

# HRH & VSC's Resource Center

## Confidential Client Assessment Form # 101

2457 E Washington St., Indianapolis, IN 46202 | 317-635-0500 *Voice & Fax*

Offender  ExOffender  S/O  Veteran  Homeless  Senior

Where Lead Came From  
Or, Recommended By:

Date  
Entered:

Male  Female | Age

Mentor - Y N  
Name & Phone:

Parole / Probation - Y N  
Officers Name & Phone:

HRH Assigned  
Support Coach:

Juvenile | Adult:  19-54  55-64  Senior-65 & over  
Caucasian African Spanish Asian Indian Other \_\_\_\_\_

Client Name

Offender  ExOffender  DOC  Jail | DOB:

How long till Out: | How Long been Out:

DOC or Gallery # (if any):

County Returning To: | From:

Mailing Address, City, ST, Zip (or, living status)

Homeless | In Work Release - Y N | Comm. Corr. - Y N  
On DOC Assist - Y N | On Home Detention - Y N

On Probation or Parole - Y N | Has a pending case - Y N

Needs Drug Treatment - Y N | Alcohol Treatment - Y N

Anger Mgt. Treatment - Y N | Mental Health Treatment - Y N

Sex Offender - Y N | Have you registered as a S/O - Y N

Violent Offender - Y N | Have you registered as a V/O - Y N

Has a valid driver's license - Y N | Has auto insurance - Y N

Has or can get own transportation, car / truck / van - Y N

Has or can get monies for housing with a deposit - Y N

Has health insurance - Y N | Needs Medication - Y N

Income - Receiving SSI - Y N | SS - Y N |  Disability

Attending Church - Y N | Is that Church Helping You - Y N

Has High School Diploma or G.E.D. - Y N |  Trade School

Some college  Associates  Masters  Bachelors

Have his/her own tools - Y N Some |  No Manual labor

Will accept any labor |  Any hours |  Limited hours

Disabled  Served in the Military - Y N

Veteran, Honorable Discharge - Y N | Has DD 214 - Y N

Shelter  Camp  Someone's Couch  Hotel

Email Address (if any)

Business Phone

Home Phone

Fax Phone

Cell Phone

**Category of Services They May Need Information and Referrals On (Check "Topics" on HRH's Web Site):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education           | <input type="checkbox"/> Community / Professional | <input type="checkbox"/> Assistance                     |
| <input type="checkbox"/> Employment          | <input type="checkbox"/> Faith Based              | <input type="checkbox"/> Support Coach                  |
| <input type="checkbox"/> Housing             | <input type="checkbox"/> Information              | <input type="checkbox"/> Case Manager                   |
| <input type="checkbox"/> Medical             | <input type="checkbox"/> Referral                 | <input type="checkbox"/> Recovery / Counselor / Sponsor |
| <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Food                     | <input type="checkbox"/> Mentor                         |
| <input type="checkbox"/> Substance Abuse     | <input type="checkbox"/> Clothing                 | <input type="checkbox"/> Treatment                      |
| <input type="checkbox"/> Supportive Services | <input type="checkbox"/> shelter / Housing        | <input type="checkbox"/> Class                          |
| <input type="checkbox"/> Supportive Goods    | <input type="checkbox"/> Transportation           | <input type="checkbox"/> Program                        |

HRH's  
Topics:

**After Assessment Notes / Activity (use other side for additional notes)**

**Told to:** register with WorkOne - Y N | Did he/she - Y N | Sign up with Health Advantage - Y N Did he/she - Y N  
register with Career Builders - Y N | Did he/she - Y N |

**Given:** info on jobs - Y N | How Many | info on Service Providers - Y N | How Many  
info on housing - Y N | How Many | info on Treatment Centers - Y N | How Many

**Trade (Skills):** What can they do?  
Type of work/job wanted:

| Date | Initial Call / Visitation (intake) Log |
|------|--|
|      |  |

| Date | Call / Visitation Log |
|------|-----------------------|
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |
|      |                       |