

Client Intake Form

**1:1 Company Mission**

2nd Chances is committed to providing those with non-violent, non-abusive convictions in need with employment placement & growth opportunities in order to finalize the reform intended.

**1:2 Company Vision**

2nd Chances vision is to provide support to those with convictions with the tools needed to move forward with a productive life, giving them objectives, contributing to their families & communities, while reducing criminal involvement for the greater good with respect and dignity

**1:3 Welcome**

A participant of 2nd chances will utilize program help in finding housing. Upon reentry probation officers require you must have an address where visits can be conducted that is also a requirement for 2nd chances. As an enrolled participates we will assist you in finding resources to help obtain housing. Additionally as a participant with 2nd chances we want to connect you with finding community resources that can help with healthcare, education, and support groups . There are policies as a participant and paid consultant you must review and agree to. 2nd chances participants understand and consent to support from program helpers in order to help obtain employment opportunities.

**1:4 Introductions to the company**

At 2nd chances you will identify yourself as an enrolled participant and/or paid consultant. Throughout your participation you will experience employment as a paid consultant and/or an enrolled participant. You will agree to follow and abide by the policies herein. The policies are here to help you understand your rights and benefits. We encourage your feedback and suggestions. If you have any questions that are not addressed in this handbook please address your manager. This handbook is to serve as a guide. Nothing in this handbook is to serve as a contract or guarantee of employment.

**Please sign and date your consent that you have read and understand the introduction to 2ndchances**



Sincerely,

Tracy Chester

Executive Director 2nd Chances

### Application Procedure

1. Call or email our office at 844-232-6632 and request an application.
2. Please fill in all the blanks. If something does not apply to you then put ***”NA”*** in the blank space.
3. You may email the completed application to [info@2econdchances.com](mailto:info@2econdchances.com) or mail it to the address below:

2ND Chances

Attn: INTAKE

PO BOX 484

LaGrange, KY 40031

1. Once we receive a copy of the application, you will be contacted to let you know if you qualify for the program. Depending on availability, you may be placed on a waiting list. You may contact us monthly to see how long you have to wait for a space to open up.
2. When you are contacted by our Intake Office please be prepared to give us a date as to when you expect to be start.
3. Bring be able to bring two forms of ID.

*Please Print Clearly*

# Client Intake Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | | | | | | |  |
| Last Name |  | | | | | First Name | | | | | |  | | | |
| Date of Birth |  | | | | | Spouse Name | | | | | |  | | | |
| ID Number | *List: Type of ID, State & Number* | | | | | SSI (provide when placed) | | | | | |  | | | |
| Address |  | | | | | Homeless | | | | | | * Yes No | | | |
| City |  | | | | State | | |  | | Zip Code | | | |  | |
| Home Phone |  | | | | Work # | | | |  | | | | | | |
| Cell # |  | | | | Fax | | | |  | | | | | | |
| Age |  | | *Sex* | Male Female | | | | | Height | | |  | | Weight |  |
| Religion |  | | | | | | Race/Ethnicity | | | | | |  | | |
| Marital Status | * Single  Married  Divorced  Widowed | | | | | | | | | | | | | | |
| Emergency Contact Name |  | | | | | | | | Relationship | | | |  | | |
| Emergency Ph # | |  | | | | Secondary # | | | | |  | | | | |
| Emergency Address | |  | | | | | | | | | | | | | | |
| Do you have health insurance?  Yes  No | | | | | | | | | | | | | | | | |
| Do you have dental insurance?  Yes  No | | | | | | | | | | | | | | | | |
| Do you have a car?  Yes  No *If yes, who will take care of it while you are in the program?* | | | | | | | | | | | | | | | | |
| Are you currently receiving any type of income?  Yes  No *If yes, please explain:* | | | | | | | | | | | | | | | | |
| Have you ever been in the military?  Yes  No Discharged?  Yes  No  *If dishonorable discharge please explain.* | | | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | |
| Circle last year completed:  Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 + | | | | | | | | | | | | | | | | |
| Can you read and write?  Yes  No Can you speak English?  Yes  No | | | | | | | | | | | | | | | | |
| Have you ever been in special education classes?  Yes  No | | | | | | | | | | | | | | | | |

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| ***Religious Background*** |
| Do you believe in God?  Yes  No  Uncertain |
|  |
| Are you attending church now?  Yes  No *If yes, where?* |
| **Legal History** |
| Have you ever been arrested?  Yes  No How many times?  *If yes, give details:* |
| Have you ever done jail time?  Yes  No *If yes, what for and how long?* |
| Are you on probation or parole?  Yes  No *If yes, give probation or parole officer’s contact information below:* |
| Are you court ordered here?  Yes  No *If yes, give contact information regarding your court case:* |
| Do you have any legal charges pending?  Yes  No *Where? What are the charges?* |
| Do you think you may have any outstanding warrants?  Yes  No *If yes, please explain:* |
| Do you have any other pending legal matters that would require you to attend to in the next 90 days?  Yes  No  *If yes, give details below:* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug History** | | | | |
| Have you ever used drugs?  Yes  No *If yes, how old were you?* | | | | |
| Why did you try them? | | | | |
| * To help me deal with life. * To escape reality. * To fit in with my peers. * My friends use drugs. * To make physical pain go away. * To make emotional pain go away. | | * Some of my family use drugs. * Just for fun. * I’m bored. * Curiosity. * Other: | | |
| Have you ever sold drugs?  Yes  No | | | | |
| Do you think you have a problem with drugs?  Yes  No  Uncertain  *Explain why or why not:* | | | | |
| Since you’ve been using, what’s the longest period of time that you’ve been sober? | | | | |
| Please fill out information below concerning your drug use. | | | | |
| **Drug**  *(if you did not use drug listed leave blank, if drug is not listed fill in)* | **First Time**  *(How old were you or what month/year?)* | **Last Time**  *(Approximate date?)* | **Frequency**  *(How often did you use: occasionally, monthly weekly daily, etc.)* | **Amount Used**  *(How much did you use per day/week/month?)* |
| Alcohol |  |  |  |  |
| Barbiturates |  |  |  |  |
| Benzodiazepines |  |  |  |  |
| Cocaine/Crack |  |  |  |  |
| Glue/Paint |  |  |  |  |
| Heroin |  |  |  |  |
| Inhalants(Snuffing) |  |  |  |  |
| LSD |  |  |  |  |
| Marijuana |  |  |  |  |
| MDMA (Ecstacy) |  |  |  |  |
| Meth |  |  |  |  |
| Mushrooms |  |  |  |  |
| PCP |  |  |  |  |
| Prescription Drugs |  |  |  |  |
| Speed |  |  |  |  |
| Tobacco |  |  |  |  |
| Other: |  |  |  |  |

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| --- |
| **Goals** |
| What goals do you have while in this program? |
| What do you want to happen in your life while you are in this program? |

**How did you hear about us?** *(Check all of that apply)*

* + Friend
  + Family Member
  + Church Leader
  + TV Show
  + Brochure / Flyer
  + Other:

# DISCIPLE RELEASE STATEMENT

I, , understand that my acceptance as 2nd Chances requires the following:

1. I understand that my admission and continued assistance in 2nd Chances is dependent upon my needing such assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me.
2. I understand 2nd Chances will refer me to employment that accepts my situation, and will attempt to job place me as program funds are available.
3. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
4. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**
5. I am willing to complete placement testing.
6. I have read, understand and agree to the placement handbook guidelines.

Dated this day of 20 .

Signature Witness's Signature

Printed Name Witness's Printed Name