

SCREENING FORM

Screening Date: _____

*Source of Referral: _____

Personal Information

*First Name: _____ Middle: _____ *Last Name: _____

Alias: _____ Email: _____

*Client's Address: _____

*City: _____ *State: _____ *Zip: _____

Move in Date: _____

Current Living Situation:

_____ Non-Housing (street/park/car/bus station/etc.)

_____ Emergency Shelter

_____ Transitional housing for homeless persons

_____ Hospital

_____ Psychiatric Facility

_____ Jail/Prison

_____ Substance Abuse Treatment Facility

_____ Living w/ relatives/friends

_____ Rental Housing

_____ Owned Housing

_____ Other

Previous Living Situation:

_____ Rental Housing

_____ Streets

_____ Correctional Facility

_____ Psychiatric Facility

_____ Emergency Shelter

_____ Transitional Housing

_____ With Friends/ Family

_____ Treatment Facility

_____ Other

_____ Own Home

Race:

_____ Alaskan Native

_____ American Indian

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Other Single Race

_____ Two or More Races

_____ White

_____ Declined to Specify

Gender Identity: Male Female Trans-Male Trans-Female

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

*Date of Birth: _____ Sex at Birth: M F Unknown

Marital Status:

Never Married Widowed
 Married Unknown
 Cohabiting
 Divorced/Separated w/ custody of kids
 Divorced/Separated w/out Custody of Kids

Citizen: _____ Social Security Number: _____

US Citizen
 Not a US Citizen

*Primary Phone Number: _____ Alternate Number: _____

Drivers License Status: Valid Not Valid

DL#: _____ DL State: _____

Mother's Maiden Name: _____ Client's Birth City and State: _____

U.S. Veteran: YES or NO

Health Insurance Company: _____

Religious Preference:

Unknown Roman Catholic Protestant Baptist Pentecostal
 Methodist Presbyterian Jewish Muslim Buddhist
 Hindu Christian Scientist Jehovah's Witness Atheist
 Non-Denominational Other

Legal History

Current Charge: _____

Charge Type:

- Civil/Petition
- Felony
- Misdemeanor
- Other
- Status Offense (Juvenile)

Incident Offense:

- New Criminal Offense
- New Petition
- Parole Violation Technical
- Parole Violation New Criminal Charge
- Probation Violation New Criminal Offense
- Probation Violation Technical

Arrest Date (if applicable): _____ Arraignment/ First Appearance Date: _____

Have you been Sentenced: YES NO

Sentence: _____

Jail Status:

- Detention
- Jail
- Not in Detention
- Not in Jail

Prior Convictions: YES NO

What are they? _____

If yes, # of felonies and misdemeanors is required: _____ Felonies _____ Misdemeanors

Have you ever had Child Protective Service Activity? YES NO

If Yes, Why? _____

Current Charge or Previous Conviction of a Violent Crime or Sex Offense, Other than Domestic Violence? YES NO If Yes, what? _____

Previous Conviction for Domestic Violence? YES NO

Outstanding Warrants? YES NO

Current Probation Status: On Probation PO's Name: _____

Currently on Parole: On Parole PO's Name: _____

Pending Criminal Charges: YES NO

History of Previous Court Failures to Appear: None 1 2 3 or more

History of Previous Drug Court/ Drug Treatment:

- None
- Successfully Completed
- Transferred to another Jurisdiction
- Unsuccessful – Absconded
- Unsuccessful – New Offense
- Unsuccessful – Program Violation
- Voluntary Withdrawal

Substance Abuse History

Prior Substance Abuse: YES or NO

Prior Substance Abuse Treatment: YES or NO

Drug of Choice: _____

Second Drug of Choice: _____

Third Drug of Choice: _____

IV Drug User: Yes NO

Age Began Using Drugs: _____ Years Using Drugs: _____

Age Began Using Alcohol: _____ Years Using Alcohol: _____

Are you Currently in Substance Abuse Treatment Program? YES NO

Medical/Mental Health History

Current Medications? YES NO

If Yes:

- Physical Condition
- Psychological Condition
- Both

Medications: _____

Pregnant?: YES NO If Yes, Due Date: _____

Comments: _____

Educational History:

Highest Education Completed: _____

Current Educational Status: _____

Employment History

Current Employment Status:

- Unemployed
 Employed Full-Time
 Employed Part-Time
 Not in Labor Force

Current Employer: _____

Primary Source of Support:

- | | |
|--|---|
| <input type="checkbox"/> Adoption Subsidy | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Family | <input type="checkbox"/> Welfare |
| <input type="checkbox"/> Foster Care Subsidy | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> Salary/Wages | <input type="checkbox"/> None |
| <input type="checkbox"/> Social Security | |

Gross Monthly Income (from all sources): \$ _____

Miscellaneous

Transportation Status:

- Reliable Transportation
 No Reliable Transportation

Number of Children _____
Number of Dependent Children _____

Current Child Support:

- N/A
 Paying Current
 Paying Not Current
 Not Paying

Custody Status:

- Temporarily Lost Custody
 Regained Custody
 Parental Rights Terminated
 Never Lost Custody
 N/A

Emergency Contact:

Name: _____ Phone: _____

* denotes mandatory information

If you are completing this form at the clinic, please notify the staff that you are finished.

If you are not completing this at the clinic, please save this form to your computer and attach it to your email to: info@ccofcarsoncity.org. After sending, if on a public computer, print out a copy for your records and delete the original from the computer.