

PRE-ADMISSION SCREENING AND INTAKE UPON ADMISSION

Date of Interview: _____ Interviewed by: _____

DECISION:

Accepted: _____ Rejected: _____

Accepted and May Enter As Soon As A Bed Is Available, If Certain Conditions Are Met: ____

Accepted, But Placed On a Delayed Acceptance List, Because Requires Further Treatment: _

DATE THAT POINT OF CONTACT (POC) NOTIFIED: _____

I. Personal Information:

- 1. Name: _____ 2. SSN: _____
- 3. Age: _____ DOB: _____ 4. Ethnicity/Race: _____
- 5. Marital Status: _____ Number of Dependents: _____
- 6. Social Worker/POC (current residence/phone #): _____
- 7. Date of Discharge: _____ POC (discharge address/phone #): _____
- 8. How long have you been homeless? _____ Last residence: _____
- 9. Branch of Service and years served: ____ Combat veteran? ____ If yes, where? ____
- 10. Type of Discharge: _ RE Code (if known): _ Reason, if less than honorable discharge: _____

II. Substance Abuse Information:

- 1. Drug(s) of Choice: _____ Period(s) of Use: _____
- 2. Last Use and Triggers: _____
- 3. Longest Period(s) of Staying Clean: _____ How did you maintain sobriety? _____
- 4. How many times have you been in rehab(s)? _ Have you received substance abuse treatment elsewhere (e.g., MICA Program, half way house, day program, outpatient visits)? _____
- 5. Do you attend/benefit from AA/NA meetings? __ Do you have a home group and/or sponsor(s)? _____ Where do you go for support (e.g. family, friends, club, religious community)? _____
- 6. Do you have hobbies or special areas of interest that do not involve drug(s) use? __
- 7. Do you have any other compulsive behavior(s) (e.g. nicotine, food, sex, work, gamble)? _____

III. Mental Health/Medical Issues:

- 1. Do you have a psychiatric diagnosis/emotional problems? _ Are you receiving or do you need therapy for this? _____
- 2. Do you have a medical diagnosis/physical problems? _____
- 3. Are you taking medication(s)? _____ Are they working? _____
- 4. Are you receiving any other treatment? _____ Is it working? _____
- 5. Have you any known allergies? _____
- 6. Are you recovering from severe physical or sexual abuse? _____ PTSD? _____

7. Have you ever attempted suicide? _____ Have you ever had suicidal or homicidal ideation? __ Do you have the desire and means to harm yourself or others now? __
8. Do you hear voices within your head? _____
9. Have you been tested for Hepatitis? __ Results? __ Have you been tested for TB? __ Results? _____ Have you been tested for HIV? _____
10. How would you rate your mental health/physical health? _____
Interviewer(s) observation(s) of individual's mental health and physical health? __

IV. Educational/Vocational History:

1. What education and vocational training have you had?_____ Are you a high school graduate? _____ Do you hold any licenses or certifications?
2. When did you last work? _ What kind of job was it? _ Was it part-time, full-time, or temporary? _____ Why did you leave? _____ Can you return? _____
3. What is the longest job you ever held? __ Did you like or dislike it? __ Would you return? _____
4. What do you consider to be your primary occupation? _____
5. If accepted to Veterans' Haven, what would you want to do educationally and/or vocationally? _____

V. Financial/Legal Issues:

1. Do you have income (e.g. VA Disability, unemployment compensation, Social Security)?__ Do you have a checking and/or savings account? __ Do you own property? __
2. Do you have financial obligations (e.g. child support, unpaid student loan(s), fine(s))?

3. Do you have any legal problems (e.g. arrested and convicted for a crime, been incarcerated, required to pay court appointed restitution, been on probation or parole, have an outstanding warrant for your arrest)? _ Have you been arrested and convicted for assault or domestic abuse? _ Have you ever been arrested and convicted under Megan's Law or a similar law against child molestation? _____
4. Do you have a driver's license? _ If yes, what state? _ If no, why not (e.g. DWI or DUI)?

VI. Applicant Narrative:

1. What are some of your strong points? _____ Some of your weak points? _____
2. What do you see yourself doing in the next two years? _____ What is your biggest obstacle? _____
3. Any question(s) for the Treatment Team and Nurse? _____

VII. Interviewer(s) Observation(s)/Comments:

VIII. Applicant Statements:

1. I understand that, if I fail to answer any of the above questions completely and truthfully, then I will not be accepted or, if accepted, I will be discharged prematurely from Veterans' Haven. Initials: _____
2. I understand that, if accepted to Veterans' Haven, I will be put on a Waiting List and that it is my responsibility to maintain contact with the Veterans' Haven Treatment Team at least every other week and that my failure to do so may be reason for removal from the Waiting List. If I am removed from the Waiting List, then I must reapply for admission. Furthermore, the Treatment Team may grant acceptance, but pending compliance with a request for additional interviews or information that would support admission to this residential program. Initials: _____
3. I understand that, if admitted to Veterans' Haven, there is an Orientation Period of up to 90 days (in practice, usually 30-45 days). During this time, I may be Involuntarily Discharged, because I violated Veterans' Haven Rules and Policies, failed to adhere to my Treatment Plan, proved incompatible with Veterans' Haven as determined by the Treatment Team and Administration, or failed to disclose complete and accurate information upon admission. Initials: _____
4. I understand that, if admitted to Veterans' Haven, I will be required to perform personal chores and collective duty assignments related to Veterans' Haven function and operation. Failure to complete these chores and assignments will be cause for disciplinary action/dismissal. Initials: _____
5. I understand that, if admitted to Veterans' Haven, I must abide by Veterans' Haven rules and policies. These rules and policies are subject to change with verbal and/or written notice.

Initials: _____

Interviewee Signature: _____