



Intake Form

In Control Program
550 E. Main Street
Rochester, NY 14604
(585) 328-3408

Please answer all the questions below as completely as you can. This information is **confidential** and will not be shared with anyone in your school or family.

Today's date _____

Name _____
first/given name *middle name* *last/family name*

Date of birth _____

Address _____ ZIP code _____

Phone number (home) _____ (cell) _____

Email address _____

Mother's name _____

Phone number _____

Father's name _____

Phone number _____

Emergency contact person (other than a parent) _____

Emergency contact phone number _____

What is your gender? _____ What grade are you in this year? _____

What is your race and/or ethnicity?

- Black/African American
- White (non-Hispanic)
- Asian or Pacific Islander
- Other _____
- Hispanic/Latino/Latina
- Native American/Alaskan Native
- Multi-ethnic _____

Family Assessment

Who lives at home with you? _____

Number of children in family _____ Number of adults in family _____

Are there any problems in the home that you are currently seeking help for? _____

In your opinion does your family usually have enough to eat? _____

Social Assessment

Are you employed? No Yes Where do you work? _____

Are you currently looking for employment? No Yes _____

Have you ever experimented with drugs or alcohol? No Yes _____

Are you currently using drugs or alcohol? No Yes How many times a week? _____

Are you sexually active? No Yes If yes, are you using protection? No Yes

Do you have any children? No Yes How many? _____

Have you ever been arrested? No Yes For what? _____

Have you ever received counseling services? No Yes For what? _____

Do you feel positive about yourself? No Yes _____

Are you involved in any other programs or extracurricular activities? No Yes

If yes, where? _____

What In Control program(s) are you interested in?

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> College tour | <input type="checkbox"/> Cooking | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Drama | <input type="checkbox"/> General | <input type="checkbox"/> Media broadcasting |
| <input type="checkbox"/> Mighty Liberators (color guard, drum corps) | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Peer education | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Video production |

If none of the above, what are your interests? _____

Academic Assessment

Please complete this section below only if you have not yet graduated from high school or have not received a GED (General Education Diploma). If this does not apply to you, please skip this section.

Name of school _____ Current grade _____

Have you ever been held back? No Yes _____

Have you ever been suspended from school? No Yes _____

Are you enrolled in a tutoring program? No Yes _____

What subject(s) do you feel you need assistance with? _____

Do you see yourself graduating from high school? No Yes _____

If no, are you interested in a GED? No Yes _____

What are your plans after you graduate or earn your GED?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> College - 2 year | <input type="checkbox"/> Vocational/Trade school | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> College - 4 year | <input type="checkbox"/> Work | <input type="checkbox"/> None/unknown |

Do you plan to attend college? No Yes _____

What profession would you like to pursue in the future? _____

For In Control Staff Only

Has this participant been in an In Control program(s) before? No Yes

If yes, program(s) enrolled in _____

Date/year of enrollment _____

Staff name _____



Intake Flow Chart

For In Control Staff Only

Participant name _____

Intake form completed by participant _____

Date _____

Staff name _____

Staff signature _____

Original form given to appropriate staff member Date _____

Program chosen _____

Staff name _____

Staff signature _____

Participant orientation

Date enrolled _____

Staff name _____

Staff signature _____

Participant added to Civicore database, if appropriate

Date added _____

Staff name _____

Staff signature _____

Exit form completed

Date _____

Staff name _____

Staff signature _____

Original given to data designee for processing

Date _____

Staff name _____

Staff signature _____