

# **LBF Participant Intake Assessment Form**

## **BASIC/ CONTACT INFORMATION:**

DATE: \_\_\_\_\_ PARTICIPANT'S NAME: \_\_\_\_\_

SEX: \_\_\_Female \_\_\_Male

STREET ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #s: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

ALTERNATIVE PHONE #: \_\_\_\_\_

TIME AT PRESENT ADDRESS: \_\_\_\_\_

## **ADDITIONAL CONTACTS:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## **DOCUMENTS TO OBTAIN:**

\_\_\_ BIRTH CERTIFICATE \_\_\_ SS CARD \_\_\_ LIBRARY CARD \_\_\_ DRIVER'S LICENSE

\_\_\_ OTHER PHOTO ID

## **PERSONAL INFORMATION:**

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CHILDREN: \_\_\_ YES \_\_\_ NO

IF YES (NAMES/ AGES):

\_\_\_\_\_

\_\_\_\_\_



EVER CONVICTED OF A CRIME: \_\_\_ YES \_\_\_ NO

NATURE OF THE OFFENSE(S):

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EVER BEEN IN JAIL: \_\_\_ YES \_\_\_ NO

EVER BEEN IN PRISON: \_\_\_ YES \_\_\_ NO

PRISON ID# \_\_\_\_\_ RELEASE DATE: \_\_\_\_\_

NUMBER OF TIMES IN JAIL/ PRISON AS A JUVENILE:

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NUMBER OF TIMES IN JAIL/ PRISON AS AN ADULT: \_\_\_\_\_

TOTAL TIME SPENT INCARCERATED AS AN ADULT: \_\_\_\_\_

CURRENTLY ON PROBATION: \_\_\_ YES \_\_\_ NO

CURRENTLY ON PAROLE: \_\_\_ YES \_\_\_ NO

IF YES TO EITHER, HOW LONG: \_\_\_\_\_

NAME OF AGENT/ OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEET HOW OFTEN: \_\_\_\_\_

INVOLVED IN A GANG: \_\_\_ YES \_\_\_ NO

ACCESS TO WEAPON(S): \_\_\_ YES \_\_\_ NO

EXPLAIN:

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NUMBER OF YEARS/MONTHS INCARCERATED PRIOR TO  
EXONERATION/RELEASE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

EVER BEEN EMPLOYED: \_\_\_ YES \_\_\_ NO

LAST TWO POSITIONS HELD:

A. POSITION, DATES, SALARY, AND DUTIES:

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B. POSITION, DATES, SALARY, AND DUTIES:

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WORK-RELATED SKILLS:

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FUTURE EMPLOYMENT GOALS:

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ANY PROFESSIONAL REFERENCES (OTHER THAN FAMILY AND FRIENDS) NAME /  
PHONE: \_\_\_\_\_

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**EDUCATIONAL HISTORY**

HIGHEST SCHOOLING COMPLETED:

- NO SCHOOLING/ LESS THAN HS
- SOME COMMUNITY COLLEGE/ TRADE SCHOOL
- SOME COLLEGE/ UNIVERSITY
- SOME GRADUATE SCHOOL

NAME AND LOCATION OF LAST SCHOOL ATTENDED:

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EVER RECEIVE SPECIAL EDUCATION SERVICES:  YES  NO

EVER HAD AN INDIVIDUAL EDUCATIONAL PLAN (IEP):  YES  NO

EVER SUSPENDED FROM SCHOOL:  YES  NO

EVER PLACED IN AN ALTERNATIVE SCHOOL:  YES  NO

EXPLAIN YES ANSWERS:

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- HS DIPLOMA/ GED
- ASSOCIATE'S DEGREE
- BACHELOR'S DEGREE
- GRADUATE DEGREE

WHAT DID YOU LIKE BEST ABOUT SCHOOL?

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WHAT DID YOU LIKE LEAST ABOUT SCHOOL?

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FUTURE EDUCATION GOALS:

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FUTURE EDUCATION GOALS (CONT):

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ANY SKILL DEFICIENCIES/ BARRIERS TO SUCCESSFUL LEARNING:

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**PHYSICAL & MENTAL HEALTH HISTORY**

HEALTH INSURANCE:  YES  NO

SELF-HEALTH RATING:  POOR  FAIR  GOOD  EXCELLENT

EXPLANATION:

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KNOWN HEALTH PROBLEMS/ DISABILITIES:

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CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS?  YES  NO

DATE OF LAST PHYSICAL EXAM: \_\_\_\_\_

EVER HOSPITALIZED:  YES  NO

IF YES, CONDITION AND APPROXIMATE DATE:

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DATE OF LAST EYE EXAM: \_\_\_\_\_

REQUIRE GLASSES/CONTACTS TO READ, WORK, ETC.  YES  NO

EVER EXPERIENCED NEGLECT OR ABUSE:  YES  NO

PHYSICAL ABUSE:  YES  NO

SEXUAL ABUSE:  YES  NO

DIFFICULTY SLEEPING:  YES  NO

ALCOHOL ABUSE:  YES  NO

DRUG ABUSE: \_\_\_ YES \_\_\_ NO  
SELF-MUTILATION: \_\_\_ YES \_\_\_ NO  
ATTEMPTED SUICIDE: \_\_\_ YES \_\_\_ NO

**CASE MANAGER CERTIFICATION**

NEEDS ADDITIONAL ASSESSMENT: \_\_\_ YES \_\_\_ NO

NEEDS OUTSIDE REFERRAL: \_\_\_ YES \_\_\_ NO

SERVICES NEEDED:

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REQUIRES IN-HOUSE SERVICES: \_\_\_ YES \_\_\_ NO

SERVICES NEEDED:

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ADDITIONAL INFORMATION:

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PARTICIPANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASE MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_