

Intake Information

Columbia County Department of Community Corrections Probation and Parole Adult Division

Last Name	Other names used Primary Language: State		Middle Name /		
Other names used					
Ethnicity: Hispanic/Latino		Latino			
Race/Races: Asian Bla	ck or African American	American I	ndian or Alas	ska Native	
Native Hawaiian/Pacific I	slander 🗌 Unknown	White			
Gender: Male Female	Transgender Male	☐Transgender F	emale Non	-Binary 🗌	Other
Preferred Pronouns (please c	ircle): She/Her/Hers	He/Him/His	They/Them/T	heirs 🗌 O	ther
Social Sec. # (if available):	Do you	have a state iss	ued Identific	ation card	? : □Yes □No
Do you have a state issued driv	er's license? : Yes	No If yes,	· · · · · · · · · · · · · · · · · · ·		piration Date
Color/Make/Model of car:			s License #	state Ex	tpiration Date
	Client Conta	et Information	<u>on</u>		
Primary Phone	#: ()			Cell _Ho	me
Other phone If any of the phone #'s belon	#: ()_ g to someone else, indic	 cate relationship	to you:	Cell Ho	me
Email Address: Where are you living?					
Address		City	State	Zip	County
How long have you lived at th	ne above address:	Years	_Months	Days	
Mailing address (if different t	than above):				
Address		City		State	Zip

If you live with other peopl	le, please list them below:	
Name	Relationship to You	
Name	Relationship to You Emergency Contact Informatio	
Who should we contact in		_
Name	Relationship to You	Phone#
Name Do you have children?	Relationship to You Yes No	Phone#
Child's Name:	Male / Female Date of Birth: Other Parer	Child Lives with:
Do you have a DHS worker	r?YesNo Case worker name	() Phone#
Has a health care professio	onal ever told you that you have any of the	
Please check all the boxes the Bipolar Disorder, type: Other:		_
Please mark any of the dru Alcohol Cann	mphetamine Hallucinogens (LSD, P	Cocaine Fentanyl Heroin CP, Mushrooms, Ketamine, MDMA)
Have you ever gone to the Have you ever been given it	many times have you overdosed? Neve hospital or emergency room because of an naloxone (Narcan) because of an overdose edication Assisted Treatment (MAT)?	n overdose?YesNo e?YesNo
	Grievance Policy	
Division, have the right to be followed by the parole Community Justice Client from the office staff. Respectfully,	ents of Columbia County Department of protest (grieve) any improper action to e/probationer will be explained by Common wishing assistance in properly processing the staff	ken on their case. The procedure to nunity Corrections staff. Any
Parole & Probation		
Client's Signature	Date	