

**ALVIS HOUSE**  
**Community Corrections Center**

**INITIAL INTAKE FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Permanent Home Address: \_\_\_\_\_  
AKA: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration #: \_\_\_\_\_  
Race: \_\_\_\_\_ Complexion: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_  
Identifying Marks / Scars: \_\_\_\_\_  
Sexual Orientation: (Check One): Straight: \_\_\_\_\_ Gay: \_\_\_\_\_ Lesbian: \_\_\_\_\_ Bi-sexual: \_\_\_\_\_ Transgender: \_\_\_\_\_  
Intersex: \_\_\_\_\_ Gender nonconforming: \_\_\_\_\_  
Marital Status: (Check One): Single: \_\_\_\_\_ Married: \_\_\_\_\_ Common Law: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widow(er): \_\_\_\_\_  
Are there any court ordered support payments : \_\_\_\_\_ What Court? \_\_\_\_\_

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**ADMISSION**

Alvis House Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for referral: \_\_\_\_\_

Name of referring source: \_\_\_\_\_

Admission Status (check one):

New intake : \_\_\_\_\_

Readmittance after drug abuse: \_\_\_\_\_

Readmittance after alcohol abuse: \_\_\_\_\_

Readmittance after escape \_\_\_\_\_

Readmittance after parole violation: \_\_\_\_\_

Other: \_\_\_\_\_

Termination Status (check one)

ISP \_\_\_\_\_

Parole \_\_\_\_\_

State Probation \_\_\_\_\_

County Probation \_\_\_\_\_

Federal Pre-Release \_\_\_\_\_

Community Confinement \_\_\_\_\_

Pre-Trial \_\_\_\_\_

Other: \_\_\_\_\_ Explain \_\_\_\_\_

Current offense: \_\_\_\_\_ Sentence date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of commitment (Alvis House): \_\_\_\_\_

Conditions of commitment (Alvis House): \_\_\_\_\_

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## CRIMINAL HISTORY

Number of prior felony convictions (Adult / Juvenile): \_\_\_\_\_

Number of prior adult felony commitments in a State or Federal institution: \_\_\_\_\_

Age at admission to institution (or Probation ) for current offense: \_\_\_\_\_

Number of offenses (including current offense) committed while under  
Parole / Probation Supervision: \_\_\_\_\_

Number of sex offenses involving a minor child under age 18: \_\_\_\_\_

Number of sex offenses involving an adult age 18 or older: \_\_\_\_\_

Number of sex offenses while incarcerated: \_\_\_\_\_

Number of offenses (including current offense) involving drug / alcohol: \_\_\_\_\_

Number of arrests during the five years prior to incarceration: \_\_\_\_\_

Number of offenses (including current offense) for auto theft: \_\_\_\_\_

Number of offenses (including current offense) involving serious injury to a victim: \_\_\_\_\_

Number of offenses (including current offense) involving the use of a weapon: \_\_\_\_\_

Has this client been previously convicted for the same offense? Y N

Are all offenses (including current offense) nonviolent? Y N

Does client have any family member(s) who has ever been convicted of a felony/incarcerated? Y N

If yes, how many? \_\_\_\_\_

Is the current conviction for multiple crimes? Y N

Was the client employed at time of arrest? Y N

Is felon registration necessary? Y N

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## EDUCATION AND EMPLOYMENT HISTORY

Years of education completed: GED \_\_\_\_\_ Diploma \_\_\_\_\_ College \_\_\_\_\_ Degree \_\_\_\_\_

(If yes for college and/or degree, please explain): \_\_\_\_\_

Years of vocational training completed: \_\_\_\_\_ Were any certifications obtained? Y N

If yes, please explain: \_\_\_\_\_

Employment plans: \_\_\_\_\_

Are there any physical / mental impairments which would limit employment capacity? Y N

If yes, please explain: \_\_\_\_\_

Number of jobs held in the community in the last two years: \_\_\_\_\_

Longest stay on the job in the last two years in the community: \_\_\_\_\_

Has this client ever been sexually harassed in the workplace? Y N

If yes, was it reported and investigated? Y N

Has this client ever been accused of sexual harassment in the workplace? Y N

Has an allegation of sexual harassment in the workplace ever been substantiated? Y N

If yes, what was the outcome? \_\_\_\_\_

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## **FINANCIAL INFORMATION**

### **LIABILITIES:**

Court Costs \$ \_\_\_\_\_ Restitution \$ \_\_\_\_\_ Fines \$ \_\_\_\_\_

Felony Assessment Fees \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

## **HEALTH SCREENING**

Are you currently being treated for any illness or injury? Y N if yes, please explain. \_\_\_\_\_

Have you ever had or do you have any of the following? Please check below.

Hepatitis	Cancer	Arthritis	Migraine Headaches
Seizures	Stroke	Asthma/Emphysema	Other _____
High Blood Pressure	Diabetes	Heart Attack	_____
HIV/AIDS	Other Sexually Transmitted Disease (specify)		_____

Have you experienced sexual victimization while incarcerated? Y N

If yes, was it reported? Y N

Have you experienced sexual victimization prior to being incarcerated? Y N

If yes, did you know the perpetrator? Y N

Are you currently using any medications or other treatments? Please list:

Prescription: \_\_\_\_\_

Over-the-Counter: \_\_\_\_\_

Are you on a special diet for medical or religious reasons? If yes, please describe. \_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Other allergies ( latex, bee stings, ) \_\_\_\_\_

Do you have a physical disability? Y N If yes, please describe \_\_\_\_\_

Have you ever been hospitalized? Y N If yes, for what \_\_\_\_\_ When? \_\_\_\_\_

Have you ever had surgery? Y N If yes, for what? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any acute dental problems that need immediate attention? If yes, please describe

Is there anything else about your physical health that you think we should know? \_\_\_\_\_

## SUBSTANCE ABUSE SCREENING

TYPE	AGE BEGAN	LAST USE	AMOUNT/FREQUENCY
ALCOHOL			
MARIJUANA			
COCAINE			
OPIATES			
TRANQUILIZERS			
SEDATIVES			
AMPHETAMINES			
HALLUCINOGENS			
INHALANTS			

History of CD Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MENTAL HEALTH SCREENING

Do you feel that you need assistance in the area of emotional or mental health?    Y    N

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication for mental health reasons?    Y    N    If yes, please list.

\_\_\_\_\_

How much/how many do you have in your current supply? \_\_\_\_\_

Are there any refills on your prescription?    Y    N

Have you ever taken medications for mental health reasons in the past?    Y    N

If yes, What? \_\_\_\_\_ When? \_\_\_\_\_

Why did you stop? \_\_\_\_\_

Have you ever felt so depressed that you thought of hurting yourself or another?    Y    N

If yes, did you act out on these thoughts? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you currently having any thoughts of hurting self or another?    Y    N

If yes what are your thoughts, any plan?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bothered by hearing voices in your head when no one is around?    Y    N

How did you respond? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you seen a counselor for mental health problems?    Y    N    If yes, what were the problems?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for mental health reasons?    Y    N    If yes, when \_\_\_\_\_ where \_\_\_\_\_

Have you ever been involved in a situation of domestic violence, assault, or stalking?    Y    N    If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a victim of physical, sexual, or emotional abuse?    Y    N    If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone in your family ever hurt self or seriously hurt another?      Y    N    If yes, please explain:

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Do you have any supportive people you could go to for help?      Y    N    If yes, who are the people?

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**STAFF OBSERVATIONS**

Behavior (include state of consciousness, mental status, appearance, conduct, tremors, sweating): \_\_\_\_\_

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Body Deformities: \_\_\_\_\_

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Ease of Motion: \_\_\_\_\_

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Condition of Skin (include trauma markings, bruises, lesions, jaundice, rashes, infestations, needle marks, other signs of drug abuse): \_\_\_\_\_

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COMMENTS: \_\_\_\_\_

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**RELEASE OF INFORMATION**

**I hereby give my consent to Alvis, Inc., dba Alvis House, to release all pertinent information to any prospective employer, correctional, educational, mental health or retardation, and social service agencies and agents. Such information is strictly confidential and is to be used by authorized persons to assist in any program plans relating to the successful completion of my conditional release. Information will be given only to the person providing the service.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness= Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read or had read to me the Client Handbook and I have been given a copy of the handbook. Although I may not agree with everything in the handbook, I understand what is written therein. I understand that a statement of my rights and the agency grievance procedure are contained within the handbook**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness= Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***FEDERAL RESIDENTS ONLY:***

**I have read or had read to me the Federal Bureau of Prisons Prohibited Acts. I understand that failure to abide by the rules set forth by Alvis House and the Federal Bureau of Prisons may result in removal from the Alvis House program.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness= Signature: \_\_\_\_\_ Date: \_\_\_\_\_