Client Registration Form

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<tbody>
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</tbody>
</table>

**Date of Birth**

**Gender**

- Male
- Female
- Transgender-Male
- Transgender-Female
- Non-Binary

**Race (choose one)**

- American Indian/Alaskan
- Asian
- Black/Non-Hispanic
- Hawaiian/Pacific Islander
- Hispanic
- Multi-Race
- Other
- White/Non-Hispanic

**Court ordered to pay child support?**

Yes [ ] No [ ]

**# of Children < 18**

[ ]

**# of people living in Household**

[ ]

**Estimated Total Annual Household Income**

$ , . 0 0

**Income from SSI/SSDI?**

Yes [ ] No [ ]

**History of Substance Abuse?**

Yes [ ] No [ ]

**History of Mental Health?**

Yes [ ] No [ ]

**Do you have internet access?**

Yes [ ] No [ ]

**Is there a computer at home?**

Yes [ ] No [ ]

**Primary Phone**

[ ]

**Is it okay to leave a message?**

Yes [ ] No [ ]

Text? Yes [ ] No [ ]

**Work Phone**

[ ]

**Is it okay to leave a message?**

Yes [ ] No [ ]

Text? Yes [ ] No [ ]

**Other Phone**

[ ]

**Is it okay to leave a message?**

Yes [ ] No [ ]

Text? Yes [ ] No [ ]

**Email Address**

[ ]

**Education (choose one)**

- Less than 8th grade
- Did not graduate high school
- High school graduate / GED
- Vocational Training
- Some College / Associate's Degree
- Bachelor’s / Master's Degree or above
- U.S. Military Service

Yes [ ] No [ ]
### Residence Type (choose one)
- Homeless/Shelter/Hotel/Motel
- Owns/Rents/Stable Housing
- Temporary housing/Family/Friends

### Registration Date
- [ ] [ ] [ ] [ ]
- [ ] [ ] Pre Post

### Registration Location
- Fairfax Pre Post
- Loudoun Pre Post
- Prince William Pre Post

### Employment at Arrest?
- [ ] Employed Full-time
- [ ] Employed Part-time
- [ ] Unemployed
- [ ] Student
- [ ] Homemaker
- [ ] Retired

### Employment at Intake?
- [ ] Employed Full-time
- [ ] Employed Part-time
- [ ] Unemployed
- [ ] Student
- [ ] Homemaker
- [ ] Retired

### Are you on probation/parole?
- [ ] Yes
- [ ] No

### Arrest Date
- [ ] [ ] [ ] [ ]

### Incarceration Date
- [ ] [ ] [ ] [ ]

### Release Date
- [ ] [ ] [ ] [ ]

### Street Address (outside of incarceration)

### Zip Code

### City

### State

### What are your most recent criminal charge(s)?
1. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   - Misdemeanor
   - Felony
2. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   - Misdemeanor
   - Felony

### OAR Client Agreement

1. Previous or current incarceration makes you eligible for OAR services.

2. OAR reserves the right to refuse services if you are disruptive, disrespectful, uncooperative, use profanity, and/or are untruthful or you appear to be under the influence of alcohol or illegal drugs.

3. Every reasonable effort will be made to maintain confidentiality about all aspects of your participation in OAR programs. The information you provide to OAR is intended to allow staff members to assist you and/or your family and will not be shared with others except as indicated on OAR’s Consent to Exchange and Release Information form.

4. I fully understand that staff members and/or volunteers are not permitted to be involved in my legal activities; therefore, I agree not to request participation by staff members or volunteers in matters relating to my legal situation, including appearing as a witness on my behalf.

The information I have provided to OAR is true to the best of my knowledge. I have read, or have had read to me, this agreement and I fully understand what it says.