



Resident Inquiry Form

SELF:

Name: _____ SPN or TDCJ# _____

SS#: _____ Date of Birth _____ Age: _____

Projected Out Date: _____

Institution: _____ Unit: _____

How many times have you been incarcerated? _____

List all convictions:

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Have you ever been arrested for causing bodily injury to anyone? _____

If yes, please explain:

FAMILY:

Current Marital Status: *married* _____ *divorced* _____ *separated* _____ *widowed* _____
single _____ *Common Law* _____

Do you have children under the age of 18? Yes ___ No ___ How many? _____

Do you have any children 18 or older? Yes ___ No ___ How Many? _____

#girls: _____ #boys: _____

Do you have any open CPS cases? _____

Do you have any "injury to a child" convictions Yes ___ No ___

If yes, please explain in detail: _____

Who has custody of the children? _____

Is reunification with your children part of your plan? Yes ___ No ___

MEDICAL:

What are your medical needs, if any? _____

Please list medications you are currently taking _____

Have you ever been hospitalized for physical or mental health issues? _____

If yes, please explain when and where: _____

SUBSTANCE ABUSE HISTORY:

Have you ever used alcohol or drugs? _____ if yes, please identify/circle:

Alcohol Marijuana Cocaine Crack Heroin Prescriptions Methamphetamine PCP

What is your drug of choice? _____

Have you ever completed a substance abuse program? _____

If yes, please explain when and where:

EDUCATION HISTORY:

High School Grad _____ GED _____ College _____ Last grade completed: _____

Did you attend school while imprisoned? If yes, what classes were you enrolled in?

Did you participate in programs during your incarceration?

Yes _____ No _____

If yes, please describe: _____

EMPLOYMENT/INCOME:

Last year and place of employment: _____

Have you ever received SSI and/or SSDI, if so, when? _____

GOALS:

Why do you want to come to Angela House? _____

List your short term goals (six months to one year after your release.)

1. _____
2. _____
3. _____
4. _____

What are your strengths? _____

What are your areas of growth? _____

What do you like most about yourself? _____

What would you like to change or improve? _____

How do you motivate yourself? _____
