

Newness of Life

Assessment

1. First Name: _____ MI: _____
Last Name: _____
2. Age: _____ Date of Birth: _____
3. When is the last time you used Drugs or Alcohol: (truthfully)

4. Where are you staying (city, state): _____
5. What kind of arrangements where you are staying: _____

6. Are you on Medication: _____ yes _____ no
7. List Medications: _____

8. Do you have any pending legal charges: _____ yes _____ no
List: _____

9. Do you have any warrants, bond, Probation, Parole: _____ yes _____ no
If so which: (list) _____

10. Do you have any open CPS cases? _____
11. Do you have any family support financial help? \$100.00 intake fee plus
the first four weeks \$400.00 (\$500.00 total) : _____ yes _____ no
12. Are you able to work: _____ yes _____ no
List job skills, certifications, previous employment: _____

13. When is the last time you worked: _____

14. Do you have a state identification card: : _____ yes _____ no

15. Do you have a birth certificate: : _____ yes _____ no

16. Do you have a social security card: : _____ yes _____ no

17. Any Mental Health

Issues?: _____

18. Any Physical Health limitations: _____

19. Any current or past sexual offenses : _____ yes _____ no

Signature

Date