



Choctaw Nation of Oklahoma Reintegration Program

Intake Assessment

Date:

IMPORTANCE NOTICE PLEASE READ IN FULL AND ACKNOWLEDGE PROGRAM STATEMENT:

I understand that a complete and honest reporting within this form is required for evaluation into the Choctaw Nation Reintegration Program. I also understand I must pass a drug test and be agreeable to meet the conditions and requirements of my personal Reintegration Service Plan. Failure to be honest concerning charges, failing initial drug test, or refusing the conditions of my Reintegration Service Plan can result in denial into the program. Please check the box in order to indicate you understand and agree with the above program requirements.

I understand passing a drug test is a program requirement.	Yes No	I understand full and honest reporting of my charges is a program requirement.	Yes No
I understand engagement and completion of my Reintegration Service Plan is a program requirement.	Yes No	I understand completion of this form does not guarantee acceptance into the program.	Yes No

I understand and consent to Choctaw Nation Reintegration Program obtaining any and all information if I am under any form of community supervision.

I understand and consent to the Choctaw Nation Reintegration Program obtaining this information.	Yes No
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DEMOGRAPHICS

Name: Male
Female

DOB: Age: SSN:

Choctaw Membership: Yes
No

Current Mailing Address:

Contact Phone Number: Alternative:

INSTITUTIONAL INFORMATION

DOC # Facility:

County: CRF #

Offense(s): Drug Related Crimes
Violent Crimes Theft/Fraud
Sex Related Crimes

Please Explain:

Conviction Date: Sentence
Length:

Release Date: Type of
Release
Expected:

Parole Date: Case
Manager:

Prior Convictions:

Court Costs:

Fines:

Stipulations Upon
Release:

Score on last 2
evaluations?

Any misconducts?

Yes
No

If yes, please explain:

NEEDS UPON RELEASE

Will you need assistance
obtaining food?

Yes
No

Do you have employment
upon release?

Yes
No

If so, what is it?

Do you have tools
specific to your trade?

Yes
No

What tools would be
required?

Do you have
transportation home
upon release?

Yes
No

Do you have a driver's
license?

Yes
No

Do you have to attend
DUI school upon
release?

Yes
No

Do you have any form of
picture ID?

Yes
No

Do you have your social
security card?

Yes
No

Do you have your birth
certificate?

Yes
No

Do you have your
membership card?

Yes
No

Do you have your CDIB card?

Yes
No

Do you attend 12 step
meetings?

Yes
No

How often?

Do you have a problem
with required meetings?

Yes
No

MEDICAL/MENTAL HEALTH

Do you have any type of disabilities that would impair employment? (I.E. Diabetes, Hypertension, Heat Attack, Stroke, Documented Mental Health, Documented Substance Abuse, Decreased Mobility, Physical Limitations, etc.) Please Explain.

When and where was your last physical examination?

What were the results of your last exam?

Do you require medical assistance or medication?

Yes
No

If so, then what?

Do you use or have any previous addictions to alcohol, drugs, or tobacco?

Yes
No

If so, then what?
Drink or drug of choice:

Were you under the influence of alcohol or drugs at the time of your offense?

Yes
No

How long have you been using alcohol or drugs?

Are you interested in receiving HIV/AIDS education?

Yes
No

Are you interested in receiving HIV testing?

Yes
No

Additional medical/mental health information:

EMPLOYMENT/EDUCATION

What is your previous work experience? How long and date?

Do you have a high school diploma or GED?

Yes
No

If not, are you willing to attend GED classes?

Yes
No

Do you have any certifications, degrees, or diplomas?

Yes
No

Can you provide copies of certifications, degrees, or diplomas?

Yes
No

Are you interested in vocational training?

Yes
No

What are your areas of interest?

Have you ever attended college or vo-tech?

Yes
No

If yes, when, where, and what was your major?

Have you completed any career tech?

Yes
No

If yes, please describe.

Please check the types of financial assistance you received while attending educational training:

Pell Grants
Scholarships
Vocational Rehabilitation

Tribal Tuition Assistance
Student Loans
Other

If you received student loans, what is the status of those loans?

What program have you completed while incarcerated?
(I.E. Substance Abuse, Life Skills, Thinking for A Change, etc.)

Are you willing to relocate for employment or educational training?

Yes
No

Any additional employment/educational information:

PERSONAL

Martial Status:	Married	Divorced	Single
Children	Yes No	If yes, will they be living with you?	Yes No
Please list all children and their ages:			
Do you owe back child support?	Yes No	Is it court ordered?	Yes No
If so, how much?			
Do you currently have an open case with ICW?	Yes No	If so, who is your case worker?	

ADDITIONAL INFORMATION

Are you a veteran?	Yes No	If so, what Branch and type of discharge?
Do you have a specific religious affiliation?		
How did you hear about the Choctaw Nation Reintegration Program?		
Do you have any questions or comments at this time?		
