



OAR FAIRFAX CLIENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS.

SOCIAL SECURITY NUMBER

INTAKE DATE

Grid for Social Security Number and Intake Date (month, day, year)

FIRST NAME

MI

LAST NAME

Grid for First Name, MI, and Last Name

STREET ADDRESS

Grid for Street Address

CITY

STATE

ZIP CODE

Grid for City, State, and Zip Code

DATE OF BIRTH

SEX

HOME PHONE

Grid for Date of Birth, Sex, and Home Phone

WORK PHONE

OTHER PHONE

Grid for Work and Other Phone

EMAIL ADDRESS

Grid for Email Address

NUMBER OF CHILDREN: _____ COURT ORDERED TO PAY CHILD SUPPORT: YES _____ NO _____

The following information is used to make reports to our funding sources about the demographic characteristics of the people we serve. It is treated as confidential information and is not shared with other agencies unless necessary to coordinate the delivery of services. We appreciate your cooperation in providing this information and will not deny you services if you fail to answer all items. Thank you.

CIRCLE THE LETTERS OR NUMBERS WHICH APPLY TO YOU FOR EACH OF THE FOLLOWING:

- RACE**
W - WHITE/NON-HISPANIC
B - BLACK/NON-HISPANIC
H - HISPANIC
A - ASIAN/PACIFIC ISLANDER
N - NATIVE AMERICAN
O - OTHER
- EMPLOYMENT (AT THE PRESENT TIME)**
F - EMPLOYED FULL TIME
P - EMPLOYED PART TIME
U - UNEMPLOYED
S - STUDENT
H - HOMEMAKER
R - RETIRED
D - DISABLED

- EMPLOYMENT (AT THE TIME OF ARREST)**
F - EMPLOYED FULL TIME
P - EMPLOYED PART TIME
U - UNEMPLOYED
S - STUDENT
H - HOMEMAKER
R - RETIRED
D - DISABLED

- MARITAL STATUS**
M - CURRENTLY MARRIED
D - DIVORCED
SE - SEPARATED
S - SINGLE
W - SPOUSE DECEASED

EDUCATION:
PLEASE CIRCLE THE HIGHEST GRADE YOU COMPLETED:
6 7 8 9 10 11 12 (GED=12)

- COLLEGE:**
13 - SOME COLLEGE
14 - ASSOCIATES DEGREE
16 - BACHELORS DEGREE
18 - GRADUATE DEGREE

DO YOU HAVE A SUBSTANCE ABUSE HISTORY?
Y - YES
N - NO

- DO YOU HAVE A MENTAL HEALTH HISTORY?**
Y - YES
N - NO
- WHO REFERRED YOU TO OAR? :**
10 - SELF (NO OTHER AGENCY)
11 - COURT
12 - ADC (JAIL STAFF)
14 - PROBATION & PAROLE
19 - FAMILY MEMBER
20 - FRIEND
21 - OAR STAFF OR VOLUNTEER
31 - OTHER (PLEASE INDICATE)

- PUBLIC ASSISTANCE :** (circle all that apply)
A - ADC/AFDC/TANF
F - FOOD STAMPS
G - GENERAL RELIEF
H - HOUSING
M - MEDICAL
C - CHILDCARE
O - OTHER
N - NONE

MY MOST RECENT CRIMINAL CHARGE(S):
1) _____
THE ABOVE CHARGE WAS A:
(circle one)
F - FELONY M - MISDEMEANOR

2) _____
THE ABOVE CHARGE WAS A:
(circle one)
F - FELONY M - MISDEMEANOR

HAVE YOU EVER SERVED IN THE MILITARY?
Y - YES
N - NO

DISCHARGE STATUS: _____

- CURRENT CRIMINAL JUSTICE STATUS:**
PTD - IN JAIL WAITING FOR TRIAL
CON - CONVICTED WAITING FOR SENTENCE
SEN - SENTENCED BUT STILL COUNTY INMATE
VAI - SENTENCED STATE INMATE

- RCI - RELEASED COUNTY INMATE
VAR - RELEASED STATE INMATE
OSR - RELEASED FROM OTHER STATE
PRE - PRE-TRIAL COURT REFERRED
PST - POST-TRIAL COURT REFERRED
PRP - ON PROBATION OR PAROLE

FAMILY SIZE / INCOME INFORMATION

Family Size	100%	125%	150%	Over 150%
1	up to \$9,800	up to \$12,250	up to \$14,700	more than \$14,700
2	up to \$13,200	up to \$16,500	up to \$19,800	more than \$19,800
3	up to \$16,600	up to \$20,750	up to \$24,900	more than \$24,900
4	up to \$20,000	up to \$25,000	up to \$30,000	more than \$30,000
5	up to \$23,400	up to \$29,250	up to \$35,100	more than \$35,100
6	up to \$26,800	up to \$33,500	up to \$40,200	more than \$40,200
7	up to \$30,200	up to \$37,750	up to \$45,300	more than \$45,300
8	up to \$33,600	up to \$42,000	up to \$50,400	more than \$50,400
Each Additional	\$3,400	\$4,250	\$5,100	

- COUNTY OF RESIDENCE:**
F - FAIRFAX PW - PRINCE WILLIAM
FC - CITY OF FALLS CHURCH L - LOUDOUN
AL - ALEXANDRIA CITY AR - ARLINGTON CITY
PG - PRINCE GEORGE'S M - MONTGOMERY
DC - WASHINGTON, DC O - OTHER _____

OAR OFFICE USE ONLY: PROGRAM STAFF

CLOSE DATE: Grid for date

CLOSE STATUS: _____

OAR CLIENT CONSENT AND AGREEMENT

1. The purpose of OAR programs is to help people solve problems that result from, or are related to, being involved in the criminal justice system, either as an offender or a family member of an offender.
2. To be eligible for OAR services, you must be either a resident of Fairfax County or be involved in the Fairfax County court system. Previous or current incarceration makes you eligible as long as you live in Fairfax County or resided here before the period of incarceration. Some services are open to individuals from other jurisdictions (e.g. job counseling for residents of Prince William and Loudoun counties.)
3. 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.
4. OAR offices are open from 9:00 a.m. to 5:00 p.m., Monday through Friday. OAR is closed on Fairfax County holidays. It is always best to call ahead for an appointment to avoid having to wait for services or possibly not seeing the proper staff person.
5. Every reasonable effort will be made to maintain confidentiality about all aspects of your participation in the program. 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 in item 6.
6. I hereby authorize the staff of OAR to release and exchange information about me with: my immediate family, personnel of social service agencies, including, but not limited to participants in The Fairfax Homeless Information System, Ohio University, OAR volunteers, mental health and substance abuse agencies, probation/parole, jail or prison, courts, my attorney, the Virginia Employment Commission, Emergency Contact Information and/or _____, only as necessary to provide the assistance that I may need or have requested. (Please cross out any contact listed above that you wish to exclude from this consent.) Any other release of information to anyone outside OAR is not permitted without your specific written consent.
7. This consent is valid for one year from the date below or the duration of my participation in an OAR program. I understand that I may revoke this consent at anytime except to the extent that action has already been taken on the basis of my earlier consent. A copy of this document is as valid as the original.
8. 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.
9. The information I have provided to OAR is true to the best of my knowledge.
10. By signing below I acknowledge that I have read or had read or explained to me OAR's Grievance Policy and OAR's Client's Rights and Responsibilities.
11. I have read, or have had read to me, this agreement and I consent and fully understand what it says.

CLIENT SIGNATURE

DATE

OAR STAFF PERSON

DATE

WITNESS

DATE

(A witness is recommended if this form must be read aloud to the client signing.)

Revised November 2009