



ANGEL OAK
creative
purpose driven marketing

INTAKE FORM in English - please add as a WP form and link below where it says 'link intake form here'

Out of the Ashes Intake Form

If you need immediate help, do not wait to call. (828) 395-2000

Forest City, NC 28043

(Must be filled out for every resident upon admission to Out Of The Ashes)

Name: _____ Date: _____ Phone #: _____

What is your Ethnicity _____ Male __ Female__ Are you pregnant Yes __ No __

ID Type and Number: _____ Date of Birth: _____

How did you hear about Out Of The Ashes? _____

Social Security Number: _____

Place of Birth (State/County) _____ How long at last residence? _____

Are you a Veteran? Yes__ No__ Have you ever served in the Military? Yes__ No __

Person to Contact in Case of Emergency:

Name/Relationship: _____ Phone number _____

Address: _____ City, State zip code _____

Probation or Parole? (Yes/No) P.O. Name: _____

Any Court Dates? (Yes/No) When? _____

Were you recently released from incarceration? (Yes/No)

If so When? _____ Where? _____

Are you a registered sex offender? (Yes/No)

Can you Pass a Drug Test? (Yes/No) Date Last Used:_____

I agree that if I test positive for any drug test that I will enroll at Family Preservation or detox, failure to comply, you will be asked to leave.

Signed: _____ Date: _____

Do you have a home? Yes__ No__

Do you have a job? Yes___ No___ If so, where do you work? _____

Do you have a car? Yes___ No__

Where did you stay last night? _____

Have you ever lived in a group home? Yes __ No __

If yes, when and where _____

button: SUBMIT FORM **link to** <mailto:helpdesk@outoftheashesnc.org>

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