REMMSCO, Inc.

Group Home Resident Screening Form

Current Date: _____ **Person Filling Out Form:** _____

Fax Number: _____ **Contact Number:** _____

Applicant Name: _____ **Sex:** ____ **DOB:** _____

Insurance: Y ☐ N ☐ **If yes, what type?** _____

Most Recent County of Residence: _____ **Current Housing:** _____

Applicant Has Been Advised About $300.00 Admission Fee: Y ☐ N ☐

Drug(s) of Choice: _____

Opiate Use? _____ **Any IV drug use in the last 30 days?** Y ☐ N ☐

Are you or have you shared needles? Y ☐ N ☐ **If yes, discuss dangers of sharing needles and refer.**

Current Treatment? _____ **Date of Last Use of Alcohol and Other Drugs:** _____

Past Treatment History: _____

_____

Health: **Medical Diagnosis** **Mental Health Diagnosis**

_____ _____

_____ _____

Have you been vaccinated against COVID-19: Y ☐ N ☐ _____

Has a TB test been performed in the last 12 months: Y ☐ N ☐ _____

Have you ever been tested for STI's, TB, HIV, Hepatitis: Y ☐ N ☐ _____

Have you ever tested positive for HIV, Hepatitis, or TB: Y ☐ N ☐ _____

Have you seen a physician in the last 12 months: Y ☐ N ☐ _____

Physicians Medication Order filled out: Y ☐ N ☐ _____

Current Medications and Diagnosis: _____

_____

Prescribing Phys: _____ **Phys Phone:** _____

Eligible for Food Stamps: Y ☐ N ☐ **Current Income:** _____ **Source** _____

Current/Past Legal Issues/Convictions: _____

_____

Current Probation/Parole? _____ **Pending Court Dates?** _____

On Sex Offender List? Y ☐ N ☐