



Computer Entered: \_\_\_\_\_

Computer Closed: \_\_\_\_\_

# Tempe Human Services Community Supervision Intake

(Please Print)

**Name:**  
 \_\_\_\_\_  
 First Middle Last

**Address:**  
 \_\_\_\_\_  
 Street Apt # City, State, Zip

**Contact Information:**  
 \_\_\_\_\_  
 Email Home Phone Cell Phone

**Gender Identity:**  
 Male  Female  Transgender  Prefer Not to Disclose  
**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Have you ever served in the military?**  
 Yes  No

**Do you receive public assistance such as SNAP/Food Stamps, TANF/Cash Assistance or AHCCCS?**  
 Yes  No Explain: \_\_\_\_\_

**Race:**  
 African American  
 Asian  
 Caucasian  
 Hispanic  
 Native American  
 Other

**Marital Status:**  
 Single  
 Married  
 Separated  
 Divorced  
 Widowed

**Present Employment Status:**  
 Employed Full-Time  
 Employed Part-Time  
 Unemployed/Able to Work  
 Unemployed/Unable to Work  
 Student  
 Carer

**Education Completed:**  
 8<sup>th</sup> Grade or Below  
 Some High School  
 Completed Highschool/GED  
 Some College  
 Graduated College

**Please List Any Previous Criminal Charges:**  
 \_\_\_\_\_

**For Office Use Only** Program:  ADP  Title 9  Probation  RVC  HD  
 Case #: \_\_\_\_\_ Target Completion Date: \_\_\_\_\_  
 Counselor: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Intake Date: \_\_\_\_\_ Revoke Date: \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of Arizona that the information I have provided on this form and all attachments is true and correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**