

Under God's Care, Inc.  
**CLIENT INTAKE FORM**

<b>Intake Date:</b>		<b>Date released from prison:</b>		On state parole? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Referred By:</b>			<b>Servicing County:</b>		
<b>Last Name:</b>			<b>First Name:</b>		
Address:			City:	State:	Zip code:
Telephone Numbers: (    )			(    )		
Email Address:					
Race:	Gender:	DOB:		Social Security #:	
<b>CURRENT INCOME</b>					
<input type="checkbox"/> 0- \$5,000	<input type="checkbox"/> \$5,000-\$14,999	<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> \$25,000-\$34,999	<input type="checkbox"/> Higher	
Current Income:                  unemployed    employed    temp employment    social security    other					
<i>List other type(s) of income:</i>					
<b>CURRENT EMPLOYMENT INFORMATION</b>					
Currently employed:    No    Yes					
If employed, employer information:					
<b>EDUCATIONAL/VOCATIONAL INFORMATION</b>					
Grade completed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma					
Vocational training/certificates, please list if any:					
College Education:    No    Yes    Obtained Degree?    No    Yes    If yes, type of degree:					
Additional degree(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, type of degree:					
<b>MILITARY BACKGROUND INFORMATION</b>					
Served in the Military?    No <input type="checkbox"/> Yes:    If yes, Military Branch: <input type="checkbox"/>					
Years of Service:                  Honorable Discharge                  Dishonorable Discharge					
<b>CRIMINAL BACKGROUND INFORMATION</b>					
<b>Crime(s)</b>	<b>Disposition/Sentence</b>			<b>Year of Conviction</b>	
1.					
2.	<input type="checkbox"/>	<input type="checkbox"/>			
3.					
Additional convictions?    No    Yes					
<b>LIST all services you need</b>					
<b>PLEASE CHECK ADDITIONAL SERVICES REQUESTING:</b>					
<input type="checkbox"/> Employment Assistance	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Computer Literacy		

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*By signing this form, I agree to be a participant of the ex-offender reentry services and hereby give authorization for this agency to act on my behalf, to assist me in acquiring services while I am incarcerated and/or upon my release to the community. I voluntarily disclose my criminal background and/or substance abuse history. This information can be used by this agency and/or its partnering agencies and I will not hold this agency and/or its partnering agencies liable for any circumstances that may result in disclosure of my information. I authorize this agency to serve as a reference by providing this information to employers, service providers and any other resources that share an interest in my prisoner reentry process.*

***Service Provider Signature:***

