED AND/OR CONVICTED of a sex related crime/offense? $\Box$ Y $\Box$		
If yes, list your registry number:  What was your conviction?  Date of conviction:	If yes, please describe:		
Date of conviction:	Are you a registered sex offender? □ Yes □ No If yes, list your registry number:		
	What was your conviction?		
State of conviction.	Date of conviction:		
orace of conviction:	State of conviction:		
f yes, list your probation/parole officer's name & contact information:  Officer Name:	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? $\Box$ Y $\Box$ N If yes, please explain:
Are you prejudiced towards any ethnic group or race? $\square$ Y $\square$ 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)? $\square$ Y $\square$ N If yes, please list each and indicate treatment (i.e. counseling):
3. Have you ever attempted suicide? $\square$ Y $\square$ 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? $\square$ Y $\square$ N
If yes, please describe:
Are you having any thoughts of harming yourself or others now? $\square$ Self $\square$ Others $\square$ 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? $\square$ Y $\square$ 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) or illegal)?	) that you have ever taken (non-prescribed legal		
Are you on any of the above substances(s) r	now? □ Y □ N		
If yes, please list which ones:			
List your substance(s) or "drug(s)" of choice	e:		
Most Recent Substance(s) Used: (Including Alcohol)			
Date of last Use:			
List Prior Sober Living Homes and Include I	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 Trea	tment Center? $\square$ Y $\square$ N		
If so, where?	When?		
Have you ever received any DUI's or DWI's?	Have you ever received any DUI's or DWI's? $\square$ Y $\square$ 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? $\square$ Y $\square$ 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:		