



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? _____

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

[illegible]