



Criminal Justice Services
20 North Hanover Street, Suite 300
Carlisle, PA 17013
Office: 717.240.7795
Social Worker Intake Form

Name: _____

Date: _____

Referral Source: Court RP Probation PD DA CYS RSO Other: _____

Currently on probation: _____ Name of probation officer: _____

Address: _____

Primary Phone: _____ Email: _____

Occupation: _____

Hours of work: _____

Emergency Contact (Name/phone): _____

What services do you need help with:

Driver's license/Transportation

Have you ever had a valid license? _____ Do you currently possess a valid license? _____

Do you need help with alternative transportation options? _____

Are there any other transportation help you need?

Medical insurance

Have you ever had medical insurance? _____ If so, through what agency? _____

Do you need any other medical assistance?

D/A Evaluation/Counseling

Have you had any previous D/A counseling? _____

If so, what type of counseling and where? _____

M/H Evaluation/Counseling

If you previously have had a M/H evaluation, when and with what agency? _____

Are you currently in M/H counseling? _____ If yes, where? _____

Do you need any other mental health services?

Employment services

Do you currently have a resume? _____ Do you need help making one? _____

Do you currently have a job? _____ If yes, where? _____

Do you want help getting a better job? _____

Do you need help with interviewing techniques? _____

Do you need any other employment services help?

Food Stamps/SNAP Benefits

Have you previously been granted Food Stamp/SNAP benefits? _____

Do you have a pending application in with the assistance office for food stamps? _____

Do you need help filling out the application? _____

Housing

Do you have stable house? _____ Are you currently on any housing lists? _____

If yes, who with? _____

With whom do you intend to reside with? (Please list name, age, relationship)

Childcare assistance

For whom do you need childcare services for? (Please list name, age, relationship)

Have you ever applied for childcare services? _____

Domestic Violence Help

Do you need immediate assistance in relocating? _____ Do you have a safe place to live? _____

Are there any other service that you need help with?
