



**Hennepin County
Adult Corrections Facility
Universal Initial Intake Form**

Instructions: Please **PRINT CLEARLY** and complete each box.
Write N/A if the question does not apply to you and UNK if you do not know the answer to the question.

1. PERSONAL INFORMATION									
LAST NAME			FIRST NAME				FULL MIDDLE NAME		
DATE OF BIRTH (Month/Day/Year)		AGE		GENDER (Circle) MALE FEMALE		GENDER IDENTITY (Circle) Male Female NonBinary TransgenderMale TransgenderFemale			
PLACE OF BIRTH (City/State/Country)			ARE YOU A UNITED STATES CITIZEN? YES NO			SOCIAL SECURITY NUMBER			
RACE		HEIGHT		WEIGHT		EYE COLOR	HAIR COLOR	COMPLEXION	BUILD
PRIMARY LANGUAGE		SECONDARY LANGUAGE		NATIONALITY		HISPANIC YES NO		RELIGION	
MARITAL STATUS		CHILDREN		ARE YOU A MILITARY VETERAN? YES NO		BIRTHMARK / SCARS / TATTOOS (Description)			
EDUCATION (Circle)	HS GRAD YES NO		GED YES NO		COLLEGE YES NO		TRADE SCHOOL YES NO		TOTAL YEARS OF EDUCATION
2. YOUR CURRENT LEGAL ADDRESS									
STREET ADDRESS					APT / UNIT NO		CITY		
STATE		ZIP CODE		COUNTY OF RESIDENCE			TELEPHONE NUMBER & AREA CODE		
3. EMERGENCY CONTACT / NEXT OF KIN / SIGNIFICANT OTHER									
FULL NAME (Last, First, Middle)						RELATIONSHIP TO YOU			
THIS PERSON'S FULL ADDRESS, INCLUDING APT. OR UNIT NUMBER									
CITY		STATE		ZIP CODE		TELEPHONE NUMBER & AREA CODE			
4. COMPLETE THIS SECTION ONLY IF YOUR COMMITMENT STATES HOME MONITORING									
HOME MONITORING FULL ADDRESS, INCLUDING APT. OR UNIT NUMBER							STAFF VERIFICATION		
TELEPHONE NUMBER							STAFF VERIFICATION		

Over



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5. EMPLOYMENT AND / OR SCHOOL (Please circle your response for each question)			
Are you currently employed?		YES	NO
If employed, are you working?		Full Time	Part Time
Are you employed by a temporary job service?		YES	NO
Are you self-employed or a sub-contractor?		YES	NO
Does your job or work site vary from your company's address?		YES	NO
Are you a student?		Full Time	Part Time
6. LIST ALL EMPLOYERS OR SCHOOL, REGARDLESS OF WORK RELEASE ELIGIBILITY			
1. EMPLOYER, COMPANY OR SCHOOL		WORK / SCHOOL HOURS: START: END:	
STREET ADDRESS		CITY & STATE	ZIP CODE
EMPLOYER'S PHONE NUMBER + AREA CODE		SUPERVISOR'S NAME & PHONE NUMBER + AREA CODE	
HOW LONG EMPLOYED OR STUDENT?		JOB TITLE OR DESCRIPTION OR STUDENT OF:	
HOURLY PAY \$	CIRCLE YOUR REGULAR PAYDAY MO TU WE TH FR SA SU	CIRCLE YOUR REGULAR WORK/SCHOOL DAYS MO TU WE TH FR SA SU	
2. EMPLOYER, COMPANY OR SCHOOL		WORK / SCHOOL HOURS: START: END:	
STREET ADDRESS		CITY & STATE	ZIP CODE
EMPLOYER'S PHONE NUMBER + AREA CODE		SUPERVISOR'S NAME & PHONE NUMBER + AREA CODE	
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7. TRANSPORTATION – COMPLETE THIS SECTION IF INTENDING TO DRIVE YOURSELF TO WORK/SCHOOL			
You must show a current & valid driver's license issued by your state of legal residence		STATE	DRIVER'S LICENCE NUMBER
Vehicle registration and insurance must be current	STATE REGISTRATION	LICENSE PLATE	VALID THROUGH MONTH/YEAR?