



RJI Social History

Name:	Race	Marital Status:	Sex	Birthdate:

Are you receiving assisted help in reading or writing this application? (circle one) Yes No

If yes: Name of assistant _____

Religious Affiliation (Not a requirement, just to know)	
Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a car?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="radio"/> Make/Model: <input type="radio"/> Do you have insurance?
Do you have your High School Diploma?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="radio"/> What year did you graduate?
Are you currently incarcerated or on parole?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Income

Are you employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes Location: _____ Income: \$ _____ weekly/biweekly
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Do you receive SSI benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes Income: \$ _____
Do you currently receive YAVFC benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes Income: \$ _____
Do you receive food stamps (EBT card)?	<input type="checkbox"/> No <input type="checkbox"/> Yes Amount: \$ _____

Housing History

<p>Where have you lived the majority of your life up until recently? (Have you lived in the area? Placements?)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Medical History

<p>Do you know if you or any of your biological family have any health problems/history?</p> <ul style="list-style-type: none"> Ex: Diabetes, Cancer, Asthma <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Do you know if you or any of your biological family have any mental health problems/history?</p> <ul style="list-style-type: none"> Ex: Anxiety, Depression, Bipolar, substance abuse, etc. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Have you taken a Mental Health Exam?	Yes	No
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Are you able to provide your two most recent exams?	
Do you have health insurance?	Yes No
Are you currently prescribed any medications?	Yes No
What are your prescribed medications	_____ _____ _____
Are you currently actively taking your medication? If not, why?	_____ _____ _____ _____
Do you have a history of drug/substance abuse? <ul style="list-style-type: none"> We would like to know in order to help you get proper services 	Yes No If yes, what substances:

Social History

How do you take care of your emotional well-being? <ul style="list-style-type: none"> Ex: spirituality, meditation etc.
_____ _____ _____ _____ _____

Who are the greatest supports in your life? How have they helped you
_____ _____ _____ _____ _____

At what age were you put into your first placement? How many placements have you been to since then?

- If you would like to, you can discuss why this happened but is up to your discretion

What has been your experiences/thoughts/feelings with your placements?

What are your greatest strengths?

What are areas of your life that you would like to improve/work on?

What are the major stressors in your life right now?

Do you know of any triggers that our staff should be made aware of?

- Ex: a sound, setting, person, smell

What are your hobbies/ interests?

- Favorite tv shows, activities, relaxation methods, comfort movies, swimming, hiking etc.

Do you have any educational goals?

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Do you have any career goals?

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Do you have any short term goals?

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Do you have any career/long term goals?

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What are your greatest achievements?

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Why do you think River Jordan is a good fit for you?

How do you think River Jordan services will benefit you?

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Where do you see yourself after utilizing River Jordan services?

Lined area for response.

Participant Signature

Date