

Martin County Community Corrections

Client Eligibility/Intake Interview

This interview/information, along with client's prior criminal history, community supervision placement/program history, and psychiatric/mental health history will be used to determine **eligibility** for placement with Martin County Community Corrections Supervision. Interview does not guarantee placement into any MCCC program.

CLIENT INFORMATION			
Client Name <i>(Last, First, MI)</i>			SS#
Address		DOB	Age
City, State & Zip		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Cell Phone # <i>(must have a working cell phone with voicemail)</i> _____			
Former Names/Aliases, including Maiden <i>(if applicable)</i>			
Race		Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Disclose	
Hair Color	Eye Color	Height	Weight
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, do you receive Social Security?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <i>If yes, what is your due date?</i> _____			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Relationship/Significant Other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Spouse/Significant Other Name <i>(if applicable)</i> <i>(Last, First, MI)</i>			
Do you have any scars and/or tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the information below (use additional paper, if necessary):</i>			
Scar/Tattoo <i>(check one)</i>		Location	
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			
<input type="checkbox"/> Scar <input type="checkbox"/> Tattoo			

EMERGENCY CONTACT	
Name:	Relationship:
Address:	Phone #:

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LIVING ARRANGEMENTS																																				
Address <i>(where you will be living, <u>if</u> different from above)</i>	City, State & Zip																																			
Does this residence have electric and water? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
Do you own the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , who owns the residence? _____ Phone #: _____ If no , have you gotten permission to reside at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
<i>Prior to being accepted into the program, the residence owner will be required to sign a Consent for Warrantless Search and Seizure, as well as agree to the terms, conditions, and rules of MCCC Home Detention.</i> Is the residential owner aware of this? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure																																				
<hr/> Do you own the land of which the residence sits on? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , who is the landowner? _____ Phone #: _____ If no , have you gotten permission to reside on the land? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
<i>Prior to being accepted into the program, landowner will be required to sign a Consent for Warrantless Search and Seizure, as well as agree to the terms, conditions, and rules of MCCC Home Detention.</i> Is the landowner aware of this? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure																																				
Will you be living at the residence/on the property by yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , who will be living with you <i>(list individual names and their relationship to you below)</i> :																																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #333; color: white;"> <th style="width: 25%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 20%;">Relationship</th> <th style="width: 20%;">Criminal Record</th> <th style="width: 25%;">Pending Charges</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>		Name	Age	Relationship	Criminal Record	Pending Charges				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If any individual, of whom will be living with you, has a criminal record and/or pending charges, please explain below: _____ _____																																				

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*Prior to being accepted into the program, **every one** of whom resides in the home, will be **required** to sign a Consent for Warrantless Search and Seizure, as well as agree to the terms, conditions, and rules of MCCC Home Detention.*

Are all individuals of whom will reside in the home aware of this? Yes No Not Sure

Do you have any animals? Yes No

*If **yes**, what kind of animals do you have (detail below)?*

Are any these animals inside? Yes No

*If **yes**, how many animals do you have inside? _____*

Are any of these animals outside? Yes No

*If **yes**, how many animals do you have outside? _____*

EMPLOYMENT & INCOME INFORMATION

Are you employed at this time? Yes No

*If **yes**, are you employed* Full Time Part Time

*If **no**, are you* Disabled Retired Student

Employer Name

Hire Date

Employer Address

City, State & Zip

Phone #

Supervisor Name

Phone #

Wages \$ _____ per

Hour Week Bi-weekly Monthly Annually

*If you are **not** employed at this time, do you expect to become employed in the future?*

Yes No Not Sure

*If **yes**, where do you expect to become employed? _____*

Have you spoken with this employer regarding future employment? Yes No

*If **yes**, who did you speak with? _____ Date: _____*

EDUCATION INFORMATION

Highest Level of Education Received (choose one)

8th Grade or less 9th Grade 10th Grade 11th Grade 12th Grade (did not graduate)

12th Grade (High School Graduate-Diploma) GED or High School Equivalency

Trade/Technical/Vocational School Some College (no degree)

Associate Degree Bachelor's Degree or Higher

Achieved Date: _____

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TRANSPORTATION & LICENSE STATUS

Do you have a valid Indiana Driver's License? Yes No

*If **yes**, please provide the following:*

Driver's License Number: _____ **Expiration Date:** _____

Do you have reliable transportation? Yes No

*If **yes**, please provide the following information on all vehicles you own and/or have access to:*

Year	Make	Model	Color	License #

MEDICAL INFORMATION & HISTORY

Are you currently under the care of a Primary Care Physician? Yes No

*If **yes**, what is the name of your PCP:* _____ *Phone #:* _____

Have you been diagnosed with any medical and/or psychiatric conditions and/or illnesses?

Yes No

*If **yes**, please list the conditions/illnesses below with the (approximate) date of diagnosis and treatment status(es):*

Condition/Illness	Date Diagnosed	Currently Being Treated	Medication
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently taking any medications? Yes No

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If **yes**, please list the medications, dosage(s), frequency, and prescriber information below:

Name of Medication	Dosage (mg)	Frequency Taken	Prescriber

CHARGE INFORMATION

Are you currently on:

Probation Yes No

*If **yes**, please explain:*

Parole Yes No

*If **yes**, please explain:*

Deferment Program from another county Yes No

*If **yes**, please explain:*

Do you currently have charges *pending* in Martin County? Yes No

*If **yes**, list charge information below:*

Charge	Date Charged	Arrested	Warrant/Hold
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Do you currently have charges ***pending*** in Other Counties? Yes No
 If ***yes***, list charge information below:

Charge	County	Date Charged	Arrested	Warrant/Hold
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Do you currently pay child support? Yes No

If ***yes***,

- is the child support court ordered? Yes No
- do you have a payroll deduction/garnishment order for support? Yes No
- is your child support current? Yes No

Do you understand if you are determined eligible for placement and the court orders you to community supervision by MCCC, you will be responsible for daily/weekly and drug screen fees, according to the approved MCCC Fee Schedule? Yes No

Do you understand if you are determined eligible for placement and the court orders you to community supervision by MCCC, you will be responsible for as much as \$310.00 in hook-up fees on the day of placement/hook-up? Yes No

Have you received a copy of the MCCC General Rules and Special Conditions? Yes No

Have you received a copy of the MCCC Approved Fee Schedule? Yes No

OFFICE USE ONLY

Date of Interview: _____ In-Person Phone

CST Screener Administered: Yes No **Risk Level:** Low Moderate High

Client Eligibility: Eligible Not Eligible

Agency Concerns (if any):

Eligibility Notice Sent to Court Prosecutor Attorney

SRS Upload Interview Eligibility Notice