

## **A Brighter Way Intake Application**

*Supportive Housing for Individuals in Reentry & Recovery – Hampton Roads, VA*

*Thank you for your interest in A Brighter Way. We're honored that you're considering us as part of your journey toward stability and healing. This intake questionnaire helps us determine if our program is a good fit for your current needs. There are no right or wrong answers—please answer honestly. If a question doesn't apply to you, write "N/A."*

### Section 1: Basic Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

Gender: \_\_\_\_\_

Are you currently homeless or at risk of homelessness? ☐ Yes ☐ No

Are you currently sober or actively working toward sobriety? ☐ Yes ☐ No ☐ In Progress

Are you currently involved with the criminal justice system (probation, parole, reentry program)? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### Section 2: Current Living Situation

Where are you currently staying?

☐ Shelter

☐ Jail/Prison (expected release: \_\_\_\_\_)

☐ Hospital/Treatment Facility

☐ Street/Car/Abandoned Building

☐ With Family/Friend (temporary)

☐ Transitional/Reentry Housing

☐ Other: \_\_\_\_\_

Current Address (if any):

\_\_\_\_\_

How does your current living situation affect your recovery or reentry goals?

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### Section 3: Recovery History

Primary substance(s) of use: \_\_\_\_\_

Last use date: \_\_\_\_\_

Are you currently detoxing? ☐ Yes ☐ No

Have you overdosed before? ☐ Yes ☐ No — If yes, how many times? \_\_\_\_\_

Have you ever been administered Narcan/Naloxone? ☐ Yes ☐ No — How many times?

\_\_\_\_\_

Have you misused prescriptions or OTC medications? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Have you completed a treatment or recovery program? ☐ Yes ☐ No

Programs attended and dates:

\_\_\_\_\_

Are you currently attending NA, AA, or outpatient support? ☐ Yes ☐ No

Are you willing to attend while living in the program? ☐ Yes ☐ No

### Section 4: Reentry Background

Have you been incarcerated? ☐ Yes ☐ No

If yes, list dates and facilities:

\_\_\_\_\_

Are you currently facing charges or have court obligations? ☐ Yes ☐ No

Are you on probation or parole? ☐ Yes ☐ No

Probation/Parole Officer Name & Contact: \_\_\_\_\_

Are you required to register as a sex offender? ☐ Yes ☐ No

Have you been convicted of a violent or weapons-related offense? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### Section 5: Health & Functioning

Do you have any current physical or mental health conditions? ☐ Yes ☐ No

If yes, describe briefly:

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List all medications you are currently taking (name, dose, frequency):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you able to take your medications independently? ☐ Yes ☐ No

Do you need help with daily living tasks? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Do you have any challenges with the following?

- ☐ Reading
- ☐ Vision
- ☐ Hearing
- ☐ Mobility (stairs/walking)
- ☐ Cooking or preparing food
- ☐ Household chores/laundry
- ☐ None of the above

#### Section 6: Personal Life & Goals

Do you have children? ☐ Yes ☐ No

Do you have custody? ☐ Yes ☐ No

Describe your relationship with them:

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Are you currently in a romantic relationship? ☐ Yes ☐ No

How might this affect your stay in the program?

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Do you have the following documents? (check all that apply):

- ☐ State ID
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Medicaid or Health Insurance

What are your hobbies or interests?

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What are your personal goals during your stay with A Brighter Way?

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### Section 7: Employment & Income

Are you currently employed or in a job program? ☐ Yes ☐ No

If yes, where: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Do you receive any of the following income? If so, write the amount.

☐ SSI/SSDI

☐ SNAP (Food Stamps)

☐ Employment Wages

☐ Child Support

☐ Other: \_\_\_\_\_

☐ None

How do you plan to pay for your housing costs?

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Do you own a vehicle? ☐ Yes ☐ No

If yes, will you bring it with you? ☐ Yes ☐ No

### Section 8: Consent & Signature

I certify that the information provided above is true to the best of my knowledge. I understand this application does not guarantee housing placement. I authorize Embrace Home Housing/A Brighter Way to contact me for follow-up and coordinate with my referring agency, court officer, or treatment provider if needed. Return to [EMBRACEHOMEHOUSING@GMAIL.COM](mailto:EMBRACEHOMEHOUSING@GMAIL.COM).

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_