**INTAKE QUESTIONNAIRE**

DOC number:       Date:       Case manager:

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| **PERSONAL INFORMATION** |

Last name First Middle

True last name First Middle

Maiden last name First Middle

Last physical address before current arrest (if homeless/unknown, list the last jail you were housed at before transferring to Prison):

Language spoken:  English  Spanish  Other:

Interpreter needed?  No  Yes

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| **EMERGENCY CONTACT** |

List the contact information for people we may notify in case of emergency (e.g., illness, injury, death). One of these people should be your next of kin.

**Next of kin:**

Name:       Relationship:       Phone:

Address:

**Additional person:**

Name:       Relationship:       Phone:

Address:

|  |  |  |  |  |
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| **EDUCATION**  **Include high schools, vocational schools, and colleges attended** | | | | |
| **School** | **City/State** | **Begin Date** | **End Date** | **Highest Grade Completed** |
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Did you graduate and earn a high school diploma?  No  Yes

If no, did you earn a General Educational Development (GED)/equivalent certificate?  No  Yes

Do you have any degrees or vocational certifications?  No  Yes

If yes, explain:

Have you had a history of learning difficulties or attended special education classes?  No  Yes

If yes, explain:

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| **EMPLOYMENT** |

Were you employed at the time of arrest?  No  Yes

Most recent employer:

Job title and duties:

Length employed:

Reason for leaving:

Have you ever been fired from a job?  No  Yes

If yes, explain:

What was the best job you have ever had and what did you like most about it?

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| **MILITARY** |

Have you ever served in the military?  No  Yes How long?

If yes, specify:  Army  Navy  Marines  Air Force  Coast Guard  Other:

Did you receive an honorable discharge?  No  Yes

Do you have your DD 214 Certificate of Release or Discharge from Active Duty/NGB 22 or other qualifying document?  No  Yes

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| **RELEASE ADDRESS** |

**Primary release address:**

Others living in residence:

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| --- | --- | --- | --- |
| **Name** | **Relationship** | **Adult** | **Minor** |
|  |  |  |  |
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**Sponsor name:**       Relationship:

Address:       City:

State:       Zip Code:       Phone:

If you do not have any release plan resources, will you be:

Homeless

Transient (i.e., living with family/friends on a temporary basis)

Developing a reentry plan through a Reentry Center

County of residence at the time of conviction:

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| **INTERESTS/HOBBIES** |

What do you do in your spare time?

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| **ALCOHOL/DRUG USE** |

Do you believe you currently have a problem with alcohol/drugs?  No  Yes

What age did you begin drinking or using drugs?

What is your drug/drink of choice?

Have you received treatment/counseling for your alcohol/drug use?  No  Yes

Where?

When?

Do you think you need treatment/counseling now?  No  Yes

Did you consume alcohol before/during the current offense?  No  Yes

If yes, explain:

Were drugs involved in the current offense?  No  Yes

If yes, explain:

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| **COMMENTS** |

Anything else you would like your case manager to know?

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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