



GENESIS PROJECT

"A Place For New Beginnings"

Intake Application

To be accepted into The Genesis Project, you must first fill out this form **completely**. Once this form is filled out and returned, our staff will review it. Based on the information you provide us, we will make a decision if you are eligible for the program. You can find out your status by contacting us. Then if you qualify you will be put on a waiting list until a bed becomes available. If you are in custody and need an acceptance letter for the courts you or someone can contact us and one can be sent to you. Please answer all questions to the best of your knowledge. **Any information left out and/or found not to be true will result in your non-acceptance into the program. Please print clearly.**

1. Name _____ Date _____
 First Middle Last
2. Date of Birth ____/____/____ Age ____ PFN# _____ CDC# _____
3. Social Security# ____/____/____ Drivers License or I.D. # _____ Valid _____
4. Home Address or Address you are currently staying at. _____

5. Phone Number _____
6. Are you in custody or at another institution or facility at this time? If yes, where are you located?

7. Are you on probation or parole? _____ Agent/Officers name _____
8. What is their phone number? _____ County? _____
9. Do you have any upcoming court dates? _____ If Yes, When is the date, location, and department of your next court appearance? _____
10. What are your charges? _____

11. Why do you want to come into the Genesis Project? _____

12. What is your drug of choice? _____
13. When did you last use? _____



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14. How many years have you been using alcohol or drugs? _____

15. Do you have to register as a drug offender? _____

16. Do you have to register as a sex offender? _____

17. Do you have to register as an arsonist? _____

18. List any other programs (in-patient or out-patient) and/or facilities you have been admitted to and why

19. Do you have any health problems/concerns? (List all)

20. Have you ever had any seizures, strokes, or heart problems? (Please explain) _____

21. Do you have any problems with your teeth? (If yes list the problem) _____

22. Have you ever been hospitalized for any reason? _____ If yes please explain why and when.

23. Have you ever had any back problems? _____ If yes, please explain what condition you have, what limitations, and when your injury if any happened. _____

24. Are you physically able to lift up to 50 lbs.? _____

25. Are you in good enough physical condition to work 8 hours a day, 5 to 5 ½ days a week? _____

26. Have you ever had a mental health evaluation? _____ If yes, when and what was the diagnosis?



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27. Are you currently taking any medications? _____ If yes please list what prescriptions and the length that you have been taking them. _____

28. Have you been diagnosed with a mental illness and prescribed psychiatric medications in the past? If yes, please explain the diagnosis and prescription. _____

29. Are you supposed to be taking medication for something but currently are not? _____

30. Have you ever been hospitalized for any mental health issues? _____ If yes, Please explain when and why? _____

31. What type of job/trade skills do you have? _____

32. How many prison terms have you done? _____ Please give names of institutions and dates of incarceration including state and county facilities. _____

33. Do you own a vehicle? _____ Do you have a valid license? _____

34. Is your vehicle registered? _____ Is your vehicle insured? _____

35. Do you have a driver's license or ID card? _____ A Social Security card? _____

36. Are you currently employed? _____ Can you provide proof of employment? _____

37. Are you currently receiving: social security _____ welfare _____ disability _____ unemployment _____

Or other benefits? (List) _____ How much are you receiving monthly? _____

38. Are you currently receiving food stamps? (If yes, what county?) _____

39. When was the last time you had a T.B. test? _____ What were the results? _____



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40. Marital status:

Single _____ Married _____ engaged _____ separated _____ Divorced _____ widower _____

41. Education Background: Diploma _____ GED _____ College _____ Trade School _____

42. Are you a tobacco smoker? _____ Chewing tobacco _____

43. Are you willing to make a minimum six month commitment to this program? Yes ___ No ___

There is a one time entry fee of \$6,000. This entry fee is non refundable after admittance into the Genesis Project. Is this something that you, a family member, significant other, or friend could help you pay? If so please enter contact information below.

Name _____ Relationship to you _____

Address _____

Phone Number _____

Applicant Signature _____ Date _____

(By signing this document you are giving consent for the Genesis Project to release information regarding your application to who may inquire such as but not limited to: family, friends, court, legal personal, probation, and parole.)

If you have been approved for a program by the court/probation/parole, we need to be notified. If you are in custody a representative of the Genesis Project will pick you up only after someone notifies us and a bed is available. When you arrive at our facility you will have a formal intake interview. **You will be required to submit a Urine Analysis (Drug) Test and an Alcohol Breathalyzer Test. You must pass both to enter the program. Final approval for acceptance into the program will be determined when the face to face intake interview is conducted.**

Mail Applications to:

ATTN: Intake Coordinator

Genesis Project

810 Palm St.

San Jose, Ca. 95110

Fax (408) 294-5072

(408) 500-6229