

** PHONE SCREENING EXAMPLE **

This list is the suggested minimum questions to ask an individual prior to entering your program

Date: _____

Legal Name (as shown on state ID/Driver's License): _____

-How do you identify? (Male, Female, other) _____

-Do you require special accommodation? If yes, please explain: _____

-Location Coming From: (Home, Hospital, TX Center, etc.): _____

-Drug of choice and history: (Alcohol, Opioids, Heroin, Marijuana, etc.): _____

-How long have you been using? _____

-Have you ever been in Treatment? Yes _____ No _____

-If so, where, how many times and how long ago? _____

-Have you ever lived in a Recovery Home? Yes _____ No _____

-If so, when and where? _____

-Reason for leaving? _____

-Have you ever been diagnosed with a mental health disorder? Yes _____ or No _____. If Yes, what was the diagnosis? _____

-Do you have a history of self-harm or violence towards others? Yes _____ No _____

If yes, were you under the influence of a substance at the time? Yes _____ No _____

Explain: _____

-Are you still receiving treatment for your mental health? Yes _____ No _____

-List Current Medications: _____

-Medication Assisted Treatment (MAT – **Lock box is required**): _____

-Do you have a Guardian? Yes _____ No _____, If yes, name, number: _____

-Do you have Payee? Yes _____ No _____, If yes, name, number: _____

-Do you have a history of gang affiliation? If so, how long ago? _____

-Currently Employed? If so, where? _____

-If not currently employed, when were you last employed? _____

-Are you on SSI/SSD? Yes _____ No _____. If not, have you applied in the past? Yes _____ No _____

-What type of insurance do you have: _____ ID #: _____

-Are you currently or will you be receiving OP/IOP? Yes _____ or No _____

If so, where and how often? _____

-Are you currently on probation or parole? Yes _____ or No _____

If yes, please explain: _____

-Is drug testing required? Yes _____ or No _____. If so, how often? _____

-How will program fees be covered? Local Funding Source _____ Self-pay _____ Family _____ SSI/SSD _____

other _____

****Give description of programs expectations (Zero tolerance, house rules, meeting expectations, employment, community involvement, program fees, etc.)**