

Client Registration Form

Social Security Number	Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Race (choose one)	
M M D D Y Y	Male <input type="checkbox"/>	American Indian/Alaskan <input type="checkbox"/>	Hispanic <input type="checkbox"/>
<input type="text"/>	Female <input type="checkbox"/>	Asian <input type="checkbox"/>	Multi-Race <input type="checkbox"/>
	Transgender-Male <input type="checkbox"/>	Black/Non-Hispanic <input type="checkbox"/>	Other <input type="checkbox"/>
	Transgender-Female <input type="checkbox"/>	Hawaiian/Pacific Islander <input type="checkbox"/>	White/Non-Hispanic <input type="checkbox"/>
	Non-Binary <input type="checkbox"/>		

Court ordered to pay child support?
Yes <input type="checkbox"/> No <input type="checkbox"/>
of Children < 18
<input type="text"/>
of people living in Household
<input type="text"/>
Estimated Total Annual Household Income
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Income from SSI/SSDI?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Education (choose one)
Less than 8th grade <input type="checkbox"/>
Did not graduate high school <input type="checkbox"/>
High school graduate / GED <input type="checkbox"/>
Vocational Training <input type="checkbox"/>
Some College / Associate's Degree <input type="checkbox"/>
Bachelor's / Master's Degree or above <input type="checkbox"/>
U.S. Military Service
Yes <input type="checkbox"/> No <input type="checkbox"/>

History of Substance Abuse?	Is there a computer at home?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of Mental Health?	Do you have internet access?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Primary Phone
<input type="text"/>
Is it okay to leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/> Text? Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone
<input type="text"/>
Is it okay to leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/> Text? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Phone
<input type="text"/>
Is it okay to leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/> Text? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address
<input type="text"/>

Residence Type (choose one)											
Homeless/Shelter/Hotel/Motel											
Owns/Rents/Stable Housing											
Temporary housing/Family/Friends											
Street Address (outside of incarceration)											
Apt. #											
Zip Code				City				State			

Registration Date						Registration Location			
M	M	D	D	Y	Y	Fairfax	Pre		Post
		-				Loudoun	Pre		Post
						Prince William	Pre		Post
Employment at Arrest?						Employment at Intake?			
Employed Full-time						Employed Full-time			
Employed Part-time						Employed Part-time			
Unemployed						Unemployed			
Student						Student			
Homemaker						Homemaker			
Retired						Retired			

Are you on probation/parole?		Arrest Date				Incarceration Date				Release Date									
Yes	No	M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D	Y	Y
				-						-						-			

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.	Client Signature and Date
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.	Staff Signature and Date
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.	Witness Signature and Date
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.	(A witness is recommended if this form must be read aloud to the client signing.)