|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_