

**FOR STAFF USE ONLY**

Payment amount received: \$ \_\_\_\_\_  Check #: \_\_\_\_\_  Other: \_\_\_\_\_



Reflectively Embracing Nonviolence  
through Education for Women

**Catholic Social Services of Washtenaw County**  
4925 Packard Rd  
Ann Arbor, MI 48108-1521  
734.971.9781 Ext. 468

**APPLICATION FOR SERVICE**

*There is a prepaid fee of \$50.00 for the intake session*

**\*\*\*Contact Wendy Sadler 734.971.9781 Ext. 468 to schedule an intake session\*\*\***

*\*Send or bring check/money Order payable to "CSSW" with this application (We also accept Visa and MasterCard)*

If you have **not** paid this fee, please contact us to make payment arrangements.

**Name:** (Last) \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apartment #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Gender:**  Male  Female

**Social security number:** \_\_\_\_\_ **Date of birth:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_

**Marital Status:**  Married  Single  Separated  Widowed

Single Parent  Divorced  Living Together  Unknown

**Race:**  Caucasian  Caucasian/African American  Caucasian/Asian  Native American

African American  Caucasian/Hispanic  Asian  Middle East

Hispanic  Other/Unknown: \_\_\_\_\_

**What is your Religious Affiliation?** \_\_\_\_\_

**What is your Primary Language?** \_\_\_\_\_

**Employment:**  Full time  Part time  Unemployed  Retired

Student  Disability  Laid Off  Seasonal Employment

**Employer:** \_\_\_\_\_ **City of Employer:** \_\_\_\_\_

**Your gross yearly income:** \$ \_\_\_\_\_

**Your household income:** \$ \_\_\_\_\_

**Please check any disabilities you have:**  None

- Hearing Impaired       Visually Impaired       Head Injury       Mobility Impaired       Mental Illness  
 Developmental Disability       Other: \_\_\_\_\_

**I was referred to RENEW Program by (check one):**

- Court (which court): \_\_\_\_\_  Drug? Alcohol Treatment Agency  
 Family/Friend       Therapist/Physician       Clergy       Family Independence Agency (DSS)  
 Battered Women's Shelter       Other: \_\_\_\_\_

**Name of referring person:** \_\_\_\_\_

**Have you ever been involved in a program that deals with aggressive, assaultive or abusive behavior?**

- No     Yes - Where? \_\_\_\_\_

**Have you ever been in drug/alcohol treatment, education, or classes?**

- No     Yes - Where? \_\_\_\_\_

**Current legal status:**  No current actions or cases

- Probation, Name of Probation Officer: \_\_\_\_\_  
 Awaiting trial or hearing       Awaiting sentencing       Other: \_\_\_\_\_  
 Judge assigned to your case: \_\_\_\_\_

**Plea entered at arraignment:**  Guilty       No Contest       Not Guilty       Bench/Jury Trial

**Have you ever been in the military?**  Yes     No

**Education:**     No high school diploma       High school diploma       GED  
                   Associate's degree       Bachelor's degree       Master's degree  
                   Ph.D.       Trade school       Other: \_\_\_\_\_

**Will you need help with reading or writing?**  Yes     No

**Person to contact in case of emergency:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_