

Bridging the GAP Initial Interview

Name: _____ CDCR# _____

By signing here I agree to voluntarily participate in this interview and acknowledge that I do not have to share any information I do not feel comfortable sharing, and that this information will only be viewed by my Action Plan Guide, the Directing Guide, and CDCR Administrative staff.

Participant Signature: _____ Date: _____

Guide Signature: _____ Date: _____

Controlling Case and Past History

Date Entered CDCR/Age: _____ Classification Score: _____ Custody Level: _____

Prior Criminal History/115's/128's (charges and dates):

Charge	Date	Charge	Date
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Factors Relevant to Past History (circle all that apply):

Criminality Violence Substance Abuse Gang History Domestic Violence

Others (specify): _____

Sentence Length: _____ Controlling Date: _____

Do you have a BPH date (Yes/No/Date)? _____

Have you already had a psych-eval for BPH? (Yes/No/Date) _____

Results of psych-eval? (risk level) _____

Education

- What is your TABE score? _____
- Level of education completed?

[] High school diploma/GED Verifiable in C-File? Y/N
[] Vocational certificate (if yes, what field?) _____
[] Associate's degree (if yes, what major?) _____
[] Bachelor's degree (if yes, what major?) _____
[] Graduate degree (if yes, what major?) _____
[] eLearning (if yes, what course) _____

What is your employment history outside of prison? (beginning with most recent to furthest in the past)

- _____ Year _____
- _____ Year _____
- _____ Year _____

Are you able to acquire a personal/professional reference for a resume? Y/N

Have you ever completed or learned how to complete a resume? Y/N

Do you currently have a resume prepared? Y/N

Finances

Do you have an understanding of handling finances, budgeting, etc.? Y/N

If yes, describe: _____

Is the above verifiable with a chrono, transcript, certificate, etc.? Y/N

Do you owe court ordered debt, such as:

<input type="checkbox"/> Victim's restitution	Amount: _____
<input type="checkbox"/> Restitution to the State	Amount: _____
<input type="checkbox"/> Revocation restitution	Amount: _____
<input type="checkbox"/> Court fines and penalties	Amount: _____
<input type="checkbox"/> Court administrative fees	Amount: _____
<input type="checkbox"/> Traffic fines	Amount: _____
<input type="checkbox"/> Child support	Amount: _____
<input type="checkbox"/> Not sure which above	Amount: _____
 <input type="checkbox"/> Not sure	

Health

Do you workout regularly? Y/N if yes, how many days/hours per day a week? _____

Do you participate in recreational tournaments/games? Y/N if yes, what kind: _____

Spirituality

Do you attend religious services? Y/N

Do you participate in any religious programs? Y/N

Do you do any in-cell religious practice? (prayer, meditation, Bible study, etc.) Y/N

Do you have a spiritual counselor, advisor, pastor, Imam, etc.? Y/N