Please advise the caller that we are required to report child abuse, adult abuse, and domestic violence if we receive this information.

(S.O.S.) Screening Sheet

New or Reopen Status

Date of Screening_____ Time_____

Date of 2nd Screening _____ Time_____ Staff Initals_____

Date of 3rd Screening_____ Time_____ Staff Initials_____

_____

Last Name First Name Middle Initial

DOB____/_____/_____ Age _____ Social Security Number:_____

_____

Current Address

Is this a safe enviroment?_____Yes_____No (If no, please explain) _____

_____

_____

PLEASE ALERT STAFF IMMEDIATELY IF PROSPECTIVE RESIDENT IS IN <u>IMMEDIATE</u> DANGER FROM ABUSE, PHYSICAL VIOLENCE, OR SELF HARM.

Address calling from (i.e. Eastern State Hospital)

Phone Number_____ Do you own/lease apartment/trailer/house?____YES___NO
Are you married?____YES____NO

Legal Issues

Are you court ordered to this program?____YES____NO

Do you have any legal issues at this time?____YES_____NO

If yes, please explain._____

Do you have any outstanding warrants _____YES _____NO

Do you have any upcoming court dates _____YES _____NO

If yes, what date and reason(s)? _____

Are you currently seeing a probation/parole officer? _____YES_____No

If yes, officer's name and phone number: _____

Have you been arrested for a misdemeanor? _____YES____NO

If yes, list: _____

Have you been arrested for felonies? ____YES____NO

If yes, list: _____

Medications

Are you on any medications? _____Yes____NO

If yes, what? _____

If you are not taking your medications, or have stopped without your doctor's order, why? _____

_____

You must bring a 30 day supply of your currnet medications. Do you agree to do that?____Yes____NO

Substance Abuse Assessment

Can you recall the last time you've used any drugs or alcohol?____Yes_____NO If yes, when_____

During the last 24hr period that you used, what substance did you use, how did you use, and how much did you use?_____

Primary drug of choice?_____

Secondary drug of choice?_____

Third drug of choice?_____

What age were you when you started using drugs and/or alcohol?_____

How long have you been using drugs and/or alcohol?_____

Medical History

Have you ever experienced any of the following?

DT's_____YES____NO If yes, when was your last episode?_____

Seizures____Yes____No Diagnosed epileptic____YES____NO Drug Induced___Yes___No

Last seizure?_____

Heart disease___YES___NO Diabetes___Yes___No

High B/P___YES___NO Hepatitis A/B/C ___Yes___No

Low B/P___Yes___NO Liver Problems___YES___NO

Stomach Ulcers ___YES___NO

Any other medical issues?_____

Have you ever been tested for tuberculosis?___YES___NO

If yes, date?_____ Results? + or - Last X-Ray date?_____

Do you have any physical problems (i.e., chronic back pain, migranes, arthritis)___YES___NO

If yes, what are they?_____

Do you have any physical disabilities? _____YES ____No

If yes, can you care for yourself without physical assistance?____YES_____NO

When was your last period?_____

Are you pregnant?_____YES_____NO Do you have children?____YES____NO

If yes, number of children_____and ages_____

Where are your children now?_____

Mental Health Assessment

Have you ever been treated for any mental health problems (like depression, PTSD, schizophrenia, or anxiety) in the past? _____YES_____NO

If yes what was the diagnosis or problem?_____

Have you ever been in a psychiatric hospital or facility?_____YES_____NO

If yes, can you recall where? _____

Have you ever attempted suicide in the past?_____YES_____NO

If yes, when was your last attempt, and how did you try?_____

Do you currently feel like hurting yourself? ____YES____NO

If the individual answers yes, inform them that they need to go to a safe place and that we are required to call the police to report that the individual has stated she feels like hurting herself.

Please inform Prospective Resident to call on Friday between 8am-4pm to confirm they were approved for the waiting list, and then to call back every Friday to maintain their spot.

If Prospective Resident is homeless or not in a safe environment, please obtain a phone number so we can call or tell them to call back on the next working day for a **possible** expedited admission.

Screening Completed By:_____

Assessment for INTAKE COORDINATOR

Is the Prospective Resident appropriate?____YES____NO

Do we have a bed available at this time?_____YES_____NO