SOAR RE-ENTRY INTAKE

TODAY'S DATE: Have you been here before? ☐ When?

FIRST NAME: MIDDLE: LAST NAME:

SSN: Age: DOB: Birthplace:

Gender: Ethnicity: Marital Status:

Phone:

Emergency Contact:

Home Address:

Email:

Release Date: Facility / DOC #:

County of Release:

Are you on Parole? ☐ End Date: Conditions:

Are you on Probation? ☐ End Date:

CSO Name/Phone:

Military Service: From to Type of Discharge:

VITAL DOCUMENTS YOU HAVE

☐ **Birth Certificate** ☐ **Valid State ID** ☐ **Driver License** ☐ **SSN Card**

INCOME

Job $ Alimony $ Child Support $

SSDI $ SSI $ Family $

SNAP/Food Sta VA $ Pension $

Current Housing Status ☐ Homeless ☐ Staying w/family or friends ☐ Motel

Transportation Access ☐ Yes ☐ No

Highest Education Level

Employment Status ☐ Unemployed ☐ Part-time ☐ Full-time

Primary Needs Today (check all that apply) ☐ ID ☐ Housing ☐ Job ☐ Transportation