

Lake County Jail – Re-Entry- Intake

Please Print Clearly

Date: _____

1. Name: _____ Gender: ___M___F

L# _____ Housing Unit: _____ Cell #: _____

Your Date of Birth: _____ Age today: _____

2. Race / Ethnicity: (Please check one)

___ White	___ Black /African American	___ American Indian/Alaskan Native
___ Asian	___ African American & White	___ American Indian & White
___ Hispanic	___ American Indian & African American	___ Asian & White
___ Native Hawaiian/Pacific Islander	___ Other	___ Declined

3. Address when released: _____ City: _____

State _____ Zip Code _____ Phone: _____

4. Emergency Contact Name: _____ Phone: _____

Relationship to you: _____

5. Please check if you need assistance in the following areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Child/Day Care | <input type="checkbox"/> Medication Assistance |
| <input type="checkbox"/> Job Skills Training | <input type="checkbox"/> Parenting / Leadership | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Housing, Food, Clothing | <input type="checkbox"/> Mental Services | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> Educational / Career | <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> State ID |

12. If sentenced, please state your date of release: _____

If pretrial, expected date of release: _____ Next Court date: _____

The information I have supplied is correct to the best of my knowledge.

Permission to Release Information

By signing below, I _____ hereby give Lake County Jail – Re-entry Program permission to share my information for re-entry, referrals and follow-up purposes.

Signature _____

Date _____

Lake County Jail – Re-Entry- Inmate Assessment Form

Date: _____ **Next Court Date:** _____ **Date of Release:** _____

Name: _____ **L#** _____

1. Is this client's 1st time being incarcerated? _____ **Yes** _____ **No**

If no, what has caused the client to recidivate _____

2. Does client have Probation Officer/Parole Agent/Social Worker _____ **Yes** _____ **No**

Contact: _____

D.A.P. Progress Notes

3. Will client be homeless upon reentry? _____ **Yes** _____ **No**

D. _____

A. _____

P. _____

4. Does client have any challenges with alcohol or substance abuse? _____ Yes _____ No

D. _____

A. _____

P. _____

5. What is the client's plan for employment?

D. _____

A. _____

P. _____

Notes: _____

Reentry Intake & Assessment Form (Released Clients)

Client's Name _____ Date: _____

Current Location _____

Contact information: Phone: _____

Email: _____

Data: _____

Plan: _____

Need information on the following items

- ☐ State I.D. or D.L. _____
- ☐ Medical Insurance _____
- ☐ S.S. Card _____
- ☐ Birth Certificate _____
- ☐ Transportation _____
- ☐ Housing _____
- ☐ Drug free >30 days _____
- ☐ Parole or Probation _____
- ☐ Link Card _____
- ☐ Court Dates _____
- ☐ Job Shift's _____

