

Questionnaire

Do you have a judge involved? No ___ Yes ___ Name of Judge _____

Attend Self Help Groups within the last 30 days? No ___ Yes ___ How Many? _____

Number of arrests in the past 30 days? _____ Is gambling an issue for you? No ___ Yes ___

Are you on Probation or Parole? No ___ Yes ___

Probation/Parole Officer _____ City _____ Contact # _____

Current Legal Charges: _____

Sentence to: _____ Date Sentenced: _____

Are you required to register as a Violent Offender? No ___ Yes ___ Sex Offender? No ___ Yes ___

Is the Department of Family Services involved? No ___ Yes ___

Case Worker _____ City _____

Phone # _____ Cell phone# _____

Are your children removed from the home? No ___ Yes ___ Who do they live with _____

Critical Populations Check all that apply		
<input type="checkbox"/> DUI Offender	<input type="checkbox"/> IV Drug User*	<input type="checkbox"/> Pregnant Woman*
<input type="checkbox"/> Receiving Food Stamps	<input type="checkbox"/> Protective Services Case	<input type="checkbox"/> Woman w/Dependents*
<input type="checkbox"/> Receiving Medicaid	<input type="checkbox"/> Probation	<input type="checkbox"/> #staying/CBR
<input type="checkbox"/> Receiving AFDC	<input type="checkbox"/> On Parole	<input type="checkbox"/> Homeless*
<input type="checkbox"/> Receiving SSI*	<input type="checkbox"/> On Pre-Release	<input type="checkbox"/> Mandatory Monitoring
<input type="checkbox"/> Receiving SSDI*	<input type="checkbox"/> Other Incarcerated Person	<input type="checkbox"/> Infected AIDS*

This information is for demographic purposes only and will not affect your care

Annual Income \$ _____ <input type="radio"/> Unemployed # of people, including you, this income supports ____	Employment Status <input type="radio"/> Fulltime <input type="radio"/> Part time <input type="radio"/> Student - Full ___ PT ___ <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Disabled <input type="radio"/> Other _____	Racial Group (s) Check all that apply <input type="radio"/> African American/black <input type="radio"/> Asian <input type="radio"/> Caucasian/white <input type="radio"/> Native American/Alaskan/Inuit <input type="radio"/> Pacific Islander <input type="radio"/> Other _____	Ethnicity <input type="radio"/> Hispanic/Latino/Latina <input type="radio"/> Not Hispanic/Latino/Latina Country of Birth <input type="radio"/> USA <input type="radio"/> Other _____
Preferred Language <input type="radio"/> English <input type="radio"/> Española <input type="radio"/> French <input type="radio"/> Portuguese <input type="radio"/> Other _____	Marital Status <input type="radio"/> Married <input type="radio"/> Partnered <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Other _____	Referral Source <input type="radio"/> Self <input type="radio"/> Friend/Family <input type="radio"/> Probation & Parole <input type="radio"/> Advertisement <input type="radio"/> Other _____	Do you think of yourself as <input type="radio"/> Lesbian, gay, homosexual <input type="radio"/> Straight/heterosexual <input type="radio"/> Bisexual <input type="radio"/> Something else <input type="radio"/> Don't know <input type="radio"/> Choose not to disclose
What is your gender <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Genderqueer/not exclusively male/female	What was your sex at birth <input type="radio"/> Male <input type="radio"/> Female Level of Edu. _____ (GED is 12)	Gender Identity <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender male/female-to-male <input type="radio"/> Transgender female/male-to-female <input type="radio"/> Other <input type="radio"/> Choose not to disclose	Living Arrangements <input type="radio"/> Independent <input type="radio"/> Dependent (on others) <input type="radio"/> Homeless(Shelter, Transitional, RV/Tent, Double up, Street) <input type="radio"/> Other _____

Revised 8/5/2019