

Texas ReEntry Services, Inc.

Intake Sheet

CONFIDENTIALITY AGREEMENT

Client's Name: _____ Date of Birth: _____
SS# _____ Institutional #: _____
(TDCJ)

I, _____, authorize Texas ReEntry Services (TXRS) to release and receive any and all information regarding my participation in TXRS programs and services. This release covers all forms of information exchange whether verbal, written, or faxed. This release will expire one year from the date signed, unless rescinded through written notices from me delivered to Texas ReEntry Services. In the event that I am referred by the criminal justice system, I understand that such information could effect my status with the criminal justice system and that this consent will remain until disposition of the legal action. Further, this information can be re-disclosed at a later date only to carry out the person's official duties with regard to court action. I understand that TXRS has a legal obligation to divulge my address upon request from my parole officer or any member of the criminal justice system. Any re-release of information not pertaining to rehabilitation is not permitted.

Print Name: _____

Signature: _____ Date: _____

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Date _____

Personal History

1. Name: _____ S.S. #: _____

2. Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

3. Date of Birth: _____ Place of Birth: _____

4. E-mail address _____

5. Gender: Male Female

6. Ethnic background:

- White (Not Hispanic) American Indian Asian
 African American (Not Hispanic) Hispanic Other _____

7. Do you possess a driver's license? Yes No
Type _____ State _____ Number _____

8. Do you use an alias? Yes No If yes, please give A.K.A. _____

9. Are you a naturalized citizen? Yes No
Date entered the U.S. (Month/Year): _____ Where Issued (City, State): _____
Certificate: _____ Date of final papers (Month/Day/Year): _____

10. Do you receive any of the following benefits? Check all that apply:

- Social Security Check Government Assisted Housing TANF/AFDC
 Veterans Check Medicare/Medicaid Food Stamps
 SSI Disability Check Other _____

11. Emergency Contact Person: _____

Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Prison History

1. Name of Institution Last Exited: _____
Address: _____ City: _____ State: _____ Zip: _____

2. Institutional Number: _____

3. Type of Institution (check one):

- Federal Penitentiary IDT (Mansfield) SAFP State Jail
 State Penitentiary County Jail ISF

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4. How many times have you been incarcerated? ___ What age were you first incarcerated? ___
5. List ALL charges, convictions, and other depositions received:

Offense	Place	Date	Sentence

6. You are currently on (check one):
 Probation Parole Federal Probation None of the above
7. Date you last entered prison/jail: _____ Date Released: _____
8. How long will you be on parole or probation? _____
9. Your parole/probation officer name: _____
 Address: _____ City: _____ State: _____ Zip: _____
10. Are you presently residing in a halfway house? Yes No
 Name of Halfway House: _____
 Case Manager: _____ Phone Number: _____

Employment History

1. Are you working now? Yes No Date Available for Work: _____
2. What was your last legal job before incarceration?
 Job Title: _____ Employer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Duties Performed: _____
3. List all jobs that you worked in the institution: _____

4. List your preferences for employment:
 1st Preference: _____
 2nd Preference: _____
 3rd Preference: _____

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5. List all your skills below:

6. List all machines, equipment, or tools you have experience with:

7. If you get a job where tools are needed, do you have any? Yes No Able to Purchase

8. Are you a Project RIO client? Yes No RIO Case Manager: _____

9. What is your primary form of transportation? Bus Car Friends/Family

Education History

1. Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

2. Diploma: Yes No GED: Yes No

3. What specialized job or vocational training programs have you participated in? _____

How long? _____ Did you receive a certificate? Yes No

Military History

1. Have you ever served in the military? Yes No

2. If yes, Branch _____ Enlisted date _____ Discharge date _____

Type of discharge _____

3. Have you registered with the selective services? Yes No

Family History

1. Marital Status:

Single Married Separated Divorced Widowed

2. Mate's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

3. List All Dependent Children:

Name: _____ Sex: _____ DOB: _____ S.S. #: _____

Name: _____ Sex: _____ DOB: _____ S.S. #: _____

Name: _____ Sex: _____ DOB: _____ S.S. #: _____

Name: _____ Sex: _____ DOB: _____ S.S. #: _____

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Medical History

1. What is the state of your physical health?

- Excellent Good Fair Poor Declining Improving

2. Are you disabled in any way? Yes No If yes, what type of disability: _____

3. Have you ever been diagnosed with:

A. TB Yes No If yes, when: _____

B. HIV/AIDS Yes No If yes, when: _____

C. Mental Illness Yes No If yes, when: _____

D. Hepatitis Yes No A B C If yes, when: _____

4. Do you use alcoholic beverages? Yes No

5. Have you ever used drugs other than for medical purposes? Yes No

What	How Long	When

6. Do you attend AA/NA meetings? Yes No

7. Are you taking any prescription medications? Yes No

What Prescription	For What Condition

8. What is your primary source of healthcare?

- County Hospital (JPS) Private Insurance Self Pay Medicaid
 Medicare VA Hospital Other _____

I hereby attest that I have answered all questions honestly and to the best of my ability.

Print Name: _____

Signature: _____ Date: _____

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Spiritual History

This information is voluntary and refusal to answer will NOT effect your eligibility for services.

1. Are you:

Christian Jewish Muslim Catholic Buddhist Other _____

2. If a Christian, what denomination are you? _____

3. Do you have a church home in Tarrant County? Yes No

Name of church: _____

Address: _____ City: _____ State: _____ Zip: _____

4. What is your pastor's or spiritual leader's name? _____

5. How often do you attend church or a place of worship? _____

6. What does your spirituality mean to you? _____

7. What do you like most about yourself? _____

8. What would you like to change about yourself? _____

9. Describe your childhood. _____

10. Would you like to speak to someone about your spirituality? Yes No

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NEEDS

I. Physical Needs

- A. Clothes
- B. Food
- C. Housing
- D. Transportation for Job Interviews/Jobs
- E. Medical/Dental Care
- F. ID/Birth Certificate
- G. Other (Please Explain) _____

II. Obtaining Benefits

- A. Social Security
- B. SSI
- C. Food Stamps
- D. Veteran's Benefits
- E. Other (Please Explain) _____

III. Social Needs

- A. Support Group
- B. Drug/Alcohol Treatment
- C. Drug/Alcohol Support Group
- D. Job Referrals
- E. Individual Counseling
- F. Other (Please Explain) _____

Please explain any other needs you might have.

Print Name: _____

Signature: _____ Date: _____