



D&A LIVING LLC – CLIENT PRE-SCREENING FORM
Confidential Intake Evaluation for Supportive Independent Living Placement

Section 1: Applicant Information

- **Full Name:** _____
 - **Date of Birth:** ____ / ____ / ____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Current Address:** _____
 - **Emergency Contact Name:** _____
 - **Emergency Contact Phone:** _____
-

Section 2: Housing Needs

- **Are you currently homeless or at risk of becoming homeless?**
☐ Yes ☐ No
 - **What is your current living situation?**
☐ Shelter ☐ Couch-surfing ☐ Incarcerated (Reentry) ☐ Hospital/Facility ☐ Other:

 - **Do you have a history of eviction?** ☐ Yes ☐ No
If yes, please explain: _____
-

Section 3: Background Information

- **Have you ever been convicted of a felony?** ☐ Yes ☐ No
If yes, explain: _____
 - **Are you a registered sex offender?** ☐ Yes ☐ No
 - **Are you on probation or parole?** ☐ Yes ☐ No
If yes, name of officer: _____ Phone: _____
-

Section 4: Support Needs

- **Do you require case management services?** ☐ Yes ☐ No



- **Are you currently working with a case manager or social worker?**
☐ Yes ☐ No
Name/Organization: _____ Phone: _____
 - **Do you have a mental health diagnosis?** ☐ Yes ☐ No
If yes, diagnosis: _____
 - **Do you take prescribed medication?** ☐ Yes ☐ No
Are you medication compliant? ☐ Yes ☐ No
 - **Do you have a physical disability or mobility needs?** ☐ Yes ☐ No
If yes, describe: _____
-

Section 5: Income & Payment

- **Do you have a source of income?** ☐ Yes ☐ No
Source: ☐ SSI/SSDI ☐ Employment ☐ Other: _____
 - **Are you able to pay a program fee or contribute monthly?**
☐ Yes ☐ No ☐ With assistance
 - **Do you have support from family/friends for housing expenses?**
☐ Yes ☐ No
-

Section 6: Program Readiness

- **Are you willing to live in a shared housing environment?** ☐ Yes ☐ No
 - **Are you able and willing to follow house rules and participate in check-ins?** ☐ Yes ☐ No
 - **Do you have any substance use issues?** ☐ Yes ☐ No
Are you actively seeking treatment or in recovery? ☐ Yes ☐ No
-

Which type of room do you need? (Please note the price difference.)

() Standard Shared Room - \$850/month with \$150 Administrative Fee

() Master Shared Room - \$900/month with \$150 Administrative Fee



☐ Private Room - \$950/month with \$150 Administrative Fee

How soon do you need to move in? _____

How long do you need to stay? _____

This is a second chance Affordable Housing Program. There are house rules that you must follow to remain in the program. Do you agree to follow the rules of the program? ☐ Yes
☐ No

This program is for individuals, no family, children or couples.

Please provide any additional information or special circumstances you'd like us to consider:

Signature of Applicant: _____

Date: ____ / ____ / ____