OUR DOORS ARE OPEN **– 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

**Section 7: Additional Notes**

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

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_