



W.A.R Intake

Intake Staff Name: _____

Date: ____/____/____

1. Client Identification:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Prison ID: _____

Client Alternative Name: *enter alternative name(s), if any*

First Name: _____ MI: _____ Last Name: _____

2. Essential Demographics

**Disclaimer-the information provided in this section is optional. It will not impact the scope of services you receive.*

What is your Gender? Male Female Transgender/Transsexual/Intersex

What is your marital status?

- | | |
|---|--|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> In a committed relationship (but not married) |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to Answer |

What is your ethnicity?

- Are you Hispanic? Yes No
- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Pacific Islander/Hawaiian |
| <input type="checkbox"/> Native American/Alaskan Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |

Are you a U.S. Veteran? Yes No

**If yes:* Service Era(s): _____

Discharge status: _____

FOR MORE INFORMATION, CONTACT DANIEL ROBINSON AT 313-645-6507 OR COMMUNITYPROGRAMS@MCHSMI.ORG.



What is the highest level of education you've completed?

- | | | |
|--|--|--|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> High School diploma | <input type="checkbox"/> Bachelor degree |
| <input type="checkbox"/> Middle/junior high school | <input type="checkbox"/> Some College | <input type="checkbox"/> Master degree |
| <input type="checkbox"/> Some high school (no GED) | <input type="checkbox"/> Technical or trade school | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Some high school +GED | <input type="checkbox"/> Associate degree (A.A.) | <input type="checkbox"/> Unknown |

Certifications obtained: _____

3. Your Contact Information

What is your current address?

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Are you staying outdoors or in a place not meant for human habitation? Yes No
**If yes, you may enter just the city name as your current address.*

What are the best phone numbers for us to reach you?

Primary Phone: (____) _____ Description: _____

Alternative 1: (____) _____ Description: _____

Alternative 2: (____) _____ Description: _____

Email: _____

What is your most reliable mode of transportation? _____



4. Referrals

If someone referred you to the W.A.R Program, check all that apply (specify name and agency):

No one referred me

Someone suggested that I come here. Specify who: _____

Parole office referred me:

Name: _____

Ph: _____

Location: _____

Probation office referred me:

Name: _____

Ph: _____

Location: _____

Other: _____

5. Criminal Justice History

Are you currently on probation? Yes No

If yes: What was your crime? _____

What is the term of the probation? _____

Are there any restrictions? _____



Are you currently on parole?

Yes

No

If yes: What was your crime? _____

What is the most recent release date? _____

What is the term of your parole? _____

Are there any restrictions? _____

Is there any additional info about your criminal history?

6. Employment

Do you currently have a job?

Yes

No

If no:

Are you currently looking for a job?

Yes

No

If you are not seeking employment, can you tell us why?

Disabled

Retired

Other, Please specify: _____

If yes:

Where you are currently employed?

Name of employer: _____

Hourly Wage: _____

Please indicate your most recent place of employment where you were employed for over three months: _____



7. Benefits

Are you currently on any form of public aid? Yes No
 (WIC, Medicaid, Bridge Card, Cash Assistance, Unemployment, SSI or other Support from private agencies)

If yes please Specify: _____

Monthly Amount: _____

Do you need assistance with acquiring public aid? Yes No
 (ex. application process, eligibility)

If yes please specify which aide: _____

8. Housing

Current Housing Status

<input type="checkbox"/> *Homeless	<input type="checkbox"/> *Imminently Homeless	<input type="checkbox"/> At Risk of Homelessness	<input type="checkbox"/> Stable Housing
<input type="checkbox"/> Supported Housing with Transitional tenure <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Any place not meant for habitation	Any Living Situation where participant <input type="checkbox"/> must leave within one week (eviction, discharge or limit to stay) <input type="checkbox"/> cannot return to prior situation (if in Temporary) <input type="checkbox"/> does not have resources to secure housing	Any time-limited Living Situation (eviction, discharge or limit to stay), where participant does not meet criteria for Homeless or Imminently homeless, e.g. <input type="checkbox"/> staying with family temporarily but indefinitely <input type="checkbox"/> staying with family temporarily but indefinitely	Any Living Situation with Permanent tenure <u>and</u> with no pending eviction or other requirement to leave. How long have you had stable housing? _____ _____

*If Homeless or Imminently Homeless:

Expected Discharge Date or limit to stay: _____

Are you residing in a Shelter? Yes No

If yes please name the shelter: _____



Who is your Case Manager that assists with your housing needs? Please provide name, contact information and name of Agency they work for: _____

Do you have any concerns about your current living situation? Yes No
(ex. Being evicted, finding somewhere to stay, paying rent/mortgage, maintaining your utilities, neighborhood safety)

If yes then what are those concerns? _____

9. Disabilities

Do you have any disabling conditions (that is, conditions that are of long or indefinite duration, and limiting ability to work or live independently)? Yes No

If yes, tell us which types of disability affect your ability to work or live independently. If required (by program), indicate whether disability verification has been submitted to file, with Date and Type:

Mental health disability	<input type="checkbox"/> Yes	Specify:
	<input type="checkbox"/> No	
	Verification filed <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date verified: _____
Substance abuse disability	<input type="checkbox"/> Yes, Alcohol <input type="checkbox"/> Yes, Drugs	Specify:
	<input type="checkbox"/> No	
	Verification filed <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date verified: _____
Physical disability	<input type="checkbox"/> Yes	Specify:
	<input type="checkbox"/> No	



	Verification filed <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date verified: _____
Developmental disability	<input type="checkbox"/> Yes	Specify:
	<input type="checkbox"/> No	
	Verification filed <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date verified: _____
Other medical condition	<input type="checkbox"/> Yes	Specify:
	<input type="checkbox"/> No	
	Verification filed <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date verified: _____

10. Areas of Need/Assistance

What areas of assistance are you in need of?

- Financial Literacy
- Job Training
- Resume Building
- Obtaining State Identification
- Obtaining Birth Certificate
- Obtaining Driver's License
- Obtaining Interview Clothing
- Obtaining Work Clothing
- Obtaining Housing
- Help With Rent
- Help With Utilities
- Other

**If other please specify need:* _____

*Client Signature: _____ Date: _____

*Staff Signature: _____ Date: _____