

Alabama Non-Violent Offenders Organization (A.N.V.O.O)

Client Intake Package

Revised 3/26/2023

The information in this document is confidential and proprietary. It will be available solely for evaluating potential assistance and services. In no event shall your information be disclosed or disseminated without the express written permission of the client and A.N.V.O.O.

ANVOO CLIENT INTAKE & SCREENING ASSESSMENT

DEMOGRAPHIC INFORMATION

Legal Name: _____ Date of Birth ____/____/____

Name: _____ Sex at birth: _____ Gender Identity: _____

SSN: _____ DL: _____

Relationship Status: Single Married Partnered Race/Ethnicity: _____

Currently living with Family, Spouse Self, Friends, or Other? _____

Do you have Children? _____ Are they present in your household? _____

If yes, please describe their Name, age, and any needs.

Are you a Veteran? _____ YES _____ NO What branch: _____

Phone # _____ Email: _____

Home _____ Address: _____

_____ City/State/Zip

Code: _____

WORK/SCHOOL HISTORY

Are you currently employed? _____ YES _____ NO Employer: _____

Job Title: _____ How long have you been employed here? _____

Please describe any significant work history:

Please describe any significant work problems/concerns:

Are you currently enrolled in school? _____ YES _____ NO Where? _____

Highest grade completed: Discipline or Academic Problems: _____ YES _____ NO Please describe

any significant educational problems/concerns:

SOCIAL HISTORY

Do you consider yourself spiritual or religious? _____ YES _____ NO

Do you attend any religious services? _____ YES _____ NO Where? _____

What role do you feel that your spirituality/religion play in your life if any? _____

Who do you turn to for general support? _____

Who do you turn to for emotional support? _____

Who do you turn to for financial support? _____

What do you consider to be your strengths?

How would you describe your relationship with your family?

Please describe any significant problems/concerns in your relationships:

Do you currently have any legal proceedings pending? _____ YES _____ NO Describe:

Are you currently on Parole or Probation? _____ YES _____ NO

Parole/Probation Officer _____

In what state did your offense(s) take place: _____

Please state all charges with year and dates:

AiS # _____

HEALTH HISTORY

Do you have any medical conditions? _____ YES _____ NO Describe:

Do you take any medication (prescription, supplemental, herbal, or O.T.C.) _____ YES _____ NO

Describe: _____

Do you have any allergies? _____ YES _____ NO Describe: _____

Please describe any significant medical history, including surgeries, hospitalizations, etc.:

Do you consume alcohol? _____ YES _____ NO How often? Rarely, Occasionally, Weekly, Daily

Do you use any illicit drugs? _____ YES _____ NO How often? Rarely, Occasionally, Weekly, Daily

Have you ever been diagnosed with a mental disorder? _____ YES _____ NO Describe:

Family history of mental illness, if any: _____ YES _____ NO Describe:

Have you ever been to counseling? _____ YES _____ NO Describe:

Have you ever been hospitalized in a psychiatric hospital? _____ YES _____ NO Describe:

CURRENT CONCERNS/COMPLAINTS/PROBLEMS

Presenting Problems: Check all that apply

- Psychotic Disorder
- Legal Issues
- Relationship Issues
- Personal Issues
- Dangerous/Destructive Behaviors
- Eating Disorder
- Social Issues
- Medical Issues
- Family Issues

- Employment/School Issues
- Daily Coping/Adjustment Anxiety
- Suicidal Thoughts
- Homicidal Thoughts Sleep Disturbance
- Depression
- Trauma
- Other

Please briefly describe the issues you checked above

How do you handle stressful situations?

Services and Goals

Do you need any of the following? Food: _____ YES _____ NO Transportation: _____ YES _____ NO

Clothing: _____ YES _____ NO If so what sizes for

Shirts: _____ Pants: _____ Shoes: _____

Socks: _____ Dress: : _____ Coat: : _____

Do you need: Driver's License: _____ Alabama State ID: _____ Birth Certificate: _____

SS Card: _____ Housing: _____ Employment: _____ Education: _____ Pardons: _____

Expungement: _____ Reinstatement of Voting Rights: _____ Other: _____

Top Three Goals A.N.V.O.O. can help you with? (Example: 1. Driver's license 2. Job 3. Housing)

GOAL 1: _____

GOAL 2: _____

GOAL 3: _____

ADDITIONAL INFORMATION

Any additional information you would like to share:

Client's Printed Name Date

Clients Signature

Parent/Guardian Signature Date

Case Worker Signature

**ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
(A.N.V.O.O)**

A.N.V.O.O. Statement of Expectation to the Client

The primary goal of A.N.V.O.O. is to provide a support network to its clients to assist them in achieving their primary focus goal. To accomplish this, A.N.V.O.O. is here to assist and guide its clients professionally and honestly through the process (es) needed to achieve their primary focus goal(s). A.N.V.O.O. is dedicated to its cause and its clients. As an organization and support network, A.N.V.O.O. is here to help its clients help themselves. The clients of A.N.V.O.O. can expect our staff, board members, and participants to totally and completely assist them in achieving their primary focus goal(s). The clients of A.N.V.O.O. can expect the following of the staff, board members, and participants:

1. To assist our clients with outlining and developing their primary focus goal.
2. To support our clients in any way possible (within reason) when assisting those in achieving their primary focus goal(s).
3. To be upfront and forthcoming with all information available to us that may assist our clients in achieving their primary focus goal(s).
4. To honestly and respectfully guide our clients through the entire primary focused process and any other processes that may be of use to them through our services.
5. To hold all of the client's personal information and anything they share with us in complete and total confidence, except what we are obligated to report by law.
6. To conduct ourselves professionally and respectfully at all times when assisting our clients.
7. To do our very best to stay abreast of any changes that may impact our client's ability to achieve their goal and or our ability to provide support and services to our clients.

I have read and or understand the content of this form/statement. I have received a copy of the form/statement.

Client's Name: _____ Date: _____
(Print Name)

Client's Signature: _____

A.N.V.O.O.'s staff initials: _____ Date: _____

**ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
(A.N.V.O.O)**

A.N.V.O.O.'s Statement of Expectation of the Client

Here at A.N.V.O.O., the client shall be dedicated to the process, determined to prevail over challenges, and dependable to their selves and their word. The client shall maintain dignity, respect and obey the law, demonstrate personal integrity, and exemplify honesty. As a support network, A.N.V.O.O. offers the client assistance, guidance, and support in achieving the primary focus goal(s). In return, the client shall be honest and forthcoming with all information necessary to provide such services and assistance for their success. As an organization, we expect the client to:

1. To become actively involved in their process.
2. To be responsible for their selves and their actions.
3. To be professional with others and respectful of others and their selves.
4. To be neat, presentable, and punctual at all times.
5. To increase their chances of successful goal achievement by improving themselves and their situation(s).
6. To set positive personal, professional, and social goals.
7. To continue as law-abiding citizens and become active members of their families, home, and community.
8. To develop and maintain good work habits/skills and appropriate social and interpersonal relationship skills.
9. Participate in self-awareness and self-improvement activities (i.e., training, skills, education, family-centered programs/opportunities).
10. To make conscious decisions, continue gravitating towards positive and constructive activities by evaluating the environment, circumstances, situations, options, and consequences.
11. THREE attempts with NO contact will place you into inactive status.

I have read and or understand the content of this form/statement. I have received a copy of this form/statement.

Client's Name: _____
(Print Name)

Date: _____

Client's Signature: _____

A.N.V.O.O.'s staff initials: _____

Date: _____

A.N.V.O.O Client Privacy Protection

Alabama Non-Violent Offenders Organization (A.N.V.O.O) is committed to protecting its client's privacy and the confidentiality of their personal information. A.N.V.O.O Clients Privacy Protection Policy is implemented to protect the collection, use, and disclosure of the client's personal information.

We want our clients to know the following:

- (a) Why do we collect client's personal information
- (b) How we use and disclose client's personal information
- (c) How do we keep client's personal information confidential; and
- (d) How can our clients inquire about the personal information we hold about him/her

What is Personal Information?

We collect personal information about our client to provide him/her with the services and programs he/she has requested, which may be available through our Organization. Personal information is any information that identifies a person as an individual; This includes information that our client provides to us or that we collect from other sources with the client's permission. Personal information also includes our client's: name, address, age and gender, identification numbers including Social Security number and or Department of Correction number(s), personal references, financial records, and employment records.

Using and Disclosing Client Personal Information

There is certain personal information we need in order to conduct business with and provide services to our clients. We may use the client's personal information to process our request for a program or service offered; to determine our client's eligibility for specific programs and services, to deliver the programs and services to our client; and to comply with legal requirements.

Government Programs

Some of the programs and services we offer are in cooperation with the federal government, state government, or local municipalities. In such cases, our contract and nature of business with that government body usually require that we share such nature of business concerning that particular program or service.

Other Communications

Occasionally we may send out communications that may be useful to our client, including information about future seminars and other services. Such communications may be in letters, notes, facsimiles, cell phones, text messages, telephone messages, or e-mails.

Limiting or Withdrawing Your Consent

In general, our client can choose not to provide us with some or all of his/her personal information. Our client can also withdraw his/her consent to our use of his/her personal information provided he/she gives us thirty-days (30) written notice, and as long as the following does not apply:

1. Withdrawing the client's consent does not result in our inability to provide services and or program accessibility to the client;
2. There are no regulatory or legal requirements for the use of his/her personal information; and
3. Personal information has not been used in the past year to decide the client's qualifications and ability to participate in programs and receive services.

Client access to his/her Personal Information

Our client may verify his/her personal information or find out to whom we have disclosed it by contacting our office. We will forward an access request form that will provide us with the information we need to search for and provide our client with the personal information we hold about him/her. There are a few instances where we will not be able to provide some personal information, including personal information of other persons, we no longer retain the information, or the information cannot be disclosed for legal reasons. We will inform the client if we cannot provide our client access to his/her personal information.

Keeping Client Personal Information Accurate

We are committed to maintaining the accuracy of our client's personal information for as long as it is being used for our identified purposes. We help keep clients' personal information up-to-date and encourage clients to notify us of any changes. If our client discovers any inaccuracies upon review of personal information, please contact us. We may ask that our client put his/her request for a correction in writing. We will provide the appropriate form. We will make the proper changes and provide our client with a copy of the correct information. We will also use our best efforts to inform third parties to whom we have disclosed the information in a prior year of any relevant corrections. If we do not agree to make the corrections that our client has requested, we will notify the client of our decision and why such a decision was made. We will record the request for the information to be corrected.

Protecting Client Personal Information

Everyone within our Organization is responsible for maintaining the confidentiality of personal information to which he/she has access. As a condition of employment and participation/involvement, everyone must sign an **Oath of Confidentiality** binding him/her to this responsibility, which governs his/her actions, even after he/she is no longer affiliated with A.N.V.O.O. The only individuals, other than the Board of Directors, who have access to client personal information are those who need it to fulfill their duties. Everyone will be kept abreast and informed of our policies and procedures for protecting our client's personal information and reinforce the importance of complying with them. Everyone is required to conform to these policies and procedures. We endeavor to maintain adequate physical, procedural, and electronic security concerning our offices and information storage facilities to prevent unauthorized access, use, or disclosure of client personal information. The security measures we employ include using secure locks on filing cabinets and doors, limited physical and electronic access to relevant information by authorized individuals only, and using passwords. All personal information stored in our computer database is protected with a level of security appropriate to the sensitivity of the personal information and the need for an individual within the Organization to have access.

Retention of Client Personal Information

We only keep clients' personal information for as long as we need it to meet its intended purposes. The length of time we retain client personal information varies, depending on the nature of the relationship with us, the type of programs and or services, and any regulatory or legal requirements we may be required to meet. We have policies that govern the destruction of the personal information we hold.

Client personal information for making a decision will be kept for at least one year from the decision date.

Summary

We take our responsibility to respect and protect personal information very seriously. If you have any questions about this Privacy Policy or our privacy practices or would like to review your personal information, please contact the Organization.

I have read and or understand the content of this form/statement. I have received a copy of this form/statement.

Client's Name: _____
(Print Name)

Date: _____

Client's Signature: _____

**ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
(A.N.V.O.O)**

Financial Expectations and Obligations

Primary Focus Goals:

As A.N.V.O.O resources and funding allow, no client will be denied assistance in achieving his or her primary focus goal because of his or her inability to pay for any cost involved in achieving the primary focus goal(s). However, all clients receiving the Organization's financial assistance will be expected to reimburse the Organization as their (clients) budget allows.

Secondary Focus Goals:

Every client is expected to incur up to 100% of the cost related to his/her secondary goals. A.N.V.O.O. will assess the Organization's ability to provide a client with limited assistance in achieving his or her secondary focus goal(s).

I have read and or understand the content of this form/statement. I have received a copy of this form/statement.

Client's Name: _____
(Print Name)

Date: _____

Client's Signature: _____

A.N.V.O.O. staff has witnessed the client, who stated they understand the financial expectations and obligations, sign the agreement.

A.N.V.O.O. Staff Initials: _____

Date: _____

ANVOO Staff Signature: _____

**ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
(A.N.V.O.O)**

Criteria for Participation

In order to participate in A.N.V.O.O.'s programs, the candidate must meet the following criteria:

- 1. Have a criminal record that will show on a background check.
- 2. Be willing to improve their life situation.
- 3. Be willing to abstain from any new criminal offenses.
- 4. Participate in a recovery program(s) if the individual has a substance abuse problem.
- 5. Be willing to help the Organization voluntarily.
- 6. Be willing to be an example of rehabilitation.
- 7. Exercise your right to vote once voting rights have been re-established.

I have read and or understand the content of this form/statement.

Client's Name: _____
(Print Name)

Date: _____

Client's Signature: _____

A.N.V.O.O.'s staff initials: _____

Date: _____

**A.N.V.O.O.'s
Nondiscrimination and Equal Opportunity Policy**

It is the policy and the duty of the Alabama Non-Violent Offenders Organization to ensure nondiscrimination and equal opportunities for all applicants, registrants, claimants, participants, employees, and contractors.

Services and activities are to be provided without regard to race, color, sex, sexual orientation, religion, age, national origin, disability, political affiliation, or belief. Here at A.N.V.O.O., we are committed to assuring that we act affirmatively to eliminate all unjust exclusionary practices, policies, and consequences within our Organization.

I have read and or understand the content of this form/statement.

Client's Name: _____
(Print Name)

Date: _____

Client's Signature: _____

**ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
(A.N.V.O.O)**

PROGRAM REQUIREMENTS

All clients seeking employment through Alabama Non-Violent Offenders Organization must attend our Interview Workshop, Educational program(s), and all interviews arranged on their behalf. Upon being hired by one of the companies, we ask you to follow all company policies. These requirements must be met for the client to remain active in the job placement program. If a client does not meet these requirements, Alabama Non-Violent Offenders Organization has the right to discontinue any employment services on behalf of the client without prior notice. By signing this form, you acknowledge that you, the client, agree and understand the terms of participating in the A.N.V.O.O Job placement program.

I _____ agree to attend Alabama Non-Violent Offenders
(Print Name)

Organization's (A.N.V.O.O.) Interviews Educational Program(s) and interviews to remain active in A.N.V.O.O.'s job placement program.

Client's Name: _____ Date: _____
(Print Name)

Client's Signature: _____

ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION

A.N.V.O.O Agency Retention of Authentic Copy of Client Identification

Alabama Non-Violent Offenders Organization (A.N.V.O.O) is committed to serving our client's needs and protecting our client's identities. However, in the course of providing services, it is necessary for A.N.V.O.O to require and maintain a copy of our client's identification.

We only keep the copy of the identification for as long as needed to meet A.N.V.O.O.'s internal audit requirements and for the purpose(s) for which the identification was obtained. The length of time we will retain the copy varies depending on the nature of the relationship with A.N.V.O.O., the type of programs and services, and any regulatory or legal requirements we may be required to meet.

We take our responsibility to respect and protect personal information very seriously. If you have any questions, please contact A.N.V.O.O.

I _____ authorize A.N.V.O.O to make and retain a copy
(Print Name)

Of the identification that A.N.V.O.O assisted me in obtaining. Furthermore, I understand that A.N.V.O.O.'s making and retaining a copy of my identification aligns with A.N.V.O.O.'s internal policies.

Client's Name: _____ Date: _____
(Print Name)

Client's Signature: _____

A.N.V.O.O.'s Staff Initials: _____ Date: _____

ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
Consent Agreement

I _____ give the Alabama Non-Violent Offenders
(Print Name)
Organization (A.N.V.O.O) my consent to correspond, on my behalf, with the Alabama Probation &
Parole Unit. This correspondence will specifically be about my status in the A.N.V.O.O program. All
information transmitted will be kept confidential
by A.N.V.O.O.

Client's Signature

Date

A.N.V.O.O Representative

Date

**ALABAMA NON-VIOLENT OFFENDERS ORGANIZATION
(A.N.V.O.O)**

Disclaimer Form

A.N.V.O.O. makes no promises or guarantees of services to the client. Participation in any program sponsored by A.N.V.O.O. or our affiliates by the client is purely voluntary. The client may terminate their participation in the program at any time for any reason. Terminating participation by the client may result in denying future services by A.N.V.O.O. The Organization has the right to terminate a client's program participation for any reasons, such as but not limited to missed appointments, repeated patterns of lack of interest, if the client re-offends, and or any action or inaction of concern that may be determined by the Board of Directors of the Organization. A.N.V.O.O. is not a legal aid organization. Therefore, clients should consult their legal adviser or legal professional for all legal needs and considerations, including following any advice given by a representative of A.N.V.O.O. or its affiliates.

Client's Signature

Date

A.N.V.O.O Representative

Date

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Statement of Confidentiality The information in this business and document is confidential and proprietary. It will be made available solely to evaluate potential assistance and services. In no event shall any of your information be disclosed or disseminated without the client's and A.N.V.O.O's express permission.

Charity Tracker Release of Information

The Huntsville, AL Area Network Assistance Network, starting now referred to as "CharityTracker, " is a shared, computerized record-keeping system that captures information about people experiencing a need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. The Salvation Army — Huntsville, AL (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Alabama Non-Violent Offenders (Participating Agency).

I have had an opportunity to ask questions about CharityTracker and review the basic identifying information authorized by this release for the CharityTracker Assisting Agencies. I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other Charity Tracker Participating Agencies. This Release of Information will remain in effect unless I make a formal request to this Organization and I no longer wish to participate in CharityTracker. I authorize Alabama Non-Violent Offenders, as a CharityTracker Participating Agency, to share my basic identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize using a copy of this original to serve as an original for the previously stated purposes.

Signature

Date

Name (print)