**Good Samaritan Network Program Application**

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Phone number or best way to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size:\_\_\_\_\_

Person completing assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Living Arrangements (where, how long, with whom)**

Where did you sleep last night?

Do you live with a roommate or significant other?

Have you ever experienced homelessness? If so, how many times and for how long?

What are the circumstances leading to your current need for a program?

**Personal Information**

What is your marital or relationship status?

Do you have children? If yes, what is the age and gender of each child?

Are you currently in a relationship (marriage or other) with anyone?

To this point in life, what periods of stability have you maintained? What were the factors that helped you achieve the stability?

**Financial Information** (current income amount & source, savings, regular bills to pay, outstanding debts)

Monthly Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking Acct. Balance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings Acct. Balance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Outstanding Debt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamp Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Expense Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Information** (highest grade completed – specify GED or diploma, current school enrollment, job training)

List accomplishments, programs attended, programs completed, or commendations.

Driving

Do you have a driver’s license? If yes, in what State?

If no then why not?

**Employment Information** (current and past jobs / job skills. If not employed, what are the barriers to employment?

What type of work would you like to do?

How many hours a week are you willing to work?

Military History (dates of service, branch, discharge type – be specific, combat veteran?

Are you connected to VA services? If not, are you willing to be connected to VA services?

**Mental Health Information**

Diagnosis:

Have you received inpatient treatment? If so, when?

Have you received outpatient treatment? If so, when?

Are you willing to be referred for services?

**Substance Use Information** (current and past, type of substance, length and time of use, treatment info – inpatient and/or outpatient, willingness to be connected to services)

What role did substance use or compulsive habits play in your incarceration or periods of instability in your life?

Do you use tobacco? If yes, how many packs / cans per day?

How much do you spend weekly on tobacco?

Are you willing to quit?

**Physical Health Information** (diagnosis, needs, chronic conditions, insurance, medical provider.)

Do you require special accommodations? If yes, what are they?

List all current medications

**Legal Information**

Do you owe child support? If so, how much and are you currently paying?

Have you ever been arrested? If so, when and for what?

Have you ever been convicted of a felony? If so, what was the crime, sentence, and place served?

If currently incarcerated, when is your expected EOS (end of sentence) date?

Are you currently on probation? If so, what is the probation officer’s name, what are the requirements, and when is the expected termination date?

Are you required under the laws of any state or the Federal government to register as a sexual offender or sexual predator?

**Other Agency Involvement**

Are you currently receiving services from any community, social service, or church agency? If so, what?

**Behavioral Information**

Regardless of fault, have you ever been removed or banned from any place?

Have you ever had a restraining or trespass order filed against you? If yes, why?

Have you ever been a victim of domestic violence? If so, when? Are you currently in danger?

What are your thoughts about participating in mandatory chores or student training programs?

What are your thoughts about attending mandatory church services or Bible study?

**Personal Interests and Plans**

Hobbies, activities, interests.

Is there anything you want to improve in your life?

Is there anything you want to eliminate in your life?

Do you believe you need to participate in a program? If so, why?

**Spiritual**

Do you have a spiritual support system? If so, what or who?

What are your future plans? Where would you like to be one year from now?

How would you describe yourself?

**FOR OFFICE USE ONLY** – TO BE COMPLETED BY SOCIAL WORKER, CHAPLAIN, STAFF, ETC.

**ASSESSMENT:** (The assessor completes this section after the interview is complete)

Assess the client’s mental, physical, emotional status. What are the client’s strengths, challenges, problems, needs, and level of function.

Housing Assessment: What is the client’s appropriateness for placement in a Good Samaritan residential program? Do you perceive he will have any difficulty living with others? If yes, why?

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Assessor’s Signature Date