



Team Member Initial Interview Guide

TM Name:	Date:
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Housing

Current Housing:	<input type="checkbox"/> Stable	<input type="checkbox"/> Unstable
Potential Out Date (if applicable):		
Future Housing: (Area of Relocation)	<input type="checkbox"/> Stable	<input type="checkbox"/> Unstable

Transportation

Current Transportation:	<input type="checkbox"/> Stable	<input type="checkbox"/> Unstable
Transportation Status:	Valid Driver's License <input type="checkbox"/> Has <input type="checkbox"/> Needs	Reliable Vehicle <input type="checkbox"/> Has <input type="checkbox"/> Needs
Transportation Barriers	<input type="checkbox"/> DL Suspended <input type="checkbox"/> Fines/Fees	<input type="checkbox"/> Warrant Block <input type="checkbox"/> Reinstatement/ Expired

History

Charges:	Institution:	Time Served:
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How did you get here? What lead to your incarceration?

History of Substance Abuse

Drug of Choice: _____

Clean Date/Time: _____

What have you learned about yourself while being incarcerated?	Did you take any classes or any certifications completed? How did you spend your time?
What are your triggers?	How do you cope with your triggers?
Who is in your circle of support? Who is a healthy member and who is not?	
How will you live differently? What does success look like to you?	