



**Beauty for Ashes- Aftercare Program  
Mentor Program Intake Form**

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

Date of Birth: \_\_\_\_\_

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

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

Drivers License or California ID Number: \_\_\_\_\_

Case Manager: \_\_\_\_\_

**Transportation Plans:**

1. What will you use for transportation?

- Public Transportation
- Personal Vehicle
- Bicycle
- Walking

**Health:**

1. Do you have any medical issues?  Yes  No

2. Do you have problems with any of the following? (check all that apply)

- Lifting
- Staying awake
- paying attention
- following instructions
- Other:
- Other:
- standing
- breathing
- writing
- sitting
- walking
- seeing
- reading
- bending
- hearing
- concentrating

3. Are you currently taking medication?  Yes  No

If yes, please identify: \_\_\_\_\_

4. Have you ever been treated for any psychological or emotional problems? (e.g. Depression, bipolar, anxiety etc)  Yes  No

5. If yes, how much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

- Slightly
- Significantly
- Not presently

6. Are you in recovery from substance abuse/addiction?  Yes  No

7. Are you in treatment?  Yes  No

### Family Background Information:

1. Marital Status:

- Married
- Divorced
- Single
- Widowed
- Separated

2. Do you have any children or elderly dependents?

Children		Elderly Dependents	
Name	Age	Name	Age

3. Will they be living with you?  Yes  No

4. Usual living arrangements (past 3 years)

- With partner
- With parents
- With friends
- No stable arrangement
- With Children
- With family
- Alone

5. What support do you have or can get from family or friends?  
(e.g. financial, housing, food etc)

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## Problems I have to Solve/ Help I May need:

Things I don't like or have concerns about. (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Housing arrangements                                 | <input type="checkbox"/> getting custody of children      |
| <input type="checkbox"/> Driving restrictions (license, etc)                  | <input type="checkbox"/> parenting                        |
| <input type="checkbox"/> what I can buy for myself                            | <input type="checkbox"/> using a computer                 |
| <input type="checkbox"/> what I can buy for my children                       | <input type="checkbox"/> completing community service     |
| <input type="checkbox"/> lacking ID   | <input type="checkbox"/> making new friends               |
| <input type="checkbox"/> having to use public assistance                      | <input type="checkbox"/> letting go of old friends        |
| <input type="checkbox"/> people looking down on me                            | <input type="checkbox"/> managing health/stress           |
| <input type="checkbox"/> having others controlling my life                    | <input type="checkbox"/> getting medical prescriptions    |
| <input type="checkbox"/> depending on friends and relatives                   | <input type="checkbox"/> getting dental care              |
| <input type="checkbox"/> finding a job  | <input type="checkbox"/> personal relationships           |
| <input type="checkbox"/> Legal problems                                       | <input type="checkbox"/> amount of fees/fines             |
| <input type="checkbox"/> relationship with my PO                              | <input type="checkbox"/> lack of education                |
| <input type="checkbox"/> getting a GED  | <input type="checkbox"/> bad credit                       |
| <input type="checkbox"/> trouble with reading or math                         | <input type="checkbox"/> mental health issues             |
| <input type="checkbox"/> Bad work record                                      | <input type="checkbox"/> clothing (work/interview/casual) |
| <input type="checkbox"/> Addiction recover/ treatment                         |   |
| <input type="checkbox"/> An abusive or unsafe environment                     |   |
| <input type="checkbox"/> Not being able to help the people who have helped me |   |
| <input type="checkbox"/> transportation (not having a car, etc)               |   |
| <input type="checkbox"/> Owning back child support/ restitution               |   |
| <input type="checkbox"/> Other:   |   |
| <input type="checkbox"/> Other:   |   |

Things I would like to have in my life. (Check all that apply)

- |   |
|---|
| <input type="checkbox"/> a better place to live                     |
| <input type="checkbox"/> buy things for myself                      |
| <input type="checkbox"/> buy things for my children                 |
| <input type="checkbox"/> get a car                                  |
| <input type="checkbox"/> more independence                          |
| <input type="checkbox"/> take a trip                                |
| <input type="checkbox"/> help some of the people who have helped me |
| <input type="checkbox"/> a support network                          |
| <input type="checkbox"/> new friends                                |
| <input type="checkbox"/> Another thing I would like:                |
| <input type="checkbox"/> Another thing I would like:                |

## My Strengths:

Check all the strengths you have.

- I have worked
- I have done volunteer work at school, church, or in the community
- I have helped friends, family, or neighbors
- I have someone to watch my children while I work
- I finished high school or got my GED
- I am going to school or trainings
- I have or can get a ride to look for work
- I have worked for myself
- I make a good employee
- My children are in school or day care
- My family is in good health
- I know people who can help me find work
- I have overcome problems
- I have good references from past jobs or people in my community
- My family and friends will encourage me
- My family is supportive of me working
- I have taken college classes
- I am in recovery
- I have completed treatment
- I have a positive attitude
- I have hobbies and interests such as:
- Another strength I have:
- Another strength I have:

## I Am working or Have worked With:

- Child Welfare
- Disability Services
- Division of Child Support
- Domestic Violence Support
- Drug or Alcohol Services (If yes, where? \_\_\_\_\_)
- Employment Department
- Legal Aid
- Mental Health Services (If yes, what? \_\_\_\_\_)
- One-Stops or Career Centers
- Senior Services
- Social Security (SSI/SSD/SSB)
- Vocational Rehabilitation
- Women, Infants and Children (WIC)
- Veterans' Services
- Other: \_\_\_\_\_

### Education Details:

1. Check highest grade completed in high school:  
 1  2  3  4  5  6  7  8  9  10  11  12
2. Do you have:  
 GED  
 High School Diploma
3. What other education or training have you had? (check all that apply)  
 Community College  
 Job Corps  
 College  
 Trade School  
 Military  
 Other Trainings or certifications: \_\_\_\_\_

### Other Information:

1. Are you currently employed?  Yes  No
2. Usual (or last) occupation?  
Nature of Job: \_\_\_\_\_
3. Are you currently receiving any benefits or cashaids/ calworks (e.g. disability, unemployment etc)  
Specify: \_\_\_\_\_
4. Are you currently on Parole or Probation?  Yes  No
5. Are you presently awaiting charges, trail or sentence?  Yes  No
6. What is one goal you have set for the future?  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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