

PPRI Mentor Program Intake

Name:

Phone #:

Case Manager:

My Transportation Plans

1. What will you use for transportation?

- Public transportation
- Tri-met lift
- Personal Vehicle
- Bicycle
- Walking

My Health

1. Do you have any medical issues? Yes No

2. Do you have problems with any of the following? (check all that apply)

- | | | | |
|---|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> lifting | <input type="checkbox"/> standing | <input type="checkbox"/> walking | <input type="checkbox"/> bending |
| <input type="checkbox"/> staying awake | <input type="checkbox"/> breathing | <input type="checkbox"/> seeing | <input type="checkbox"/> hearing |
| <input type="checkbox"/> paying attention | <input type="checkbox"/> writing | <input type="checkbox"/> reading | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> following instructions | <input type="checkbox"/> sitting | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

3. Are you currently taking medication? Yes No

4. If yes, please identify: _____

5. Are you in recovery from substance abuse/addiction? Yes No

6. Are you in treatment? Yes No If yes, where?

Portland Partners Re-entry Initiative

My Family

1. Do you have any children or elderly dependents? Yes No
2. Will they be living with you? Yes No
3. What support do you have or can get from family or friends?

My Education

1. Check highest grade completed in high school:
 1 2 3 4 5 6 7 8 9 10 11 12
2. Do you have:
 GED High School Diploma
3. What other education or training have you had? (check all that apply)
 Community College Job Corps
 Four year college Trade School
 Military Other: _____
4. Did you receive any training while you were incarcerated? Yes No
If yes, what?
5. Do you have any certifications or occupational licenses? Yes No
If yes, what?

Portland Partners Re-entry Initiative

Problems I Have To Solve/Help I May Need

Things I don't like or have concerns about. (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Housing arrangements | <input type="checkbox"/> getting custody of children |
| <input type="checkbox"/> Driving restrictions (license, etc) | <input type="checkbox"/> parenting |
| <input type="checkbox"/> what I can buy for myself | <input type="checkbox"/> using a computer |
| <input type="checkbox"/> what I can buy for my children | <input type="checkbox"/> completing community service |
| <input type="checkbox"/> transportation (not having a car, etc) | <input type="checkbox"/> making new friends |
| <input type="checkbox"/> having to use public assistance | <input type="checkbox"/> letting go of old friends |
| <input type="checkbox"/> people looking down on me | <input type="checkbox"/> managing health/stress |
| <input type="checkbox"/> having others controlling my life | <input type="checkbox"/> getting medical prescriptions |
| <input type="checkbox"/> depending on friends and relatives | <input type="checkbox"/> getting dental care |
| <input type="checkbox"/> not being able to help the people
who have helped me | <input type="checkbox"/> finding a job |
| <input type="checkbox"/> amount of fees/fines | <input type="checkbox"/> personal relationships |
| <input type="checkbox"/> owing back child support/restitution | <input type="checkbox"/> relationship with my PO |
| <input type="checkbox"/> lacking ID | <input type="checkbox"/> lack of education |
| <input type="checkbox"/> bad credit | <input type="checkbox"/> getting a GED |
| <input type="checkbox"/> mental health issues | <input type="checkbox"/> trouble with reading or math |
| <input type="checkbox"/> clothing (work/interview/casual) | <input type="checkbox"/> bad work record |
| <input type="checkbox"/> Other: | <input type="checkbox"/> addiction recovery/treatment |
| <input type="checkbox"/> Other: | <input type="checkbox"/> an abusive or unsafe situation |

Things I would like to have in my life. (check all that apply)

- a better place to live
- buy things for myself
- buy things for my children
- get a car
- more independence
- take a trip
- help some of the people who have helped me
- a support network
- new friends
- Another thing I would like:
- Another thing I would like:
- Another thing I would like:

Portland Partners Re-entry Initiative

My Strengths

Check all the strengths you have.

- I have worked
- I have done volunteer work at school, church, or in the community
- I have helped friends, family, or neighbors
- I have someone to watch my children while I work
- I finished high school or got my GED
- I am going to school or trainings
- I have or can get a ride to look for work
- I have worked for myself
- I make a good employee
- My children are in school or day care
- My family is in good health
- I know people who can help me find work
- I have overcome problems
- I have good references from past jobs or people in my community
- My family and friends will encourage me
- My family is supportive of me working
- I have taken college classes
- I am in recovery
- I have completed treatment
- I have a positive attitude
- I have hobbies and interests such as:
- Another strength I have:
- Another strength I have:
- Another strength I have:

⇒ What is one goal you have set for the future?

Portland Partners Re-entry Initiative

I Am Working Or Have Worked With

- Child Welfare
- Disability Services
- Division of Child Support
- Domestic Violence Support
- Drug or Alcohol Services (If yes, where? _____)
- Employment Department
- Legal Aid
- Mental Health Services (If yes, what? _____)
- One-Stops or Career Centers
- Senior Services
- Social Security (SSI/SSD/SSB)
- Vocational Rehabilitation
- Women, Infants and Children (WIC)
- Veterans' Services
- Other: _____
- Other: _____