



Initial Intake Form

Please complete all sections. Information is confidential and used only to connect you with services.

Section 1: Basic Information

Full Name **Date of Birth** **Age**

Preferred Language

Gender:

Male Non-binary Other

Female Prefer not to say

Race/Ethnicity:

African American/Black Native American

Hispanic/Latino Multiracial

Asian/Pacific Islander Other

White/Caucasian

Section 2: Contact Information

Street Address

City **State** **ZIP**

Phone Number **Email Address**

Housing Status:

Own Staying with family/friends Transitional housing

Rent Homeless Other

Section 3: Emergency Contact

Name **Relationship** **Phone Number**

Section 4: Family & Household Information

Marital Status:

Single Divorced Widowed

Married Separated

Number of Children **Ages of Children** **People in Household**

Section 5: Education

Current Education Status:

- In school
- Some college
- Other
- GED program
- College graduate
- High school graduate
- Not in school

School Name (if applicable)

Educational Goals

IEP or 504 Plan? Yes No

Section 6: Employment & Workforce

Current Employment Status:

- Employed full-time
- Unemployed
- Looking for work
- Employed part-time
- Student
- Other

Employer Name

Job Title

Hours/Week

Career Goals/Interests

Section 7: Justice Involvement

Optional — Confidential

■ *This information is confidential and will only be used to connect you with appropriate resources.*

Currently on probation/parole? Yes No

Probation Officer Name and Contact

Section 8: Health & Wellness

■ *Health information is confidential and protected. Used only to connect you with appropriate services.*

Do you have health insurance? Yes No

Insurance Provider

Any disabilities or special needs? Yes No

If yes, please describe

Mental health support needed? Yes No

Substance use support needed? Yes No

Section 9: Support Needs & Goals

Services Needed (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Mentorship | <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Legal support | <input type="checkbox"/> Other |
| <input type="checkbox"/> Educational support | <input type="checkbox"/> Mental health services | |
| <input type="checkbox"/> Life skills | <input type="checkbox"/> Substance use support | |

Top 3 Goals:

-
-
-

Biggest Challenges Right Now

Your Strengths

Section 10: Referral Source

How did you hear about us?

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Other |
| <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> Social media | |
| <input type="checkbox"/> Community organization | <input type="checkbox"/> Website | |

Referred by (Name/Organization)

Section 11: Consent & Signature

I consent to participate in Lift and Rebuild 360 programs and understand that my information will be kept confidential and used only to provide services and support.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Staff Signature

Date

Thank You!

Thank you for completing the Lift and Rebuild 360 Intake Form.
A staff member will follow up with you within 48 hours.

"We lift. We rebuild. Completely. 360°."

For Office Use Only

Date Received

Intake Staff

Assigned Case Manager

Program Enrolled

Notes