



Client Application PGST Re-Entry Program

Personal Information

Full Name: _____ Phone Number: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Enrollment # _____ Male Female Date of Birth: _____ Social Security: _____

Emergency Contact: _____ Phone Number: _____

Ok to call this contact number? Yes No Initial _____ Ok to Leave a message or voicemail? Yes No Initial _____

Referred by: _____

Affiliation to Port Gamble S'Klallam Tribe

- PGST Enrolled Member** **Parent of Enrolled PGST Children or descendant with Enrolled PGST parents**
 Other Federally Recognized Native (living on PGST land) **Non-Native** (in relationship/marriage with enrolled PGST member whose lived on PGST land for over 6mo). **Affiliation Verified by:** _____

~ Check all that apply ~

Barriers to Employment

- | | |
|--|--|
| <input type="checkbox"/> Criminal Background / Offender | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Currently employed/low income | <input type="checkbox"/> Wellness Assistance/Treatment |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Unemployed 15+ Weeks |
| <input type="checkbox"/> Fines or collections (including | Other: _____ |

Education

- Need to obtain high school equivalency (known as GED)
 High School Graduate or GED
 Higher Education/certificates/ or training _____

Medical History

Do you receive any services with PGST Wellness Center? Yes No If yes, complete line 1.

1. Chemical Dependency Mental Health Other services _____

Do you receive any services with another facility? Yes No If yes, complete line 2.

2. Chemical Dependency Mental Health ICW Other services _____

Location of other facility: _____ Date started: _____

Background / Criminal History

Are you currently on Pre-Trial status? Yes No Where: _____

Are you Currently on probation? Yes No Location: _____

How often do you check-in _____ Date of last offense: _____ What was offense? _____

Where (Tribal/County): _____

If applicable list any prior offenses:

Offense 1: _____

Where: _____ Date: _____

Offense 2: _____

Where: _____ Date: _____

Offense 3: _____

Where: _____ Date: _____

Do you have any outstanding warrants? Yes No

Where: _____

For What? _____

Have you ever been charged with a DUI? Yes No Has your driver's license ever been revoked? Yes No

Do you have any restrictions or fines keeping you from obtaining your driver's license? Yes No

Please explain further if you currently do not have a license:

Certification of Application and Release of Personal Information

I certify that the above information is true and complete to the best of my knowledge. ***I understand that this information may be confirmed by: State, Federal, Local Agencies or former employers and they are free to release information about me regarding my Re-Entry Intake.*** I also understand, that if I have deliberately given false information, I may be prosecuted and criminally penalized under applicable law.

Client Signature: _____ Date: _____

~ Office Use Only ~

Reviewed by: _____ Applicant's Criteria: Accepted Does not Qualify Need further
information (Initials) (Date)

Additional Notes:

