*Supplying the information below is an acknowledgement that the applicant wants to work with a CoSA Circle for at least one year in managing the applicant’s risks to reoffend.*

|  |  |  |
| --- | --- | --- |
| **Name**: | | **FPS #**: |
| **DOB**: | | **Location**: |
| **Ethnicity: 🞏**Asian 🞏Black 🞏Caucasian 🞏Hispanic 🞏Indigenous 🞏 Middle Eastern 🞏 Others  **(please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Community address**: | | |
| **Phone number**: | | |
| **Institution**: | | |
| **Dates – Parole**: | | |
| * **Stat**: | | |
| * **WED:** | | |
| * **Release:** | | |
| * **LTSO Start**: | **End**: | |
| * **810 Start**: | **End**: | |
| * **Probation Start**: | **End**: | |
| **DO**? 🞏 Yes or 🞏 No | **Lifer**? 🞏 Yes or 🞏 No | |
| **PO**: | **Ph #:** | |
| **Index offense**: | | |
| Date of offense: | | |
| Age & sex of victims: | | |
| Date of incarceration: | | |
| Length of sentence: | | |
| **Other convictions (including sentences received)**: | | |
| Date of other convictions: | | |
|  | | |
| **Mental health diagnoses and treatment**: | | |
|  | | |
|  | | |
| **Substance abuse history**: | | |
|  | | |
| **Family & social support**: | | |
|  | | |
| **Work history & plans:** | | |
| **Comments**: | | |
| **Client Consent: Your information will be kept secure and remain confidential.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **For Internal Use Only** | | |
| **Date of form receipt:** | | |
| **Circle start date**: | | |