



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

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

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

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

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

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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. \_\_\_\_\_

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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**