



Resurrection Program Intake

Must be filled out in full to be considered for review

Personal Information

Name _____ DOB _____ SSN _____

Phone _____ Marital Status _____ Gender _____

Email _____

Emergency Contact _____ Phone _____

High School _____ Graduate Y/N _____

College _____ Degree _____

Driver's License Y/N _____ State _____ Number _____ Do you drive Y/N _____

Where are you from _____

Legal Involvement

Parole/Probation Name _____ Phone Number _____

Parole/Probation Start Date _____ Expected Release _____

Charge for Parole/Probation _____

Registered Sex Offender Y/N _____

Drug/Alcohol History

Drug of choice _____ Overdosed Y/N _____ Had Narcan Y/N _____ Clean Date _____

Detox – Treatment – Hospitalization _____ Do you have a Sponsor _____

Facility _____ Date _____

Facility _____ Date _____

Facility _____ Date _____

Facility _____ Date _____

Health Information

Insurance Type Medicaid Medicare Private_____

Allergies_____

Physical Health Diagnosis_____

Mental Health Diagnosis_____

Income SSI \$_____ SSDI \$_____ Other \$_____

Vital Records Needed

Birth Certificate Y/N SSC Y/N ID Y/N

Employment History

Employer Name _____ Start _____ End _____

Employer Address _____ Reason for Leaving _____

Supervisor Name _____ Telephone _____

Employer Name _____ Start _____ End _____

Employer Address _____ Reason for Leaving _____

Supervisor Name _____ Telephone _____