

FOR STAFF USE ONLY

Payment received \$ _____ Receipt # _____ Payment date ____ / ____ / ____ included workbook

**Catholic Social Services of Washtenaw County
Domestic Violence Intervention Services**

4925 Packard Road
Ann Arbor, MI 48108-1521
734.971.9781 Ext. 430

APPLICATION FOR SERVICE

ADA (for men) Orientation Requires a Prepaid \$60.00 Fee

RENEW (for women) Intake Assessment Requires a Prepaid \$60.00 Fee

ADA Accountability Workbook May be Purchased at Orientation for \$25.00

*Send or Bring Check/Money Order Payable to "CSSW" With This Application. Visa, MasterCard and Discover Are Also Accepted

Today's Date: ____ / ____ / ____

ADA ORIENTATION DATE, **I WILL ATTEND** ____ / ____ / ____ (Thursday's 9:30 a.m. Until 11:30 a.m.)

RENEW INTAKE ASSESSMENT DATE, **I WILL ATTEND** ____ / ____ / ____ (as scheduled)

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Do you have housing: Yes No

Address: _____ **Lot/Apt.** _____
City: _____ **State:** _____ **Zip:** _____ **County:** _____

If Washtenaw County, What Township?

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Augusta Twp | <input type="checkbox"/> Chelsea City | <input type="checkbox"/> Lodi Twp | <input type="checkbox"/> Northfield Twp |
| <input type="checkbox"/> Ann Arbor Twp | <input type="checkbox"/> Dexter Twp | <input type="checkbox"/> Lyndon Twp | <input type="checkbox"/> Pittsfield Twp |
| <input type="checkbox"/> Ann Arbor City | <input type="checkbox"/> Dexter Vill | <input type="checkbox"/> Manchester Twp | <input type="checkbox"/> Ypsilanti Twp |
| <input type="checkbox"/> Barton Hills Vill | <input type="checkbox"/> Freedom Twp | <input type="checkbox"/> Manchester Village | <input type="checkbox"/> Ypsilanti City |
| <input type="checkbox"/> Bridgewater Twp | <input type="checkbox"/> Lima Twp | <input type="checkbox"/> Milan City | |

Are you a U.S. Citizen: Yes No

Best #s to reach you in case a group is cancelled?

1. Phone _____ **Type** _____ **2. Phone** _____ **Type** _____ **3. Phone** _____ **Type** _____

Date of Birth: ____ / ____ / ____ **Age:** _____ **Social Security Number:** _____

Gender: Male Female Transsexual Unknown

Marital Status: Single Adult Not Married, Single Adult Previously Married, Separated,
 Married, Living Together Partner, Widowed, Unknown

Household Size: _____

- Female Head of Household
- Single Parent (Children under 18 yrs old)
_____ Number of Children under 18 yrs old
- Head of Household with Child Under 6 yrs old
- Children Under 3

Person to Contact in Case of Emergency

Relationship: _____

Name: _____ Phone: _____

Address/City/State/Zip: _____

Race: White, Black/African American, Black-White, Asian, Asian-White, Middle Eastern, American Indian, American Indian-White, American Indian-Black, American Indian-Alaskan, Alaskan Native, Black-American Indian, Native Hawaiian-South Pacific Islander Other Multi-Racial, Unknown

Hispanic: Yes No

Religion: Catholic, Protestant/Christian, Jewish, Islam, Unknown, None, Prefer not to answer

Primary Language: English Spanish Other: _____

Veteran: Yes No Unknown

Employment Status: Employed Full-Time Employed Part-Time Full-Time Student Part-Time Student Minor Child Retired Unemployed Disabled Unknown

Income Source: No Income, Child Support, Employment Income, Food Stamps, Medicaid, Medicare, Public Assistance, Social Security, SSI, SSD, TANF, Veterans Benefits, Unemployed, Unknown

Estimated Gross Annual Income (your income only, is required): \$ _____

Special Needs: None

Alcohol/Drug Abuse (untreated), Cognitive, Developmental Disability, Domestic Violence, Mental Illness, Over 65, Physical/Medical Disability, Pregnant, Physical/Health Impairment _____

Involved in Aggressive Behavior Programs Previously: Yes No

Involved in Drug/Alcohol Programs currently or previously: Yes No

Referred by: Court, Family/Friend, Therapist/Doctor, Clergy, Women's Shelter, Drug/Alcohol Treatment, DHS/CPS/FIA-County? _____, Other _____

Legal Status: No Current Actions, Awaiting Trial, Awaiting Sentencing, Other: _____

Duration Referred: 26, 36, 52, Program Completion, Other _____

Court: _____ **Judge:** _____ **Probation/Parole Agent:** _____

Do you need us to inform anyone of your attendance? Yes No

If so, please be sure to ask DVIS Staff to provide you with a release of information form and provide contact information.

Plea: Guilty No Contest Not Guilty Trial N/A

Education: No High School Diploma, High School Diploma, GED, Associates Degree, Bachelors Degree, Masters Degree, Ph.D., Trade School, Other _____

Help Reading/Writing: Yes No