



Revitalized Reintegration Services: General Intake Form

*****Please note that we will not working with clients until August 3rd, 2021. We are building our waitlist at this time.***

Thank you for your interest in Revitalized Reintegration Services. Please fill out the intake form below to begin our registration process. If you need assistance in filling out this form, please contact (289) 302-4094 and one of our Program Facilitators will be available to assist you.

* Required

Identifying Information

Please help us understand who you are a little better by filling out this section.

1. Full Name *

2. Date of Birth *

Example: January 7, 2019

3. How did you hear about us?

Mark only one oval.

- Parole Officer
- Probation Officer
- Court System
- Shelter System
- Housing System
- Employment Office
- Other: _____

4. Choose an option that best describes your racial identity.

Mark only one oval.

- Black
- White
- Person of Colour
- Indigenous
- I don't know
- I rather not say
- Other

5. Choose an option that best describes your ethnic identity.

Mark only one oval.

- African (West/South/East)
- Asian
- (Southeast/South/East)
- Caribbean
- First Nation (status/non-status)
- Latin American
- European (North/West/East/South)
- Metis
- North American
- Multi-ethnic
- I don't know
- I rather not say
- Other: _____

6. Please list your gender.

7. Choose an option that best describes your residential status.

Mark only one oval.

- Canadian Citizen
- Permanent Resident
- Refugee
- Temporary Resident

8. What is your first language?

Mark only one oval.

- English
- French
- First Nation Language
- Other

Contact Information

Please provide us with information that we can use to contact you.

9. What is your email (if applicable)?

10. What is your phone number (if applicable)?

11. Where do you live? Please choose an answer that best fits your situation.

Mark only one oval.

- In your parent's home
- In your own home (renting or buying)
- In a shelter
- In a halfway house
- Homeless/couch surfing
- Homeless/on the street
- In residence at school

12. What is your address (if applicable)?

13. What is your secondary contact (if applicable)?

14. What is your secondary contact's phone number (if applicable)?

15. What is your preferred method of contact? *

Mark only one oval.

- Email
- Phone

Sentence Information

Please provide us with information pertaining to your sentence so that we can provide you with the best support possible.

16. Were you incarcerated provincially or federally?

Mark only one oval.

Provincially

Federally

Neither

17. What was your status of disposition? *

Mark only one oval.

Convicted (Guilty)

Deferred Adjudication or Diversion

Acquitted (Not Guilty)

Charges Dismissed

No Charges Filed

Sentence Vacated

Pending

Suspended Sentence

Other: _____

18. What was your institution of incarceration (if applicable)?

19. What was the type of sentence you were given (if applicable)?

Mark only one oval.

- Absolute Discharge
- Conditional Discharge
- Suspended Discharge
- Probation
- Fine
- Imprisonment
- Intermittent Sentence
- Conditional Sentence

20. What was the length of your sentence (if applicable)?

21. Please take this time to list the offenses in which you were incarcerated for (if applicable)

22. Are you a first-time offender? *

Mark only one oval.

- Yes
- No

23. Please explain any prior criminal history that you may have. *

24. How many times have you offended prior to your most recent sentence? *

Mark only one oval.

- Once
- Twice
- More than twice
- None

25. Day Parole Eligibility Date (DPED) - if applicable

Example: January 8, 1994

26. Full Parole Eligibility Date (FPED) - if applicable

Example: January 8, 1994

27. Statutory Release Date (SRD) - if applicable

Example: January 8, 1994

28. Warrant Expiry Date (WED) - if applicable

Example: January 8, 1994

29. Long Term Supervision Expiry Date (LTED) - if applicable

Example: January 8, 1994

Programming Application

Please tell us what services you are looking for.

30. How would you rate your institutional behavior? *

Mark only one oval.

- Excellent
- Good
- Okay
- Satisfactory
- Poor

31. How would you rate your health at this time? *

Mark only one oval.

- Excellent
- Good
- Okay
- Satisfactory
- Poor

32. Are you currently employed? *

Mark only one oval.

Yes

No

33. What types of supports are you looking for? (E.g., housing, addictions, employment, mental health, everyday living assistance) *

34. Do you have any other forms of support (i.e., friends, family, community organizations) at this time, if so, please identify what they are, and the city are they currently located? *

35. Have you completed any other post-release/post-incarceration/reintegration programming prior to RevitalEd? If so, where, and when was this programming completed? *

36. Is there anything that you would like to share with us that can help us assist you better?

Please note that we will contact you or your secondary contact in 48 to 72 business hours to continue your registration process. If you have any questions, please feel to contact us at (289) 302-4094 or info@revitalized.ca

