



The Resource Training Center

INSTRUCTIONS

You May Complete This Form On Your Computer, Save it, and Email It.
You May Also Print The Form, Complete It by Hand, and Fax it In.
To Put A Check in A Box, You Only Need To Single-Click It,
To Remove The Check, Click It Again
Phone # : 718 - 871 - 7433
Fax # : 718 - 833 - 2422
Admissions: intake@resourcetraining.org

NOTE: All information in this document will be kept totally confidential and will not be shared with any outside agencies or individuals.

FOR OFFICE USE ONLY: Date of Intake: ____/____/____ ID#: _____

Name: _____

Address: _____

Cell Phone# _____ Home# _____ Emergency# _____

E-MAIL Address: _____

Program _____ Training Start Date: ____/____/____ End Date: ____/____/____

ACCES Counselor: _____ Workforce: 1. Yes Sch.: 1. Yes
VA: 1. Yes Other: _____

1. How did you hear about this program? 1. Flyer 2. Word of mouth
 3. Referral, who? _____ 4. Media, source? _____
 5. Other _____

2. Gender: 1. Male 2. Female 3. Birth date: ____/____/____ 4. Age: _____

5. Ethnicity:
 1. African American 2. Latino 3. Asian 4. Caucasian
 5. Other, What? _____

6. Marital Status:
 1. Married 2. Never Married, living with partner 3. Never married, not living with partner
 4. Separated 5. Divorced 6. Widowed

7. What is your first language? 7a. Veteran Status: Yes No
 1. English Discharge Status: _____
 2. Spanish
 3. Other, What? _____

8. Were you born in the United States? 1. Yes 2.No (If YES, skip to question #9)
8a. In what country were you born? _____

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Children

9. Do you have any children? 1. Yes 2.No (If NO, skip to question #10)

9a. How many children are under 18 years old? _____

9b. How many children live with you now? _____

General Employment History

10. Are you employed now? 1. Yes 2. No

Is this an OASAS licensed facility? 1. Yes 2. No

Where: _____ **Benefits?** 1. Yes 2. No

Job Title _____

Wages: \$ _____ **per** _____ (hour, day, week, month, year)

Full Time? 1. Yes 2. No **If Part Time, how many hours per week?** _____

How long have you been employed here? _____

Plus tips or commission? 1. Yes 2. No

What was your total earned income, if any, in the last completed calendar year (2008)? _____

Have you ever been employed? 1. Yes 2. No

If yes, where was your last job? _____

Job Title _____

When did you leave this job? _____ (mo/yr) **How long did you work there?** _____

Wages: _____ **per** _____ (hour, day, week, month, year) **Full Time?** 1. Yes 2. No

If Part Time, how many hours per week? _____

Reason for leaving last job: _____

How long was it between your last job - present job?

0-6 months 6-11 months 1-5 years ago More than 5 years ago

11. With previous employment, have you ever had any trouble with the following issues (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Punctuality | <input type="checkbox"/> Getting along with supervisors or coworkers |
| <input type="checkbox"/> Transportation to work | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Lack of skills needed for job |
| <input type="checkbox"/> Lack of education | <input type="checkbox"/> Limited English | <input type="checkbox"/> Limited reading skills |
| <input type="checkbox"/> Health problems | <input type="checkbox"/> Family health problems | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Child care issues | <input type="checkbox"/> Criminal record |
| <input type="checkbox"/> Other, what? _____ | | |

Education

12. Highest education completed:

- 1. Less than high school **Last grade completed?** _____
- 2. High school diploma
- 3. GED
- 4. Some college/vocational
- 5. College degree
- 6. More than college

13. Have you received any other educational training? 1. Yes 2. No

If YES, what? (specifics) _____

14. Have you attended any other job training programs? 1. Yes 2. No

If YES, how many? _____

Were these other programs...

- Job Readiness programs, and/or
- Specific skill programs, **What skill?** _____

Did you finish these other programs? 1. All 2. Some 3. None

Reasons for not finishing programs: _____

Housing and Finances

15. Housing at intake:

- 1. Renting apartment/house
- 2. Bought apartment/house
- 3. Family/Friends **Doubled up?** 1. Yes 2. No
- 4. Homeless ? **Where are you currently staying?** _____
- 5. Other, **What?** _____

16. Have you ever received TANF or Safety Net? 1. Yes, TANF 2. Yes, Safety Net 3. Yes, both
 4. No

17. Are you currently receiving TANF or Safety Net? 1. Yes, TANF 2. Yes, Safety Net
 3. No

18. What other sources of income are you receiving? (check all that apply)

- SSI/SSD Food stamps Unemployment No other sources
- Child support VA benefits Spouse/family income
- Other, **What?** _____

19. What type of health insurance do you have for yourself?

- 1. None
- 2. Medicaid
- 3. Private/other insurance, what? _____

20. What type of health insurance do you have for your children?

- 1. Doesn't have children/children don't live with client/children are older
- 2. None
- 3. Medicaid
- 4. Child Health Plus
- 5. Private/other insurance, what? _____

Barriers to Employment

Legal Issues

21. Do you have a felony past or present? 1. Yes 2. No If **YES**, what for? _____

21a. If **YES**, were you incarcerated? 1. Yes 2. No

If **YES**, how much time did you serve? _____

21b. Are you currently on probation or parole? 1. Yes 2. No

Alcohol/Substance Issues

22. Do you have a history of drug or problem alcohol use? 1. Yes 2. No

23. A. Are you currently in a treatment program? 1. Yes 2. No

(If **YES**, where): _____

23. B. Have you ever been in a substance use treatment program? 1. Yes 2. No

(If **YES**, where): _____

Physical Health

24. Do you have any medical issues that you are currently being treated for? 1. Yes 2. No

If **YES**, what? _____

25. Do you have any health issues that may affect your ability to work? 1. Yes 2. No

If **YES**, what? _____

Children's Health

26. Do your children have any serious health issues that they are currently being treated for (issues that might cause you to miss work)? 1. Yes 2. No 3. Doesn't have children

Mental Health

27. Have you ever been hospitalized for any psychiatric issues? 1. Yes 2. No

If **YES**, reason: _____

28. Do you have a history of any other mental health issues? 1. Yes 2. No

If **YES**, what? _____

29. Are you currently receiving outside therapy or counseling? 1. Yes 2. No

30. Were you ever a victim of abuse or domestic violence? 1. Yes 2. No

Juvenile History

31. While growing up, did you spend time in...

Foster Care? 1. Yes 2. No.

A Group Home? 1. Yes 2. No

Juvenile Incarceration? 1. Yes 2. No

Transportation

32. How will you get to the program from your home?

33. Approximately how long does it take you to get to the program from home? _____ minutes

Cycle: _____

ID# _____

Writing Sample

Essay: Why do you want to become an alcohol and substance abuse counselor?

Please write at least 250 words or 2 paragraphs, with each paragraph being at least 5 lines in length. Included in this essay should be why you feel you can make a difference in the life of an addicted person.