

COSAC Foundation Department of Corrections Intake Form

Your Name : _____ Tele # _____ Fax Number : _____

If you have any questions email us by using the name of your agency ... example
BSO@homelessvoice.org or FloridaDOC@homelessvoice.org USDOJ@homelessvoice.org

Name of your client _____ SS # _____

DOB ____/____/____ DOC # _____

Special conditions: **House Arrest** Yes or No **GPS Monitor** Yes or No **Curfew** Yes or No
 If so what are the times of curfew _____

Probation Yes or No **How long** _____ Why were they in prison? _____

In the last 10 years how long has your client been in prison? _____

In the past has your client been convicted of the following crimes in any state?

Murder	Yes	No	Manslaughter	Yes	No
Sex Crime	Yes	No	Robbery	Yes	No
Robbery with weapon	Yes	No	Drug crime	Yes	No
Stalking	Yes	No	Coke /crack	Yes	No

We do not take any sex offenders' period.

You must send us their release papers the day they are released:

COSAC Foundation Parole and Probation Department
 Post Office Box 292-577
Davie Florida 33329

You must also fax their release papers to 954-926-2022 the day they are released

Are they on medicine **yes or no**, if so list their meds

Type	Dose	# of times per day	Type	Dose	# of times per day

Does your client have a seizure condition Yes **or No**

Have they ever had SSI or SSDI or Retirement benefits, if so circle which one

Do they have any devices to walk or use daily **yes or no**, if yes what type _____

Please note your client must have their gate money of at least \$100.00 upon arrival or they will be rejected as soon as they show up. Have your client sign this request:

 If your client will not have gate money please call us at 954-924-3571 ext DOC 500 for an approval code, we will need the reason why.

When you are done filling out form fax form to 954-926-2022