

CENTER FOR CAREER FREEDOM
 ONE EAST POST RD.
 WHITE PLAINS, NY 10601
 FREECENTER.COM

INTAKE ASSESSMENT SURVEY

Name: _____ Date: _____ Mo/Yr Started at Center: _____

For each item listed, please check (✓) the box that best describes how you feel. For example, if you feel “Very Satisfied” with “My Psychiatrist”, you’d check off a 5. If you feel “Not At All Satisfied”, you’d check off a 1. If the item doesn’t apply to you check off “Not Applicable”.

	Very Satisfied (5)	(4)	Somewhat Satisfied (3)	(2)	Not at All Satisfied (1)	Not Applicable (N/A)
My Psychiatrist	()	()	()	()	()	()
My Therapist	()	()	()	()	()	()
My Case Manager	()	()	()	()	()	()
My Housing Counselor	()	()	()	()	()	()
My eating habits	()	()	()	()	()	()
My clothing	()	()	()	()	()	()
My income	()	()	()	()	()	()
My participation in treatment	()	()	()	()	()	()
My medication	()	()	()	()	()	()
My appearance	()	()	()	()	()	()
The rate of my recovery	()	()	()	()	()	()
My sleep pattern	()	()	()	()	()	()
My energy level	()	()	()	()	()	()
My finances	()	()	()	()	()	()
My weight	()	()	()	()	()	()
My work skills	()	()	()	()	()	()
My education	()	()	()	()	()	()
My earning power	()	()	()	()	()	()
My job	()	()	()	()	()	()
My motivation level	()	()	()	()	()	()
My church/spiritual life	()	()	()	()	()	()
My control over addiction	()	()	()	()	()	()
My boss	()	()	()	()	()	()
My co-workers	()	()	()	()	()	()
My job counselor	()	()	()	()	()	()
My transportation	()	()	()	()	()	()
My program (CDT/IPRT)	()	()	()	()	()	()
My children	()	()	()	()	()	()
My friends	()	()	()	()	()	()
My love life	()	()	()	()	()	()

	Very Satisfied (5)	(4)	Somewhat Satisfied (3)	(2)	Not at All Satisfied (1)	Not Applicable (N/A)
My physical health	()	()	()	()	()	()
My emotional health	()	()	()	()	()	()
My furniture	()	()	()	()	()	()
My neighborhood	()	()	()	()	()	()
My social life	()	()	()	()	()	()
My computer training instructor	()	()	()	()	()	()
The Center for Career Freedom	()	()	()	()	()	()
My patience	()	()	()	()	()	()
My career goal	()	()	()	()	()	()
My attorney	()	()	()	()	()	()
My Dentist	()	()	()	()	()	()
My eye doctor	()	()	()	()	()	()
My Club House	()	()	()	()	()	()
VESID	()	()	()	()	()	()
Dept. of Soc. Services	()	()	()	()	()	()
Social Security Administration	()	()	()	()	()	()
Medicaid or Medicare	()	()	()	()	()	()
Hospital	()	()	()	()	()	()
Dept. of Comm. Mental Health	()	()	()	()	()	()
My recreation	()	()	()	()	()	()
My sense of humor	()	()	()	()	()	()
My shopping	()	()	()	()	()	()
My memory	()	()	()	()	()	()
My concentration	()	()	()	()	()	()
My self-esteem	()	()	()	()	()	()
My confidence	()	()	()	()	()	()
My time management	()	()	()	()	()	()
My money management	()	()	()	()	()	()
Dept. of Labor	()	()	()	()	()	()
My housing	()	()	()	()	()	()

Which of the following government assistance programs do you receive: (Please check all that apply)

- Social Security Income (SSI) ()
- Social Security Disability Income (SSDI) ()
- Section 8/Shelter Plus Care ()
- Food Stamps ()
- Medicaid ()
- Medicare ()
- Other _____ ()

Thank You!