

PRE-INTERVIEW REPORT OF CONTACT

GENERAL ID

NAME: _____ DOB: _____ SSN: _____

ALIEN/CITIZ STATUS: _____ PLACE OF BIRTH: _____

JUVENILE ID # _____ EXPECTED RELEASE DATE: _____

WILL YOU BE ON PROBATION WHEN RELEASED? YES OR NO

IF YES, WHICH PROBATION OFFICE WILL YOU REPORT TO? _____

DID YOU RECEIVE BENEFITS FROM SOCIAL SECURITY IN THE PAST? YES OR NO

IF YES, DO YOU KNOW WHY YOU RECEIVED THEM? _____

WHY AND WHEN DID THEY STOP? _____

MARRIED? YES NO

IF YES, SPOUSE NAME/DOB/SSN: _____

DISABLING CONDITION: _____

DATE YOU BECAME UNABLE TO WORK: _____

LIVING ARRANGEMENT

➤ DESCRIBE WITH WHOM YOU LIVE WITH:

ALONE SPOUSE PARENTS CHILD OTHERS

➤ WHERE WILL YOU LIVE: APT ROOM HOUSE TRANSIENT INSTITUTION

➤ WILL YOU RENT? ___ YES ___ NO

➤ IF NO, WHO HAS RENTIAL LIABILITY: _____

➤ WHAT IS THE RENT OR MORTGAGE AMOUNT? _____

➤ WILL YOU BE EXPECTED TO PAY FOR BILLS WHEN YOU MOVE IN? YES OR NO

➤ IF YES, HOW MUCH WILL YOU PAY EACH MONTH? _____

LIST NAMES AND DOB/AGE OF PEOPLE LIVING IN THE HOME ONCE RELEASED:

<u>NAME</u>	<u>DATE OF BIRTH OR AGE</u>

RESOURCES

	<u>DESCRIPTION</u>	<u>VALUE YOU OWN</u>	<u>SPOUSE'S VALUE</u>
CASH ON HAND			
SAVINGS,CHECKING			
STOCKS, BONDS			
LIFE INSURANCE			
VEHICLES			
PROPERTY			
OTHER RESOURCES			

INCOME

LIST ALL INCOME RECEIVED OR EXPECTED TO BE RECEIVED SINCE THE 1ST MOMENT OF THE MONTH - (INCLUDING SPOUSE AND CHILDREN)

<u>PERSON</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>FREQUENCY</u>	<u>SOURCE</u>

FILING FOR FOOD STAMPS? YES or NO