PATHFINDER CENTER INTAKE FORM

Client #_____

Office Use Only

Pathfinder Center is a healing center and refuge for victims of sex trafficking.

A Program of Wiconi Wawokiya, Inc. - We are a 501c3 non-profit organization.

APPLICANT'S INFORMATION ***(Please complete the following questions to the best of your ability.)***

TODAY'S DATE:_____ DATE OF BIRTH:_____ (M/D/Y) SEX: _____ (F/M/NB) PRONOUNS:_____ she/her/hers, he/him/his, they/them/theirs

_____ FIRST NAME _____ LAST NAME _____ EMAIL ADDRESS _____ CELL PHONE

_____ MAILING ADDRESS _____ CITY, ST, ZIP _____ PHYSICAL ADDRESS _____ CITY, ST, ZIP

ARE YOU A U.S. CITIZEN? ☐ ***YES*** ☐ ***NO***

ARE YOU A MILITARY VETERAN? ☐ ***YES*** ☐ ***NO***

RACE:_____

DO YOU HAVE A STATE I.D. CARD? ☐ ***YES*** ☐ ***NO***

ARE YOU A VICTIM OF SEX TRAFFICKING? ☐ **YES** ☐ **NO**

If approved to enter into our program, Pathfinder Center can not transport you to our facility.

Are you seeking emergency short-term shelter? ☐ ***YES*** ☐ ***NO***

Or are you seeking long-term shelter of 12-24 months? ☐ ***YES*** ☐ ***NO***

Are you currently involved in an ongoing case involving trafficking? ☐ ***YES*** ☐ ***NO***

If YES, What County?_____ State_____

Have you ever recruited a person for your pimp, boyfriend/lover, or for a relative? ☐ ***YES*** ☐ ***NO***

How long ago were you trafficked?

How did you come to be involved in sex trafficking?

Were you referred to Pathfinder Center by another Shelter? ☐ ***YES*** ☐ ***NO***

Other Referral?_____

If approved to attend our program please be aware of the following (check each box to agree):

- ☐ We have a 2-Baggage per person limit and those will be searched upon your arrival. Are you ok with that?
- ☐ We have a no-cell-phones policy. Are you ok with that?
- ☐ Do you smoke? Do you have steady money to support your smoking habit?

What is the highest education level you have completed?_____

If you do not have your High School Diploma, do you wish to obtain your GED? ☐ ***YES*** ☐ ***NO***

MEDICAL INFORMATION

Any known medical conditions? ☐ ***YES*** ☐ ***NO***

Emergency Contact:_____

Emergency Contact's Phone Number:_____

_____ _____
Physician's Name Phone Number

_____ _____
Primary Care Provider Phone Number

_____ _____
Medicaid or Insurance PCP Number

Allergies/Special Health Considerations:

When was your last Dental visit? _____
M/D/Y

Are you currently taking any prescription medications? If yes, list name and dose of medication:

Have you ever been diagnosed with one of the following conditions? Check all that apply.

- ☐ Acute Anxiety
- ☐ Attention Deficit Disorder (ADD)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Bi-polar Disorder
- ☐ Borderline Personality Disorder
- ☐ Cutting (self-mutilation)
- ☐ Depression
- ☐ Depression with Anxiety
- ☐ Eating Disorder
- ☐ FAS/FAE (Fetal Alcohol Syndrome)
- ☐ Post-traumatic Stress Disorder Schizophrenia

Are you currently pregnant? ☐ ***YES*** ☐ ***NO***

If your are pregnant, are you receiving prenatal care? ☐ ***YES*** ☐ ***NO***

In the past three (3) months, have you been tested for STDs? ☐ ***YES*** ☐ ***NO***

Do you have a disability? ☐ ***YES*** ☐ ***NO*** If yes, check all that apply:

- ☐ Hearing impaired
- ☐ Learning disability
- ☐ Physically impaired
- ☐ Visually Impaired

Other disability:

MENTAL HEALTH CONCERNS

Have you ever considered suicide (taking your own life)? ☐ ***YES*** ☐ ***NO***

Are you currently thinking about suicide? ☐ ***YES*** ☐ ***NO***

If yes to either of the questions about suicide, what happened in your life at this/that time?

Are you receiving help for thoughts of suicide? ☐ ***YES*** ☐ ***NO***

If yes, where are you getting mental health support?_____

Health Insurance? ☐ ***YES*** ☐ ***NO*** If yes, name of the medical center: _____

Have you ever used drugs or alcohol? ☐ ***YES*** ☐ ***NO***

If you're using or have used drugs, what is your drug(s) of choice?_____

In the past 30 days, how many times did you use your drug of choice or alcohol? _____times

Have you ever been to treatment for drug/alcohol abuse? ☐ ***YES*** ☐ ***NO***

If yes, how many times have you been to treatment? _____times

Do you currently have a sponsor? ☐ ***YES*** ☐ ***NO***

Are you currently a member of AA, CA or NA? _____

DO YOU HAVE ANY DEPENDENTS? IF SO, PLEASE LIST BELOW.

First and Last Name	**Gender** M/F/NB	**DOB** M/D/Y	**Tribal Affiliation (If Appropriate)**

DEPENDENT(S)/LEGAL QUESTIONS

Are you currently involved with Child Protection Services? ☐ ***YES*** ☐ ***NO***

If under child protection, in what county/state? _____

Are you currently working on getting your child back if you do not have custody? ☐ ***YES*** ☐ ***NO***

Provide the name, phone number, email and county/state of your Child Protection Worker assigned to your case.

Case Worker's Name	Case Worker's Phone Number
County/State	Case Worker's Email

Are you currently on probation? ☐ ***YES*** ☐ ***NO***

Probation Officer's First and Last Name	Probation Officer"s Office Number
County/State	Probation Officer's Email

Are you currently on parole? ☐ ***YES*** ☐ ***NO***

Parole Officer's First and Last Name	Parole Officer"s Office Number
County/State	Parole Officer's Email

Do you have any unpaid fines? ☐ ***YES*** ☐ ***NO*** If yes, how much is owed? $_____

There is a 30-day probationary period when you enter Pathfinder Center. If at the end of the 30-days we find that you are not a good fit for our program you will be asked to vacate the center. We can assist you in finding another place to go.

Please email Lisa Heth at wiconi@midstatesd.net for help in submitting your completed intake form.

By signing below you acknowledge that all the information you have provided on this Intake Form is true and complete.

Applicant's Signature	Date
Pathfinder Center's Advocate	Date