

Entrance Questionnaire

Please fill out this form completely. If you need additional space please use the back of this form. All of your answers and information will be kept confidential.

1. Name: _____ Age: _____

2. Date of Birth: _____ - _____ - _____

3. Social Security #: _____ - _____ - _____

4. Marital Status: Married, Single, Divorced, Widowed. (Circle one).

a. name of spouse or ex-spouse _____ b. If married tell us a little about the situation:

5. Legal Status: What county are you supposed to parole to: (What county did you get convicted in, what county is your home plan supposed to be in)

6. List all Convictions past and present. List how much time served with each one. (Please note that we need to be very specific. We need to know this information so we can work with Probation and Parole on your behalf. Please list dates if you can remember them):

b. Name of current Probation/Parole Officer/Case worker: _____

C. Are there any special circumstances regarding your Probation/Parole?

What is your expected release date: _____ how certain is that _____

How much time have you served this incarceration _____

7. Past drug or alcohol use:

a. Have you ever been in a drug or alcohol treatment program? _____ b. If yes date _____

e. If you were in a program before, what do you feel is different about you or your circumstances now?

8. Are you taking prescription medication_____ Why are you prescribed medication? (Explain purpose)

What is the name(s) of the medication you take_____

a. When was your last Doctors visit for this medication? _____

10. Have you ever been admitted to a mental facility or a mental treatment program? Yes or No? _____

If yes - where and how long?_____

11. Religion.

a. What is your religious background? _____ b. What denomination do you follow now? _____

e. Do you see God as a part of your life? If yes please explain

12. Church attendance:

a. Do you attend church services, bible studies or any other program while incarcerated: explain

13. Past work experience:

14. Relationships:

Are you in a committed "romantic" relationship? _____ (If Yes)

How Long? _____ Do you feel it's a healthy relationship? _____ Why?

Do you have kids? How many? Do you have a relationship with your kids?

15. Emergency contacts: (This is for emergency use only).

a. Name: _____ Relationship: _____

Address: _____ City/State. _____

Zip: _____ Phone #:(____) _____ - _____

(You may use an additional piece of paper if needed to answer the following questions)

16. What new things have you learned about yourself while you were incarcerated?

17. A. What did you like about incarceration?

B What do you least like about being incarcerated?

18. List some things you're hoping to get out of The Lighthouse

19. List some short term goals for your life (the next six months).

20. List three mid-term goals for your life: (next 1-3 years).

21. Any other information that you think might be helpful so that we can serve you better: