

Picture ID: \_\_\_\_\_

Social Security Card: \_\_\_\_\_

Photo Picture Taken: \_\_\_\_\_

First Assembly Ministries - Campus of Care  
Quick Scan Intake Report

Date: \_\_\_\_\_

Staff Name: **FAYE**

Name: \_\_\_\_\_

A# :( **If needed**) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_

Do you have any children: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Do you owe Child Support? \_\_\_\_\_

How are you planning to pay Child Support? \_\_\_\_\_

Debts: \_\_\_\_\_

Can you read: \_\_\_\_\_ Write: \_\_\_\_\_

Do you have a high school education? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, last grade completed? \_\_\_\_\_

Any college education: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, for what? \_\_\_\_\_

What is your "Life controlling" problem/drug of choice? \_\_\_\_\_

If no drug/alcohol issues – may be candidate for:

Neighbor's House \_\_\_\_\_ Alpha House \_\_\_\_\_

Have you ever participated in a program before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Which one? \_\_\_\_\_ Where? \_\_\_\_\_

Why do you want to come into our ministry? \_\_\_\_\_

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Do you smoke: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you willing to quit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you ready for a life change? \_\_\_\_\_

Are you willing to receive instruction, correction and participate in classroom training along with church attendance? \_\_\_\_\_

Are you willing to commit to one year in Life Academy, a faith-based, education & rehabilitation recovery program? Yes: \_\_\_\_\_ No? \_\_\_\_\_

Are you willing to give up your communication with your past friends, including girlfriends/boyfriends? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you under a Doctor's care at this time? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

What medications are you taking? \_\_\_\_\_

Are you taking any type of drugs to control any emotional problems?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

You will be expected to do daily chores and perform work to help support the ministry. You may not work to earn money for yourself or family. Are you agreeable to this? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any physical needs, i.e., eye problems, physical handicaps, back problems, etc.: \_\_\_\_\_

Are you AIDS active? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (No clinical care available for symptoms and treatment)

Have you ever been involved in a homosexual relationship? \_\_\_\_\_

Have you ever been arrested? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what for? \_\_\_\_\_

Any sexual offenses: \_\_\_\_\_

Do you have any court dates pending? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, for what reason and when: \_\_\_\_\_

Are you on probation? Yes: \_\_\_\_ No: \_\_\_\_ If yes, how long? \_\_\_\_\_

Will anyone be able to sponsor you financially? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Weekly fee \$125.00.00 or \$500.00 month, what can you pay? \_\_\_\_\_

If not, how much can you pay? \_\_\_\_\_

Entry Date: \_\_\_\_\_ Call in day: \_\_\_\_\_

HIV: \_\_\_\_\_ STD: \_\_\_\_\_ TB: \_\_\_\_\_ Hepatitis A, B, C: \_\_\_\_\_

Return bus fare: \_\_\_\_\_ **(Mandatory)**

Additional relevant comments: \_\_\_\_\_

\_\_\_\_\_

Next of Kin: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Campus of Care  
Quick Scan Intake Report

Steps:

1. Fill out form completely
2. Give form to Faye to enter into Log Book
3. Form then goes to Faye. Faye will call to make appointment for office visit/interview.
4. After interview, Faye will inform staff of entry status, referrals given and/or reason for non-admittance.

Date of Intake: \_\_\_\_\_

Date called for interview: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Interview No-Show

Accepted into:

\_\_\_\_\_ Life Academy      \_\_\_\_\_ Alpha House      \_\_\_\_\_ Neighbor's House

Move in Date: \_\_\_\_\_ Approx. Time: \_\_\_\_\_ a.m. p.m.

Trailer #: \_\_\_\_\_ Bed # \_\_\_\_\_ Weekly Rent amt. \$ \_\_\_\_\_

No Reason: \_\_\_\_\_ Any Fee paid: \_\_\_\_\_

Not Accepted:

No bed space at this time. Told to call back on \_\_\_\_\_

or given referrals to: \_\_\_\_\_

\_\_\_\_\_

Client denied offer of program

Must complete detox prior to entering our program