|  |
| --- |
| **Date:** |
| **First Name:** | **Last Name:** |
| **Preferred Name:**  | **Female** | **Male** |
| **Current Street Address:** |
| **Apartment Complex Name:** | **Apt #:** |
| **City:**  | **State:** | **Zip Code:** |
| **Is this affiliated with any Program? Ex: ASC, 227, DAS** | **YES** | **NO** |
| **If yes, list name of Program and Contact Number:** |
| **County:**  | **Email:**  |
| **Home Phone:** | **Cell Phone:** |
| **Date of Birth:**  |
| **Who referred you?** |

**Your Contact Information:**

**List Emergency Contact Person:**

|  |
| --- |
| **Name:** |
| **Address:** |
| **City:** | State | Zip Code |
| **Relationship:** |
| **Home Phone:** | **Cell Phone:** |

**Tell us more about YOU**

**Personal Information:**

|  |  |  |
| --- | --- | --- |
| **Do you have a CURRENT Driver’s License?** | **YES** | **NO** |
|  **\*\*IF YES what state is it in?**  |  |
|  **\*\*IF NO do you have a CURRENT state ID?** | **YES** | **NO** |
|  **\*\*\*\*If YES what state is it in?** |  |
| **Do you have transportation?** | **YES** | **NO** |
| **Marital Status** |
| Single | Married | Separated |
| Divorced | Widowed | Other |

**Personal Home Life:**

|  |  |  |
| --- | --- | --- |
| **Is YOUR name on the Lease/Mortgage of your CURRENT address?**  | **YES** | **NO** |
|  **\*\*IF NO, who are you staying with?** |
|  **\*\*How long have YOU been at this address?** |
|  **\*\*How long do you except to be at this address & why?** |
| **Who lives at your CURRENT home with you?** |
| **Name** | **Age** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Do you CURRENTLY have custody of your children?**  | **YES** | **NO** |
|  **\*\*IF NO, who has custody and why?** |
|  |
| **Do you currently have an open CPS case?** | **YES** | **NO** |
| **If yes, what is your case workers name and number:** |

**Personal Education:**

|  |  |  |
| --- | --- | --- |
| **Did you Graduate from High School?** | **YES** | **NO** |
|  **\*\*If YES, from what High School did you graduate?** |
|  **\*\*If YES, what type of High School diploma did you receive?**  | **Traditional** | **Special/Attendance** |
| **\*\*If NO, what grade did you COMPLETE? 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12** |
|  **\*\*If NO, have you completed your GED?** | **YES** | **NO** |
|  **\*\*If NO, would you like to complete your GED?** | **YES** | **NO** |
| **While you were attending school, did you have any special classes or an IEP?** | **YES** | **NO** |
| **\*\*If YES, what were your IEP’s for & what classes did you receive assistance?** |
| **Have you ever attended an Alternative School?** | **YES** | **NO** |
| **Have you ever been Home Schooled?**  | **YES** | **NO** |

**Advanced Education &/or Training Programs:**

|  |  |  |
| --- | --- | --- |
| **Did you graduate from College or a Vocational/Trade School?** | **YES** | **NO** |
| **Have you attended a Vocational/Trade School?** | **YES** | **NO** |
|  **\*\* If YES, what school, what trade & when?** |  |
|  |
| **Have you attended a College, (on campus or online)?** | **YES** | **NO** |
|  **\*\* If YES, what school?** | Name: | **On Campus** | **Online**  |
|  **\*\*What is your degree in?** |  |
|  **\*\*If not completed, how many College Credit Hours do you currently have?** |  |
|  **\*\*Are you CURRENTLY still taking classes?** | **YES** | **NO** |
| **Do you CURRENTLY *OWE ANY STUDENT LOANS***? | **YES** | **NO** |
| **Are you CURRENTLY paying monthly towards your student loans?** | **YES** | **NO** |
|  |  |  |
|  |  |  |

**Employment History:**

|  |  |  |
| --- | --- | --- |
| **Employer/Business** | **Job Description** | **Dates Employed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Of all your jobs, which one did you LIKE the most & why?** |
|  |
|  |
| **Of all your jobs, which one did you DISLIKE the most and why?** |
|  |
| **\*\*IF you have NOT been employed, give a brief explanation of why?** |
|  |
|  |
|  |
| **\*\*In your own words, what do you feel you need to help you get & keep a job?** |
|  |
|  |
|  |

**Volunteer/Club History:**

|  |  |  |
| --- | --- | --- |
| **Have you ever Volunteered somewhere?** | **YES** | **NO** |
|  **\*\*If YES:**  | Where: | When: |
|  **\*\*If YES:**  | Where: | When: |
| **Do you CURRENTLY belong to any CLUBS?** | **YES** | **NO** |
|  **\*\*If YES:**  | Name of Club: | Purpose: |
|  **\*\*If YES:**  | Name of Club: | Purpose: |

**Personal History:**

|  |
| --- |
| **CRIMINAL BACKGROUND CHECK** |
| **Are you a Register Sex Offender?** | **YES** | **NO** |
| **Have you ever been arrested?** | **YES** | **NO** |
|  **Please list:** |
| **Offenses** | **Date of Action** | **Felony** | **Misdemeanor** | **Action Taken** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Do you owe any fines?** | **YES** | **NO** |
| **If yes, how much and where:** |
| **Are you CURRENTLY on Probation?** | **YES** | **NO** |
| **Are you CURRENTLY “UP-TO-DATE” with your Probation Officer?** | **YES** | **NO** |
| **Would you give RISE permission to inform your Probation Office about your performance at school?** | **YES** | **NO** |
| **If YES, please list Probation Officers Information:**  | Name: | Phone: |
| **MEDICAL & MENTAL HEALTH BACKGROUND CHECK** |
| **Are you CURRENTLY being seen by a Dr. or Mental Health Professional?** | **YES** | **NO** |
| **\*\*If YES:** | Who: | Why: |
| **\*\* If YES:** | Who: | Why: |
| **\*\*If YES:** | Who: | Why: |
| **List Caseworkers name and number:** |  |
| **Have you ever been diagnosed with a mental illness or challenge?** | **YES** | **NO** |
|  **\*\* If YES, please list diagnosis:** |  |
| **Have you ever spent time in a DETOX Facility?** | **YES** | **NO** |
| **Are you CURRENTLY attending AA or NA?** | **YES** | **NO** |
| **Have you ever struggled with ADDICTION?** | **YES** | **NO** |
|  **\*\*If YES, please list what addictions:** |  |
| **CURRENT MEDICATIONS** |
| **NAME OF MEDICATION** | **REASON FOR MEDICATION** | **DOSE OF MEDICATON** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Do you have any unmet medical or dental conditions?** | **YES** | **NO** |
|  **\*\*If YES, please list:** |
| **Would you be willing to a random DRUG TEST?** | **YES** | **NO** |

**FINANCES:**

|  |  |  |
| --- | --- | --- |
| **Are you CURRENTLY receiving any form of income (including Child Support, SSI, Food Stamps, etc.)?** | **YES** | **NO** |
|  **\*\*If YES, how often?**  | WEEKLY | BI-WEEKLY | MONTHLY |
| **What is the source of your income?** |
| **Do you CURRENTLY have a CHECKING/SAVING Account?** | **YES** | **NO** |
|  **\*\*If YES, what is the name of the bank & where?** | Name | Where |
| **Do you CURRENTLY have a CREDIT CARD?** | YES | NO |
| **Do you CURRENTLY have a WORKING BUDGET?** | YES | NO |
| **Do you know how much money you would need to make per MONTH to live comfortably in your CURRENT status?** | YES | NO |
| **Do you CURRENTLY pay any Rent or Mortgage?** | YES | NO |
| **Do you CURRENTLY pay any Utilities?** | YES | NO |
| **Do you CURRENTLY own a Car or pay for Auto Insurance?** | YES | NO |
| **Do you CURRENTLY owe any Outstanding Debt, such as Credit Cards, Student Loans, Doctor bills, Other?** | YES | NO |
| **Do you CURRENTLY pay for your own phone, internet or personal use items?** | YES | NO |
| **What is YOUR total MONTHLY DEBT, including Rent? Total** | $ |

|  |  |
| --- | --- |
| **What are YOU passionate about?** |  |
| **What are YOU good/talented at?** |  |
| **What were you good at in school activity &/or subject?**  |  |
| **If you could do this for a living, what would it be?** |  |
| **If money was no problem, what would you do with your life?** |  |
| **What is the BEST ADVISE you ever received?** |  |
|  **\*\*\* YOUR GOALS** |
| **What will YOU be doing in 5 years?** |  |
| **What will YOU be doing in 2 years?** |  |
| **What will YOU be doing in 1 year?** |  |
| **What will YOU be doing in 6 months?** |  |
| **What will YOU be doing in 3 months?** |  |
| **What will YOU be doing in 1 month?** |  |
| **What will YOU be doing NEXT WEEK?** |  |

**WHAT ABOUT YOUR FUTURE:**

|  |
| --- |
| **Are there any circumstances in your life that may interfere with you progress at RISE?** |
|  |
|  |
|  |
| **Which of the following areas do you feel you need the most assistance?** **Please rate them with one (1) being the greatest need** |
| Money Management | Computer Skills | Effective Parenting |
| Responsibility/Decision Making | Career Skills | Nutrition |
| Conflict Resolution/Relationship | Bible Study | Communication Skills |
| Anger Management | Boundaries | Other: |

**FAITH**

|  |  |  |
| --- | --- | --- |
| **Do you CURRENTLY have a religious preference?** | YES | NO |
| **CHRISTIANITY** | **BUDDHISM** | **MUSLIM** | **ATHEIST** | **AGNOSTIC** | **HINDUISM** | **JUDAISM** | **OTHER** |
| **Do you have a Religious Denomination?** | **YES** | **NO** |
| **Do you have a CURRENT home church?** | **YES** | **NO** |
| **IF Yes, what is the name of the church?** |

|  |
| --- |
| **Is there any other situation that you would like to share with RISE so we may better serve you?** |
|  |
|  |
|  |
|  |
|  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_