

# THE RISE GROUP

## Reentry Housing Program – Intake Assessment & Evaluation

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### SECTION 1: APPLICANT INFORMATION

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name & Relationship): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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### SECTION 2: LEGAL & RELEASE INFORMATION

Date of Release from Incarceration: \_\_\_\_\_

Facility Released From: \_\_\_\_\_

Length of Incarceration: \_\_\_\_\_

Charges / Convictions (list all relevant):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you currently have any of the following? (Check all that apply)

- Active parole supervision
- Active probation supervision
- Pending court dates or legal matters
- Community service requirements
- Restitution or fines owed
- Electronic monitoring / GPS requirement
- Treatment court requirements
- None of the above

If you checked any boxes above, please provide details:

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Name of Parole/Probation Officer (if applicable): \_\_\_\_\_

Officer Contact Number: \_\_\_\_\_

### **SECTION 3: HOUSING HISTORY**

Where have you stayed since your release? (List most recent first)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you currently have stable housing?

Yes  No  Temporary/Unstable

Have you previously participated in any of the following? (Check all that apply)

- Reentry housing program
- Sober living / recovery residence
- Transitional housing
- Halfway house
- Shelter / emergency housing
- None of the above

If yes, please provide name of program and outcome:

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Have you ever been asked to leave or discharged from a housing program?

Yes  No

If yes, please explain:

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### **SECTION 4: EMPLOYMENT & EDUCATION**

Current Employment Status:

- Full-time employed
- Part-time employed
- Self-employed

- Unemployed – actively seeking work
- Unemployed – not currently seeking work
- Disabled / unable to work

If employed, current employer and position:

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Work history and/or trade skills:

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Highest level of education completed:

- Less than high school
- High school diploma / GED
- Some college
- Associate's degree
- Bachelor's degree or higher
- Technical / vocational certification (specify): \_\_\_\_\_

Are you interested in any of the following employment support services? (Check all that apply)

- Job search assistance
  - Resume development
  - Interview preparation
  - GED / Education support
  - Vocational or trade training
  - Certification programs (forklift, CDL, etc.)
  - Workforce development programs
  - None needed at this time
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## **SECTION 5: HEALTH & WELLNESS**

### **Physical Health**

Do you have any physical health conditions requiring ongoing care or medication?

- Yes  No

If yes, please describe:

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Are you currently prescribed any medications?

Yes  No

If yes, list medications and dosages:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have health insurance or Medicaid?

Yes  No  Pending application

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## **Mental Health**

Have you been diagnosed with any mental health conditions?

Yes  No  Unsure

If yes, please list diagnoses:

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Are you currently receiving mental health treatment or counseling?

Yes  No

If yes, provider name and contact:

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Have you experienced any of the following? (Check all that apply)

- Depression
- Anxiety
- PTSD / Trauma
- Bipolar disorder
- Suicidal thoughts (past or present)
- Self-harm (past or present)
- None of the above

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## **Substance Use & Recovery**

Do you have a history of substance use?

Yes  No

If yes, please indicate substances used: (Check all that apply)

- Alcohol
- Marijuana / Cannabis
- Methamphetamine
- Cocaine / Crack
- Heroin / Opioids
- Prescription drugs (non-prescribed)
- Fentanyl
- Other: \_\_\_\_\_

Date of last use: \_\_\_\_\_

Have you participated in any of the following? (Check all that apply)

- Inpatient treatment / rehab
- Outpatient treatment
- Intensive Outpatient Program (IOP)
- 12-step programs (AA, NA, etc.)
- Medication-Assisted Treatment (MAT)
- Faith-based recovery
- None of the above

Are you currently enrolled in any recovery or treatment programs?

- Yes  No

If yes, provider name and contact:

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Are you interested in the following recovery support services? (Check all that apply)

- Intensive Outpatient Program (IOP) coordination
- 12-step meeting attendance
- Individual counseling
- Group therapy
- Medication-Assisted Treatment (MAT)
- Peer support / mentorship

- Relapse prevention support
- None needed at this time

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## **SECTION 6: SUPPORT SYSTEM & IMMEDIATE NEEDS**

Do you have family or community support available to you?

- Yes  No  Limited

If yes, please describe:

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Are there any relationships or environments you need to avoid for your safety or recovery?

- Yes  No

If yes, please explain (confidential):

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What do you believe will be your greatest challenges during reentry?

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Which resources do you currently need? (Check all that apply)

- Stable housing
- Employment assistance
- Substance use recovery support
- Mental health services
- Transportation
- Food assistance
- Clothing
- Identification (ID, driver's license, birth certificate)
- Legal aid
- Child support / custody assistance
- Financial literacy / budgeting support
- Other: \_\_\_\_\_

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## **SECTION 7: GOALS & READINESS**

Short-term goals (next 3-6 months):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Long-term goals (1-3 years):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Why are you seeking placement with The RISE Group?

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What does success look like for you in this program?

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## **SECTION 8: PROGRAM COMMITMENT & UNDERSTANDING**

Please initial each statement to indicate you understand and agree:

\_\_\_\_\_ I understand The RISE Group is a structured reentry housing program with accountability standards, house rules, curfews, and required programming.

\_\_\_\_\_ I am willing to comply with all program requirements, including random drug testing, mandatory meetings, employment/education participation, and financial responsibilities.

\_\_\_\_\_ I understand that violation of house rules or program requirements may result in discharge from the program.

\_\_\_\_\_ I am committed to participating in the Reforged™ mentorship curriculum and any recommended clinical or support services.

\_\_\_\_\_ I understand that housing at The RISE Group requires bi-weekly payments of \$300 and that I am responsible for maintaining consistent payment.

\_\_\_\_\_ I agree to coordinate with my parole/probation officer (if applicable) and allow The RISE Group staff to communicate with supervising agencies as needed.

\_\_\_\_\_ I understand that this is a drug-free, sober living environment and that any substance use will result in immediate action, including possible discharge.

\_\_\_\_\_ I am willing to engage in personal responsibility, self-improvement, and accountability during my time in this program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **SECTION 9: STAFF USE ONLY**

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

Interviewed By: \_\_\_\_\_

Initial Observations:

\_\_\_\_\_

\_\_\_\_\_

Strengths Identified:

\_\_\_\_\_

\_\_\_\_\_

Immediate Risks / Red Flags:

\_\_\_\_\_

\_\_\_\_\_

Barriers to Success:

\_\_\_\_\_

Recommended Level of Support:

- Standard (housing + Reforged™ curriculum)
- Enhanced (housing + clinical coordination)
- Intensive (housing + IOP + case management)
- Not recommended for placement at this time

Reasoning:

\_\_\_\_\_

\_\_\_\_\_

Clinical Referrals Needed:

- Mental health assessment
- Substance use assessment
- IOP enrollment
- MAT coordination
- Primary care physician
- Other: \_\_\_\_\_

Follow-Up Actions Required:

\_\_\_\_\_

\_\_\_\_\_

Approved for Placement:

Yes – Move-in date: \_\_\_\_\_

Conditional – Pending: \_\_\_\_\_

No – Reason: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Return completed application to:**

The RISE Group–Ms Tammie intake coordinator 334-865-3736

Email: [intake@the-rise-group.org](mailto:intake@the-rise-group.org)

Web: [www.the-rise-group.org](http://www.the-rise-group.org)

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*All information provided is confidential and will be used solely for placement evaluation and coordination of support services.*