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Name: _____

DOC Number: _____

Date: _____

Prison: _____

Birth Date: _____

Age: _____

Vet:

Phone: _____

Email: _____

ID Card:

SS card:

Voucher

Working:

SSI:

SSDI:

Other:

Healthcare

Medicaid:

Medicare:

Both:

Other:

Medical issues _____

Any Chemical dependency past or present and do you receive services: _____

Recent incarceration history

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

Community Placement: How many months?

Are you working with any other organization?

Work history

Are you working or looking for work and what type of work: _____

Education or training and what type of training: _____

Emergency Contacts/Family or friends

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

Signature _____