

## APPLICANT INTAKE ASSESSMENT BASIC/CONTACT INFORMATION

DATE \_\_\_\_\_ APPLICANT NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 ALTERNATIVE PHONE # \_\_\_\_\_  
 LENGTH OF TIME AT PRESENT ADDRESS \_\_\_\_\_

### ADDITIONAL CONTACTS

NAME \_\_\_\_\_ RELATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PH # \_\_\_\_\_  
 NAME \_\_\_\_\_ RELATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PH # \_\_\_\_\_

### PERSONAL INFORMATION

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
 SSN# \_\_\_\_\_ RACE \_\_\_\_\_

DO YOU HAVE A SOCIAL SECURITY CARD? \_\_\_\_ YES \_\_\_\_ NO

*(If yes, please include a copy; if no, you are required to obtain one before entry into the program)*

DO YOU HAVE A STATE-ISSUED PHOTO ID OR DRIVER'S LICENSE? \_\_\_\_ YES \_\_\_\_ NO

*(If yes, please include a copy; if no, you are required to obtain one before entry into the program)*

MARITAL STATUS \_\_\_\_\_ WIFE'S NAME \_\_\_\_\_

CHILDREN \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ IF YES, NAMES/AGES) \_\_\_\_\_

DO YOU RECEIVE CHILD SUPPORT \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ NEED CHILDCARE SERVICES \_\_\_\_ YES \_\_\_\_ NO

WITH WHOM \_\_\_\_\_

PERMANENT RESIDENCE \_\_\_\_ YES \_\_\_\_ NO

### RESIDENCE FOR PAST YEAR

\_\_\_\_ PARENT OR GUARDIAN'S HOME      \_\_\_\_ OTHER RELATIVE'S HOME      \_\_\_\_ INDEPENDENTLY

\_\_\_\_ TRANSITIONAL/TREATMENT FACILITY      \_\_\_\_ HOMELESS SHELTER      \_\_\_\_ HOMELESS

\_\_\_\_ CORRECTIONAL FACILITY      \_\_\_\_ FRIEND'S HOME      \_\_\_\_ FOSTER HOME

\_\_\_\_ OTHER \_\_\_\_\_

SOURCE OF FINANCIAL SUPPORT: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU REQUIRED TO PAY CHILD SUPPORT? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE EXPLAIN; LIST PAYMENT AMOUNT AND FREQUENCY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU RECEIVE SSI, SSA OR OTHER GOVERNMENT BENEFITS? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE EXPLAIN; LIST PAYMENT AMOUNT AND FREQUENCY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER SERVED IN THE ARMED FORCES? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE EXPLAIN; LIST BRANCH/DATES OF SERVICE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A GIRLFRIEND OR FIANCE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, LIST HER NAME, LENGTH OF TIME IN THE RELATIONSHIP AND YOUR CURRENT INTENTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL HISTORY: IF ANY PART OF THIS IS INCOMPLETE, YOUR APPLICATION WILL BE DENIED.**

DATE AND DESCRIPTION OF OFFENSE(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVER CONVICTED OF A CRIME? \_\_\_ YES \_\_\_ NO \_\_\_ NATURE OF THE OFFENSE(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY CHARGES PENDING: \_\_\_ YES \_\_\_ NO EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A REGISTERED SEX OFFENDER? \_\_\_ YES \_\_\_ NO

EVER BEEN IN JAIL? \_\_\_ YES \_\_\_ NO

PRISON ID# \_\_\_\_\_ RELEASE DATE \_\_\_\_\_

NUMBER OF TIMES IN JAIL/PRISON AS JUVENILE \_\_\_\_\_

NUMBER OF TIMES IN JAIL/PRISON AS ADULT \_\_\_\_\_

TOTAL TIME INCARCERATED AS ADULT \_\_\_\_\_

CURRENTLY ON PROBATION \_\_\_ YES \_\_\_ NO CURRENTLY ON PAROLE \_\_\_ YES \_\_\_ NO

IF YES TO EITHER, HOW LONG? \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT PHONE# \_\_\_\_\_

HOW OFTEN DO YOU MEET W/AGENT? \_\_\_\_\_

GANG INVOLVEMENT? \_\_\_ YES \_\_\_ NO ACCESS TO WEAPON(S) \_\_\_ YES \_\_\_ NO

IF YES TO EITHER, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL & MENTAL HEALTH HISTORY**

HEALTH INSURANCE  YES  NO

SELF-HEALTH RATING:  POOR  FAIR  GOOD  EXCELLENT

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KNOWN HEALTH PROBLEMS:  RESTRICTIONS  MENTAL ILLNESS  DENTAL  ALLERGIES

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

CURRENT PRESCRIPTION MEDICATIONS?  YES  NO

EXPLAIN: LIST DIAGNOSIS, MEDICATIONS, THEIR PURPOSE AND FREQUENCY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST PHYSICAL EXAM \_\_\_\_\_

EVER HOSPITALIZED?  YES  NO

IF YES, CONDITION AND APPROXIMATE DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF LAST EYE EXAM \_\_\_\_\_

REQUIRE GLASSES TO READ, WORK ETC.  YES  NO

HAVE YOU EVER EXPERIENCED

NEGLECT/ABUSE  YES  NO

ALCOHOL ABUSE  YES  NO

PHYSICAL ABUSE  YES  NO

DRUG ABUSE  YES  NO

SEXUAL ABUSE  YES  NO

SELF-MUTILATION  YES  NO

DIFFICULTY SLEEPING  YES  NO

ATTEMPTED SUICIDE  YES  NO

HAVE YOU EVER ENGAGED IN HOMOSEXUAL ACTIVITY?  YES  NO      BODY PIERCINGS?  YES  NO  
*(All earrings, etc. must be removed prior to entering the program)*

**CASE MANAGER CERTIFICATION**

NEEDS ADDITIONAL ASSESSMENT  YES  NO

NEEDS OUTSIDE REFERRAL  YES  NO

SERVICES NEEDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRES IN-HOUSE SERVICES:  YES  NO

SERVICES NEEDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**EMPLOYMENT HISTORY**

HAVE YOU EVER BEEN EMPLOYED? \_\_\_ YES \_\_\_ NO

LAST TWO POSITIONS HELD:

A. POSITION, DATES, SALARY, DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. POSITION, DATES, SALARY, DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK-RELATED SKILLS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FUTURE EMPLOYMENT GOALS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL REFERENCES (OTHER THAN FAMILY/FRIENDS) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

HIGHEST SCHOOLING COMPLETED:

\_\_\_ NO SCHOOLING/LESS THAN HS

\_\_\_ HS DIMPLOMA/GED

\_\_\_ SOME COMMUNITY COLLEGE/TRADE SCHOOL

\_\_\_ ASSOCIATE’S DEGREE

\_\_\_ SOME COLLEGE/UNIVERSITY

\_\_\_ BACHELOR’S DEGREE

\_\_\_ SOME GRADUATE SCHOOL

\_\_\_ GRADUATE DEGREE

NAME AND LOCATION OF LAST SCHOOL ATTENDED: \_\_\_\_\_

\_\_\_\_\_

*(You must provide proof of either HS diploma or GED. Without documentation, you will be required to enroll in our GED program)*

HAVE YOU EVER RECEIVED SPECIAL EDUCATION SERVICES? \_\_\_ YES \_\_\_ NO

HAVE YOU HAD AN INDIVIDUAL EDUCATION PLAN (IEP)? \_\_\_ YES \_\_\_ NO

EVER SUSPENDED FROM SCHOOL? \_\_\_ YES \_\_\_ NO

EVER PLACED IN ALTERNATIVE SCHOOL? \_\_\_ YES \_\_\_ NO

EXPLAIN YES ANSWERS: \_\_\_\_\_

\_\_\_\_\_

WHAT DID YOU ENJOY MOST ABOUT SCHOOL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU LEAST LIKE ABOUT SCHOOL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FUTURE EDUCATION GOALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY SKILL DEFICIENCIES/BARRIERS TO SUCCESSFUL LEARNING? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A CHRISTIAN? \_\_\_ YES \_\_\_ NO

PLEASE DESCRIBE YOUR LIFE-CONTROLLING PROBLEM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ INITIAL THAT YOU HAVE READ AND UNDERSTAND THE "PARTICIPANT INTAKE ASSESSMENT."

**APPENDIX D – SIGNATURE PAGE**

Initial beside each item below to acknowledge you have read and agree to abide by the following documents:

\_\_\_\_\_“Applicant Intake Assessment”

I certify under penalty of perjury and the laws of the State of South Dakota that the foregoing statements are true and correct.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

State of: \_\_\_\_\_ County of: \_\_\_\_\_

APPLICATION REQUIREMENTS	ENTRY REQUIREMENTS
1. Interview with Intake Coordinator	1. State Issued Photo ID or Driver's License 2. Social Security Card 3. Shower shoes

**PROBATION/COURT ORDER INFORMATION**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

County/State of Probation/Parole \_\_\_\_\_

Name of Officer \_\_\_\_\_

Address \_\_\_\_\_

Officer Phone Number \_\_\_\_\_

Court Order Judge \_\_\_\_\_

Name of Clerk \_\_\_\_\_

Address \_\_\_\_\_

Clerk Phone Number \_\_\_\_\_

Please attach a copy of the court order or conditions of parole/probation

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## REQUEST FOR CRIMINAL RECORDS AND AUTHORIZATION

I hereby authorize Stephen's House to conduct a criminal and background records check through the appropriate national, state, and country agencies and for such agencies to release any information which pertains to any cored of convictions contained in its files or in any criminal file maintained on me whether state, local, or national. I hereby release said agency from any liability resulting from disclosure of this information.

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Signature

---

Print Full Name (Print Clearly)

---

Print all Aliases (Last Name Only)

---

Date of Birth

---

Social Security Number

---

Month/Year moved to South Dakota

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Other States where you have resided (List All States)

**APPLICANT BIOGRAPHY – INFORMATION FOR MENTORING PROGRAM**

***“Let’s think about how we can spur each other on to be loving and do good things. Let’s get together . . . and encourage one another.” Hebrews 10:24-25 (paraphrase)***

Please complete this entire form and be totally honest. Your information will be shared with your mentor. If you have any questions, please talk to the Stephen’s House Project Coordinator, Pastor Jeff Mantz, 605-665-0210.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

AGE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL/OTHER PHONE \_\_\_\_\_

1. What are your expectations of a mentor?
2. What level of formal education have you completed?  
\_\_\_\_ High School \_\_\_\_ Tech School \_\_\_\_ College \_\_\_\_ Other
3. What do you like to do in your free time?
4. What are your job skills?
5. Do you have special talents/abilities (musician, artist, etc)?
6. What are your goals and dreams for the next 5 years?

What outdoor activities do you enjoy?

What is your favorite style of music?

What is the toughest thing about being a Christian?

Which of the following things describe you? (Please circle all that apply.)

Outgoing	Talkative	Shy	Energetic
Funny	Quiet	Smart	Musical
Stubborn	Honest	Straight-forward	Confident
Quirky	Athletic	Artistic	Sensitive

Have you experienced any of the following: (Please circle all that apply.)

Physical, verbal or sexual abuse?      Fathered or parented children?

Sometimes want to use drugs/alcohol?      Parents divorced?

Get depressed at times?      Been in trouble with the police?

None of the above

Thank you getting involved with Stephen's House ministry. With your active, determined participation, we know this will be a valuable experience for you. We'll let you know once we've made contact with a prospective mentor.