

20 – 21 VIRGINIA CARES ENROLLMENT FORM

RELATIVE / FRIEND CONTACT INFORMATION: (Please give the following contact information for four relatives or friends who do not live with you and are likely to know where to contact the client one year from now. Please list people at different addresses.)

1. _____
Last Name First Name Home phone # Cell / Work Phone #

Street Address, Box #, and/or Apt. # City/County State Zip Code Relationship

2. _____
Last Name First Name Home phone # Cell / Work Phone #

Street Address, Box #, and/or Apt. # City/County State Zip Code Relationship

3. _____
Last Name First Name Home phone # Cell / Work Phone #

Street Address, Box #, and/or Apt. # City/County State Zip Code Relationship

4. _____
Last Name First Name Home phone # Cell / Work Phone #

Street Address, Box #, and/or Apt. # City/County State Zip Code Relationship

EMERGENCY CONTACT:

Last Name First Name Home phone # Cell / Work Phone #

Street Address, Box #, and/or Apt. # City/County State Zip Code Relationship

20 – 21 VIRGINIA CARES ENROLLMENT FORM

SOURCES OF INCOME AND ASSISTANCE MONTHLY:

(Please mark all that you are receiving and list the amount received).

Income:

Alimony or other spousal support amount: \$ _____

Child Support income amount: \$ _____

Food Stamps amount: \$ _____

General Relief amount: \$ _____

No Financial Resources amount: \$ _____

Pension from a former job amount: \$ _____

Private Disability insurance amount: \$ _____

Retirement income from Social Security amount: \$ _____

Social Security Disability Income (SSDI) amount: \$ _____

Social Security Income amount: \$ _____

Supplemental Security Income (SSI) amount: \$ _____

Temporary Assistance for Needy Families (TANF) amount: \$ _____

Unemployment Benefits amount: \$ _____

Veteran’s Disability Payment amount: \$ _____

Veteran’s Pension amount: \$ _____

Wages amount: \$ _____

Worker’s Compensation amount: \$ _____

Other Income (please list): _____ amount: \$ _____

What is your total household income? ----- amount: \$ _____

(A household is all individuals who share use of a dwelling unit that is physically distinct from other units, and who use that space as their living and eating quarters.)

Proof of Income (circle all that applies): Pay Stub(s) Tax Returns Bank Statements Business Income Files
Benefits statements **(Make copies of proofs of income)**

20 – 21 VIRGINIA CARES ENROLLMENT FORM

Expenses:

Child Support Expenses amount: \$ _____

Court ordered Child Support (Not Paying) amount: \$ _____

Fines / Fees from Incarceration amount: \$ _____

Please circle any Non-Cash Benefits received in the last 30 days:

CHIP, SNAP, VA, WIC, MEDICAID, MEDICARE, Section 8 or Public Housing, Other

(TANF): transportation services, child care services, other

EDUCATION INFO:

High School Diploma: YES / NO Highest Grade Completed _____ Year last attended _____

GED: YES / NO Year GED completed _____ GED obtained in prison: YES / NO

College Degree: YES / NO If yes, what Type: _____

College Major _____ Post Graduate Major _____

HEALTH INFORMATION:

Health Status: Excellent, Very Good, Good, Fair, Poor, Bad,

Please Explain (if health is NOT Excellent or very good) _____

20 – 21 VIRGINIA CARES ENROLLMENT FORM

MILITARY SERVICE INFORMATION:

YES / NO? Dates of Service: Start _____ End _____

Rank _____ Type of Discharge _____ Branch _____

Served in a war zone: yes / no Service Era: _____

MILITARY SKILLS (Obtained while in military)

List any Special Skills or Vocational Training Are you certified? Was certification obtained in prison? If yes, Where?

Four rows of horizontal lines for entering military skills and certification information.

EMPLOYMENT INFORMATION:

HISTORY (List in order, starting with the most recent job first)

1. Employer Name _____

Street Address _____ City/State/Zip _____

Was this a: JOB / TRAINING / SCHOOL assignment? Job Title _____

Start Date _____ End Date _____ Wages _____ Per _____

Average hours per week _____ How often were you paid? _____

Did you receive benefits? _____ Did you pay for any portion of benefits received? _____

Reason for leaving _____ Is this a Current job? yes / no

20 – 21 VIRGINIA CARES ENROLLMENT FORM

NOTES: _____

2. Employer Name _____

Street Address _____ **City/State/Zip** _____

Was this a: JOB / TRAINING / SCHOOL assignment? **Job Title** _____

Start Date _____ **End Date** _____ **Wages** _____ **Per** _____

Average hours per week _____ **How often were you paid?** _____

Did you receive benefits? _____ **Did you pay for any portion of benefits received?** _____

Reason for leaving _____

NOTES: _____

What Shift are you able to work? (circle all that apply) First, Second, Third, Weekends

EMPLOYMENT SKILLS

List any Special Skills or Vocational Training

Are you certified?

Was certification obtained in prison? If yes, Where?

Types of Jobs Desired:

Do you have any illness or disability that would prevent you from working or limit your activities?

YES / NO (Please Explain if Yes)

20 – 21 VIRGINIA CARES ENROLLMENT FORM

CRIMINAL HISTORY INFORMATION:

OFFENSE INFORMATION:

Age of first Adult conviction _____ Do you have any juvenile convictions? yes / no

Are any of your of Immediate family members incarcerated? yes / no Are you a sex offender? yes / no

Charge	Felony/ Misdemeanor	Conviction Date	Release Date	Institution	Influence of Crime
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INSTITUTIONAL INFORMATION:

INSTITUTIONAL / TREATMENT PROGRAMS (Obtained while incarcerated)

<u>Program</u>	<u>Yes/No</u>	<u>Length</u>	<u>How many times</u>	<u>Location</u> <u>(DOC or City)</u>	<u>If city, Which?</u>	<u>Dates Attended</u>
Drug Program	_____	_____	_____	_____	_____	_____
Alcohol Program	_____	_____	_____	_____	_____	_____
Counseling Program	_____	_____	_____	_____	_____	_____
Mental Health	_____	_____	_____	_____	_____	_____
DOC Life Skills	_____	_____	_____	_____	_____	_____

20 – 21 VIRGINIA CARES ENROLLMENT FORM

Other _____

OFFENSE INFORMATION: (While Incarcerated)

Charge	Felony/ Misdemeanor	Conviction Date	Release Date	Institution	Influence of Crime
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Visits in Prison (Check one)

Once or twice a week _____
One to three times a month _____
Less than once a month _____
None _____

Who Visited You (Check all who did)

Parents _____ Other _____
Spouse _____
Friend _____
Family _____

Letters Received in Prison (Check one)

Once or twice a week _____
One to three times a month _____
Less than once a month _____
None _____

Who Wrote You (Check all who did)

Parents _____ Other _____
Spouse _____
Friend _____
Family _____

Type of Release from Institution: Discharge _____ Mandatory _____

How long since released from prison to visiting our office? _____
(i.e. 4 days, 3 weeks, 2 months, 1 year)

Present Status (circle All That Apply): Probation, Parole, Court Community Service, Completed Sentence

Release Date from Present Status Listed above _____

Release Condition/s (If any) _____
(i.e. Report to a PO, Home Arrest, Color Code, Day Center Reporting, etc.)

Probation/Parole Officer _____ Phone #: _____