



Building Brighter Futures Grant Intake Form

Thank you for your interest in the Building Brighter Futures program. This program is designed to support individuals recovering from addiction or otherwise directly impacted by opioid abuse or recently released from prison by providing job training, life skills, and comprehensive support. Please complete the following form so we can learn more about your background and how we can best assist you.

1. Personal Information

- **Full Name:**
- **Date of Birth:**
- **Phone Number:**
- **Email Address:**
- **Address:**
- **Emergency Contact Name:**
- **Emergency Contact Phone Number:**
- **Do you have a Driver's License:** (y/n)

2. Recovery and Reentry Information

- **Are you currently in recovery from addiction?**
 - Yes
 - No
- **Last substance misuse date:**
- **Substance use that was misused:**
- **Are you recently released from prison?**
 - Yes
 - No
- **If yes, what was your release date?**
- **Are you currently employed?** (Y/N)

- **If employed, are you employed part time or full time?**
- **What program(s) are you affiliated with?** (Check all that apply)
 - Richmond County Reentry Program
 - Scotland County Reentry Program
 - Daymark Recovery Services
 - Earlene Clinic PLLC
 - Place of Grace

 - NC State Prison

 - Other (Please specify):

3. Job Training Interests

Please check the area(s) of job training you are interested in (select all that apply):

- HVAC
- Electrical
- Plumbing
- Truck Driving
- Forklift Operation
- Welding
- Industrial Maintenance
- Machining
- Electric Lineman
- Small Engine Repair
- Pilot/Escort Car Services
- Medical Billing and Coding
- Other (Please specify):

4. Life Skills and Support Services

Would you like to receive support in the following areas? (Select all that apply)

- Individual Counseling
- Group Counseling
- Mentoring Program (academic and career support)
- Housing Assistance
- Transportation Assistance
- Mental Health Support
- Other (Please specify):

5. Background Information

- **Highest Level of Education Completed:**
 - Less than high School
 - High School Diploma / GED
 - Some College
 - Associate's Degree
 - Bachelor's Degree
 - Other:
- **Have you been employed in the past 6 months?**
 - Yes
 - No
- **If yes, what type of employment?**
- **What challenges are you facing in finding or maintaining employment?**

6. Program Goals

- **What are your main goals for participating in this program?** (Check all that apply)
 - Finding a job
 - Developing new job skills
 - Gaining work experience
 - Building confidence and self-esteem

- Addressing substance abuse challenges and learn coping skills
- Reintegrating into society/family
- Find stable housing
- Other (Please specify):

7. Additional Information

- **Are there any other services or support you feel you need to help you succeed?**
 - Yes
 - NoIf yes, please specify:
- **Do you struggle with any of the following**
 - Mental Health (Depression, Anxiety, PTSD, etc.)
 - Feeling alone/isolated
 - Anger
 - Making good choices
 - Career goals
 - Time management

Agreement Statement:

By signing below, I acknowledge that I have reviewed the program expectations and agree to adhere to all requirements of the Building Brighter Futures program. I understand that active participation in both small group counseling and one-on-one counseling sessions is essential to my personal development and success. I commit to engaging in these sessions to help establish my goals, develop learning strategies, and work towards achieving long-term recovery, employment, and successful reintegration into the community

Signature: _____

Date: _____

Thank you for completing the intake form. Our team will review your information and contact you soon to discuss your next steps in the Building Brighter Futures program.