



Earl L. R. Bloodworth Director
 Margaret E. Morton
 Government Center
 999 Broad Street
 Bridgeport, CT 06604
 203-330-4235 (Main Ofc. Phone)
MIRA.Service@BridgeportCT.Gov

MAYOR'S INITIATIVE OF REENTRY AFFAIRS (M.I.R.A.) APPLICATION & ASSESSMENT FORM

PLEASE PRINT:

Initial intake | Date Completed: _____ Reassessment/Intake | Date of Last Assessment: _____

Client Information

Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Primary Address: _____

Primary Phone: _____ Secondary Phone: _____

Best Time to Contact: AM PM

Best Time to Contact: AM PM

Email: _____ SSN: _____

Race: African American White American Indian Hispanic Asian Pacific Islander Alaska Native

Ethnicity: _____

Relationship Status: _____ Primary Language: _____

Veteran Status: Yes No

Registered Voter: Yes No

Are you a US Citizen? Yes No If no, country of origin: _____

Do you have a Visa or Green Card? Yes No

Do you have ID and Documentation? Yes No

Active Drivers License or State ID Yes No Birth Certificate Yes No Social Security Card Yes No

Have you ever been convicted? Yes No - If yes, Nature of your offense: _____

End of Sentence Date: _____

What correctional facility were you recently released from? _____ Date of Release: _____

What halfway house or community facility are you in currently if any? _____

Number of days in jail/prison in past 6 months: _____

How did you hear about MIRA? _____



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Please complete this section if this is an agency referral. Agency Referred To <input type="checkbox"/> _____ From <input type="checkbox"/> _____			
Date of Referral _____	Date of Appointment or release _____	Verified Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Name:		Telephone (Main)	
Address:			
City:		State: CT	Zip: 06604
Contact Person		Contact email:	
Referring Person:		Contact Phone:	

Do you have children: Yes No

Members in household other than Client (if applicable)

Name	Age	Gender	Relationship	Name/address of school or readiness program or day care	Service Needs

Nearest relative or friend not living with Client and others to contact for emergencies or to reach Client

Name	Address	Phone	Relationship



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Employment and Education

Are you currently Employed: Yes No

Yes, but seeking opportunities No, not able to work at this time

Worked in the past 6 months: Yes No

Percent of time Client has worked in the past 6 months (for example, 3 months = 50 %): _____

Interested in a Full time OR Part time position

Note employer, type of job, length of employment and hours worked per week

Highest Grade Completed: _____

Graduated from High School: Yes No Grade dropped out: _____

GED: Yes No

List any certifications or trainings:

Currently enrolled in an education program: Yes No If yes, note program: _____

What motivates you? Career, rebuilding your future, working toward personal or family goals.

What are your goals for six months? One year? Two years?



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Educational and/or career goals:

What type of work are you looking for?

I am interested in the following:

<input type="checkbox"/> Child Care	<input type="checkbox"/> Housing/Rent	<input type="checkbox"/> Parenting skills/Education
<input type="checkbox"/> Clothing	<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Personal/family factors
<input type="checkbox"/> Disability	<input type="checkbox"/> Mental health treatment	<input type="checkbox"/> Phone
<input type="checkbox"/> Education/Certification	<input type="checkbox"/> No/Limited Work History	<input type="checkbox"/> Program Referral – Name
<input type="checkbox"/> Employment/ Job training	<input type="checkbox"/> Parole/Probation	_____
<input type="checkbox"/> Food	<input type="checkbox"/> Pardon Process	<input type="checkbox"/> Substance abuse treatment
<input type="checkbox"/> Homeless		<input type="checkbox"/> Support Services
		<input type="checkbox"/> Transportation
		<input type="checkbox"/> Utilities

I am not interested in receiving services at this time and I do not want a consultation appointment.



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Financial Resources, Obligations and Literacy

None Public Assistance Retirement Salary Disability Other Unknown

Do you currently have a checking or savings account? Yes No

Can you balance a check book and manage your personal finances? Yes No

Do you know your current credit score or need your credit repaired? Yes No

Would financial literacy benefit you or your family? Yes No Would you attend a FREE financial literacy course? Yes No

Are you receiving assistance from any other Agencies/Support groups or person? Yes No

If yes, list name of Agency/Support group or person: _____

What type of benefits are you receiving? _____

What is your total yearly income? _____

Medical and Health

Provider	Name	Phone	Last Appointment	Next Appointment
Primary Care				
Specialist /Mental Health				

Medical insurance carrier and ID number: _____

CT DOC Mental Health Score ___ CT DOC Substance Abuse Score ___

Currently using any illegal substances? Yes No

If yes, current harm reduction goals: _____

If no, when was the last time you used illegal substances? _____



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Current health challenges, medical problems, and known allergies:

Medical treatment history including hospitalizations (indicate past 6 months or current):

ER visits in past 6 months: _____

Behavioral Health, Substance Use and Trauma

Provider	Name	Phone	Last Appointment	Next Appointment
Clinician				
Case Manager				
Other:				

Community Based Services connected to in the past 6 months:

- Mental Health Treatment Substance Abuse Treatment Employment
 Educational Services Volunteer Organization Health/Medical Services



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Number of days in jail/prison past 6 months: _____

Number of days in a residential program/or inpatient past 6 months: _____

ER visits past 6 months: _____

Trauma history:

Introduction – we're going to talk regarding situations that you may have seen or experienced at different points in your life. You don't have to answer any questions if you do not feel comfortable, and we can stop this part of the assessment at any time you would like. We can also talk about concerns you may have in this area.

Housing History and Information

Living Situation: _____ Homeless in last 6 months? Yes No

Number of days in last 30 that Client has lived in a controlled environment: _____

Days in group home/ halfway housing in the past 30 days: _____ and in the past six months: _____

Number of self-help meetings attended in last 30 days: _____

Client Interacted with Family/Friends supportive of recovery in past 30 days: Yes No

If this is the initial intake/assessment, what is the amount of time homeless past 3 years: _____

Legal Involvement

Provider	Name	Phone
Parole officer		



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Probation Officer		
Attorney		
DCF Worker		

(EOS) End of Sentence date: _____

History of legal involvement: Include arrests, convictions, and incarcerations, pending court dates, involvement with child welfare, attorney and current status:

Services

Services individual would like to participate in/access:



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Additional Information



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Office Use Only:

MIRA Staff Name:
Service/Referral Provided:
Comments:

SUMMARAY NOTES

Lined area for writing summary notes.