



**RERP INITIAL INTERVIEW**  
(This form will NOT be used for hiring purposes)

**PLEASE PRINT CLEARLY**

Last Name:   
First Name:   
Gender:  Female  Male  Nonbinary  
 Did not self identify

Date of Birth:   
Age:   
Soc Sec #:   
Does the applicant live in a Disadvantaged Community?  
 Yes  No  
Does the applicant live in a Low-Income Community?  
 Yes  No

Transgender or Gender Non-Conforming:  Yes  No  
 Did not self identify

Street Address:   
City/State/Zip:   
Home Phone:   
Cell Phone:

Mailing Address:   
City/State/Zip:   
Message Phone:   
Email:

*Assist the applicant with the set-up of an email address if he/she does not have one.*

**Alternate Contact**

Name:  Phone:

**General Information**

Do you plan on staying in the area?  Yes  No \_\_\_\_\_

What mode of transportation do you use?  Walk  Bus  Car  Bicycle

Do you have a California Driver's License?  Yes  No Details: \_\_\_\_\_

Migrant/Seasonal Farmworker Status:  Adult Seasonal Farmworker  Adult Migrant Farmworker  Youth Seasonal or Migrant Farmworker  Dependent Adult  Dependent Youth

Do you have Tribal Status?  Yes  No

Referred By:  Parole  Probation  MCRP  ACS (SO)  TAY/Diversion  Juvenile Hall  
 Other \_\_\_\_\_

Date (include year) and facility of most recent release: \_\_\_\_\_

Type of facility:  Federal  State  County  N/A

Post-Release Supervision: \_\_\_\_\_ Supervising Officer: \_\_\_\_\_

Supervising Officer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total years incarcerated (lifetime): \_\_\_\_\_ Total number of offenses (if known): \_\_\_\_\_

CDCR Number (if applicable): \_\_\_\_\_

**Work History**

Type of experience: \_\_\_\_\_ Where: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Tasks/Duties/Skills: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Tasks/Duties/Skills: \_\_\_\_\_

**Education/Certifications/Job Interests**

Do you have a high school diploma or equivalent?  Yes  No  
If you have (or intend to) enroll in college, would you be a "First Generation College Student?"  Yes  No  
Do you have any certifications?  Yes  No

If Yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you participate in any programs while incarcerated?  Yes  No (If Yes, please list below)  
Education: \_\_\_\_\_  
Vocational: \_\_\_\_\_  
Recreational: \_\_\_\_\_  
Other: \_\_\_\_\_

Have you applied for, or enrolled in, any other programs? \_\_\_\_\_

What are your current plans?  Part-Time Job  Full-Time Job  Vocational Training  Diploma/GED/HiSet  
 Meet Court Requirements  College  Access Other Services

What is your desired occupation? \_\_\_\_\_

Industry of Choice:  Construction  Welding  Landscaping  Office/Clerical  Restaurant/Food  
 Retail  Help People  Agriculture  Computers/IT  Warehouse/Forklift  
 Other \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is not enrolled into the RERP program, please indicate which partner agency(ies) the applicant was referred to:

- AJCC (Career Services)  Department of Rehabilitation  Health/Counseling  Temporary Employment Agency  
 Social Security Administration  Social Services Agency  Other \_\_\_\_\_

**Information Related to Medical/Disability Status**

**Applicant Name:** \_\_\_\_\_

*We are required by law to collect and maintain medical and disability status information separately from our routine data collection process. We collect the following information to ensure we explore all possible sources of funding to meet your employment and training needs.*

Are you pregnant?    Yes    No

Do you have a disability?    Yes    No

If Yes, briefly describe your employment-related limitations: \_\_\_\_\_

Do you have any mental or emotional health issues?    Yes    No

If Yes, describe briefly: \_\_\_\_\_

Do you take any medications?    Yes    No

If Yes, list: \_\_\_\_\_

Do you have substance abuse issues?    Yes   Current   Past    No

If Yes, describe briefly: \_\_\_\_\_

Would you consider any of the following as part of your plan?

- Residential Treatment    Outpatient Treatment    Medically Assisted Treatment  
 Religion Based Services    Supplemental Security Income (SSI)    Counseling