Susan B. Anthony Center, Inc

REFERRAL SCREENING FORM/APPLICATION

Please be sure to complete this form and attach a copy of all the information that is required on the enclosed checklist. For all **Yes** or **No** questions, please check the appropriate answer and fill in all explanations if applicable.

Date of Application :_____ Tentative admission date: _____

Person Served Name:_____DOB:_____ SS#:_____

Race: _____ Ethnicity:_____ Phone#:_____

Current Address: _____

☐ Homeless ☐ ALF/Group home ☐ Family/Friend ☐ Jail/Prison ☐ State hospital

☐ Independent housing ☐ Residential program:_____

Referred by:_____Title:_____ Phone: _____

Agency making referral: _____

Applicants language preference: ☐ English ☐ Spanish ☐ Creole ☐ Other:_____

Substance Abuse History

If applying for substance abuse services please fill out the following, if not, please skip this portion of the application.

Drug of choice	Frequency of use:	Date of last use:

Have you ever tried to stop using? ☐ Yes ☐ No If yes, how many times? _____

What is the longest period of time that you have remained substance free? _____

Please list any previous treatment programs Person Served has participated in and what caused her to use again? _____

Medical and Mental Health Information

Do you have any medical conditions or concerns : _____

_____Allergies: _____

Hospitalization in past 12 months:_____

Are you able to perform basic living activities without assistance? :_____

_____

Are you pregnant? □ Yes □ No If **yes**, when is the baby due? _____

Do you have any of the following eating disorders?

Anorexia □ Yes □ No
Bulemia □ Yes □ No
Excessive over eating (loss of control, obese) □ Yes □ No

Have you ever been to a therapist, psychologist, or psychiatrist for mental health problems? □ Yes □ No

If **yes**, please give details including diagnosis and any medication that she is on: _____

_____

Compliance with medication in the past 3-4 months □ Poor □ Fair □ Good □ N/A

Criminal Justice History

Have you ever been arrested? □ Yes □ No # of arrests: _____

Behavior under the influence? □ Yes □ No Date(s):_____
Sales or possession? □ Yes □ No Date(s):_____
Theft? □ Yes □ No Date(s):_____
Assault of any kind? □ Yes □ No Date(s):_____

Has the Person Served ever been incarcerated? □ Yes □ No For which Charge? _____

Length of incarceration? _____

Currently on probation? □ Yes □ No Officers Name:_____

Any pending charges? □ Yes □ No Next Scheduled Court date:_____

If Yes, please describe: _____

Have you been violent in your past? □ Yes □ No If **yes** please describe:_____

_____

Educational/Vocational Information

What is the highest grade level completed? _____ Do you have a GED? □ Yes □ No

Do you have any academic or vocational training? □ Yes □ No Describe:_____

Where were you last employed?_____ Date you were last employed:_____

Children's Information

Do you have any children? □ Yes □ No

Has Child Net or Child Protective Services ever been involved with you or your children? □ Yes □ No

If **yes** please explain: _____

Child's Name	Age	DOB	Gender	In Custody of	Child Advocate or Investigator Name & Number

Do the children have any mental health problems? □ Yes □ No
If **yes** please give details including diagnosis and any medication that child is on:_____
_____

Do the children have any health concerns? □ Yes □ No
If **yes** please list them:_____

Homeless History

If applying for homeless services please fill out the following, if not please skip this portion of the application.
Definition of homeless status:

a) Homelessness -- a person sleeping in a place not meant for human habitation or in an emergency shelter, a person in transitional or supportive housing for homeless persons referred from community agencies, hospitals, churches and the police department who originally came from the street or an emergency shelter.
b) At risk of Homelessness -- The client's substance abuse or mental health diagnosis impedes her ability to maintain stable housing or has put her at risk of losing current housing.

How long has Person Served been homeless or at risk of homelessness? _____

What lead to homelessness or risk of homelessness?_____

The following Documents MUST be attached to this application, if applicable:
□ Psychiatric Evaluations □ Competency Evaluations □ Hospital Discharge Records

The following information may be required from the referring facility prior to admission. Please confirm before sending application:

□ PPD or chest X-rays □ Medication List (MAR) □ Urine Pregnancy Test
□ Health Assessment □ U/A □ RPR □ Complete Metabolic Panel
□ History & Physical □ Hepatitis Panel □ CBC
□ S-TSH Profile □ Clearances (Medical, Psychiatric, Detox)

□HIV (if available, or if client is HIV+ has had blood work within the past 6 months)

_____ _____
Applicant's Signature **Guardian or Representative Payee**

_____ _____
Referring Agency's Signature **Referring Agency's Name (Print)**