Agency Name: _____

CLARITY HUMAN SERVICES

REALIGNTMENT HOUSING PROGRAM (RHP) FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

ASSESSMENT DATE *[All Clients]*

		/			/				
Month			**Day**			**Year**			

CURRENT NAME *[All Clients]*

																			N/A
Last																			○
First																			○
Middle																			○
Suffix																			○

CURRENT PROGRAM PHASE

HOUSING UNIT/ROOM NUMBER

Housing Unit	
Room #	

IN SANTA RITA JAIL? *[All Adults]*

○	No
○	Yes

WHAT IS YOUR PROBATION FILE NUMBER (PFN)?

WHO IS YOUR PROBATION OFFICER?

RHP REFERRAL DATE: *[All Clients]*

		/			/				

ESTIMATED TERMINATION DATE: *[All Clients]*

		/			/				

NUMBER OF ATTEMPTED CONTACTS BEFORE InHOUSE INTAKE: _____

REGISTERED SEX OFFENDER? *[All Adults]*

○	No
○	Yes

BEEN CONVICTED OF ARSON? *[All Adults]*

○	No
○	Yes

RESTRAINING, OR OTHER ORDER, AFFECTING WHERE THE CLIENT CAN LIVE?
[All Adults]

○	No
○	Yes

NUMBER OF TOTAL PRIOR CONVICTIONS (*Including Most Recent***): _____**