



# CIRCLES OF SUPPORT REFERRAL

...a program of Goodwill Industries of North Central Wisconsin

**Please answer the following questions. Use additional paper if more space is needed.**  
**RETURN TO: Circles of Support, 1800 Appleton Rd., Menasha, WI 54952**

## Demographic Information

Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and Zip code: \_\_\_\_\_  
Telephone or contact number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Male/Female (circle one)  
Release Date: \_\_\_\_\_ DOC #: \_\_\_\_\_ Institution: \_\_\_\_\_  
Probation/Parole/Extended Supervision (circle one) Agent: \_\_\_\_\_  
Community (circle one): Fond du Lac Fox Valley Green Bay Oshkosh  
Veteran (circle one): YES NO

## What Areas Do You Need Help In? (check all that apply)

- Employment:** *Obtaining and maintaining a job, job skills, balancing work in your life*
- resume writing  interviewing skills  job skills
- Education:** *Education and vocational skills wanted*
- GED  Vocational training  College  Literacy/Basic Education
- Marital/Family:** *Interaction and support from family members*
- counseling  childcare  child support  parenting classes
- Associates:** *positive interactions with peers*
- mentoring  social skills  resisting negative peer pressure
- Substance Abuse:** *living without alcohol or other drugs*
- AA/NA/CA  AODA counseling  residential treatment
- Community Functioning:** *Knowledge and skills for daily living*
- Housing  Medical/Dental  Budgeting your money/financial
- Transportation/Driver's License  Leisure Activities
- Personal/Emotional:** *Good mental health and wellness behaviors*
- Mental Health counseling/medication  Anger Management  Domestic Violence
- Managing Stress  Making Good Choices

**Other:** *Please describe*

Describe a time in your life when you felt good about something you accomplished.

How did you achieve this? Did you and or someone in your life help you achieve this?

What are 3 goals you want to accomplish within the next 6 months when you return home?

What do you plan to do to accomplish your goals?

What can the Circle do to help you?

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant

Signature \_\_\_\_\_

Date \_\_\_\_\_

Circle volunteer