



Newness of Life Assessment

First Name: _____ MI: _____

Last Name: _____

Age: _____ Date of Birth: _____

When is the last time you used Drugs or Alcohol? (truthfully) Date? _____

Drug(s) of Choice _____

Where are you staying (city, state) _____

Current living arraignments: _____

If you are currently incarcerated, Facility name and location:

Parole eligibility date? _____

Caseworker Name: _____

Caseworker/IPO/Unit Manager Email: _____

Are you on Medication: _____ yes _____ no?

List of Medications:

Do you have any pending legal charges: _____ yes _____ no?

List: _____

Do you have any warrants? _____ Are you currently on bond, Probation, Parole:
_____ yes _____ no?

If so which: _____

Do you have any open CPS cases? _____ yes _____ no

Do you have any family support financial help? \$100.00 intake fee plus the first four
weeks \$400.00 (\$500.00 total): _____ yes _____ no?

Are you able to work: _____ yes _____ no?

List job skills, certifications, previous employment: _____

When is the last time you worked? _____

Do you have a state identification card (Not DOC Issued)? _____ yes _____ no

Do you have a birth certificate: _____ yes _____ no?

Do you have a social security card: _____ yes _____ no?

Any Mental Health Issues? _____

Any Physical Health limitations: _____

Any current or past sexual offenses: _____ yes _____ no?

Signature: _____

Date: _____

