



Deeply affordable. Thriving neighborhoods. Nearby services.

## Reentry Transitional Housing Program Screening Form

Referral Source/Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Requested Move-In Date: \_\_\_\_\_

Gender:  Male  Female  Other  Prefer not to identify

Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Languages spoken (check all that apply):  English  Spanish  Amharic  Other

Veteran Status. Are you a veteran?

Yes, veteran  No, not a veteran  Current military  N/A, under 18

Race:

American Indian/Alaska Native  Asian  Black/African American  Black/African Immigrant  Hispanic  White  Two or more races

Do you have a bank account?  Yes  No

Immigration. Have you immigrated to the US?

No, born in the USA.  Yes, I immigrated from (country) \_\_\_\_\_ in (year) \_\_\_\_\_.  Prefer not to answer.

Incarceration History:

DCDC#: \_\_\_\_\_

FED/BOP#: \_\_\_\_\_

Is the applicant currently incarcerated:  yes  no

If yes, where is the applicant currently being held? \_\_\_\_\_

What is the projected release date? \_\_\_\_\_

Upon release will the applicant be placed on:  Parole  Probation  Supervised Release

If so, for how long? \_\_\_\_\_

Does the applicant have any outstanding warrants in any other jurisdictions?  yes  no

Where were you incarcerated in your most recent incarceration?  Jail  Prison

What was the length of your most recent incarceration (in months)? \_\_\_\_\_ months

Was your most recent conviction for:  felony  misdemeanor  both

How many times have you been incarcerated (over your life span)? \_\_\_\_\_

Has substance abuse been part of your history?  yes  no  decline to answer

If you answered yes to the above question, please list your drug(s) of choice:

\_\_\_\_\_

How long have you been in recovery? \_\_\_\_\_ months or \_\_\_\_\_ years or  n/a

Where are you currently living?

- |  |  |
|--|--|
| <input type="checkbox"/> Jail or prison                            | <input type="checkbox"/> Friends or family                       |
| <input type="checkbox"/> Halfway house                             | <input type="checkbox"/> My own lease                            |
| <input type="checkbox"/> Homeless (living in a shelter or outside) | <input type="checkbox"/> A different transitional living program |
| <input type="checkbox"/> Drug treatment program                    | <input type="checkbox"/> Other _____                             |

Check all that apply:

- has a diagnosis of HIV or AIDS
- has a recent TB test
- you are able and eligible to work
- you are homeless (as defined by HUD)
- has a psychiatric diagnosis, if yes list diagnosis: \_\_\_\_\_
- has a substance abuse history, if yes, how many days clean \_\_\_\_\_
- you have a physical disability, if yes, what is your disability? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- you have health issues, if yes, what are your health issues? (please list all)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_