

## Phoenix Oasis Grand Avenue Application

**You are required to write a brief bio letter at the end of this application. Please write clearly, Thank You**

Name: \_\_\_\_\_ Case/DOC#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated

Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_

Gender: **(Circle)** Male Female Ethnicity \_\_\_\_\_ Veteran YES- NO \_\_\_\_\_ **Sage Early Release YES-NO**

Current Contact Phone \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

Are you receiving benefits? **YES, NO** Circle All that apply SSD SSI Unemployment Workman's Comp Food Stamps Bus Pass Other

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ Date Last Used \_\_\_\_\_

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_

Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_

Will you need clothing support upon your reentry? **YES NO** .....If yes what size pants \_\_\_\_\_ Shirt \_\_\_\_\_

### SUBSTANCE ABUSE HISTORY

Substance Used	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Other Drugs Used

### EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Start Date	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Highest Grade Completed \_\_\_\_\_ Education Completed **(Circle all that apply)** High School GED Vocational School Junior College University Other \_\_\_\_\_

Do you plan to continue your education? \_\_\_\_\_

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

List all past and current physical medical issues: \_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

Are you under the care of a behavior health facility: **YES NO** Agency Name \_\_\_\_\_ How long? \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

Have you ever attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Circumstances: \_\_\_\_\_ Are you suicidal now? **YES NO**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

Are you on supervision? (Circle One) IPS Direct Regular Parole Fed Probation No Supervision Agency: \_\_\_\_\_

**If incarcerated, what is your release date:** \_\_\_\_\_ Are you a violator? **YES NO** explain \_\_\_\_\_

PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Have you ever been arrested for any sex crimes? **YES NO** If yes, explain \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed) \_\_\_\_\_

**Application forms require this information to process. Who can we call to verify this application? (Circle One) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Family Member Case Manager Other**

Name \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Comments: \_\_\_\_\_

**Address: Phoenix Oasis Grand Ave. Reentry services 3400 NW grand Ave. Phoenix AZ 85017**

**Resident Bio-Letter**  
Please fill out completely – Required for acceptance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us about yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you desire Phoenix Oasis Grand Avenue Reentry Services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What abilities do you think you possess that will help you be successful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think will be your biggest challenge to overcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions do you think you will need to take in order to accomplish the goal of successful reentry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you see yourself in one year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



