



TATTOO REMOVAL TREATMENT PROGRAM

Enrollment Application

Today's Date:

APPLICANT INFORMATION

Last Name:		First:	M.I.:
DOB:	Age:	Race:	Sex:
Street Address:			Apartment/Unit #:
City:		State:	Zip:
Phone:		E-mail:	
Gang Affiliation:	Moniker:	Number of Tattoos:	

REFERRING AGENCY INFORMATION

Referring Agency:	Phone:
Email:	

EDUCATION

High School:	Address:
Are you attending school? (Select whichever applies)	
<input type="checkbox"/> High School	<input type="checkbox"/> Community College
<input type="checkbox"/> Adult Education	<input type="checkbox"/> University
<input type="checkbox"/> Trade/Vocation School	<input type="checkbox"/> Not attending school at this time
<input type="checkbox"/> Other (please specify):	
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree/GED/College Credits:

HISTORY

Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, employer name & contact number:	
Have you ever been arrested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list the charge(s). (Enter "N/A" if you have not been arrested or you don't know the charges)	
If yes, what is the date of your last arrest?	
Are you currently on Probation or Parole?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what is your Probation/Parole Officer's name?	

PERSONAL INTEREST

How many <u>visible</u> tattoos do you have?	
Where are your <u>visible</u> tattoos located? (Mark All That Apply)	
<input type="checkbox"/> Head	<input type="checkbox"/> Neck
<input type="checkbox"/> Face	<input type="checkbox"/> Forearm(s)
<input type="checkbox"/> Hand(s)	
<input type="checkbox"/> Other (please specify):	

PERSONAL INTEREST

My tattoos are... (Select All That Apply)

- Black Ink
- Color Ink
- Were applied at a tattoo shop
- Other (please specify):
- Were applied while incarcerated
- Were applied by someone other than at tattoo shop

I got my tattoo(s) to represent a gang or gang life. TRUE NOT SURE

My tattoo(s) can be described as... (Pick the one that most closely applies)

- Small (size of a business card)
- Medium (size of a dollar bill)
- Large (size of a postcard)
- Extra Large

My tattoo(s) have kept me from... (select all that apply)

- Getting employment
- Leaving a gang
- Other (please specify):
- Getting a fresh start
- Feeling positive about my future

What tattoos do you want removed and where are they located?

Why did you get the gang influenced tattoos?

When and how did you get the tattoos?

What steps have you taken to move away from the gang life?

How do you see the tattoo removal affect your future?

Where do you see yourself in one year?

How did you get involved in gangs?

How did you hear about this program?

<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Faith Community
<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Medical doctor/clinic
<input type="checkbox"/> School	<input type="checkbox"/> Family
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Media
<input type="checkbox"/> Other (please specify):	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to participation in the program, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date:
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