



GOOD SAMARITAN PROGRAM ASSESSMENT

Applicant's Name: _____ DOB: _____

Nickname, if applicable: _____ Age: _____

Date of Assessment: ____/____/____ Email: _____

***Phone number or best way to contact you:** _____

Person completing assessment: _____

***WE MUST HAVE A VALID WAY TO CONTACT YOU**

Living Arrangements (where, how long, with whom)

Where did you sleep last night?

Current:

Prior:

Circumstances leading to current need for program housing:

History of Homelessness (number of times homeless, length, reason)

What is your marital / relationship status?

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

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

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

Monthly Income Amount: _____ Source: _____

Checking Acct. Balance: _____ Saving Acct. Balance: _____

Amount of Outstanding Debt: _____ Food Stamp Amount: _____

Amount of Monthly Bill Expenses: _____

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

List any other accomplishments, programs attended or programs completed.

Driving

Do you have a driver's license (if not, why not):

Employment Information (current and past jobs/job skills. If not employed, what are the barriers to employment? Are you willing to work?):

What type of work would you like to do?

How many hours a week are you willing to work?

Military History (dates enlisted, branch, discharge type – be specific, combat veteran? connected to VA services? If not connected to the VA, willing to get connected to services/benefits?)

Mental Health Information (diagnoses, inpatient/outpatient treatment dates and locations. Do you have a history of thinking about committing suicide/homicide or visual/auditory hallucinations? Are you willing to be referred for services?)

In your opinion, what is the best way to resolve conflict with another person?

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 if not already)

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

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

How much do you spend on tobacco weekly?

Are you willing to quit?

Physical Health Information: (diagnoses/history, needs, chronic conditions, insurance, medical provider).

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

List all current medications (If possible, include dosage and frequency taken).

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

Domestic Violence:

Are you a victim of domestic violence? If so, how long did it occur? Are you in current danger?

Legal Information:

- 1) Do you owe child support? If so, how much and are you currently paying.

- 2) Have you ever been arrested? (If so, when and for what)

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

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

- 5) 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?)

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

Other agency involvement (agency and case worker's names and numbers, services provided in the past year, any problems or difficulties encountered)

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

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

Personal Interests

Hobbies, activities, interests

What do you want to improve in your life?

What do you want to eliminate in your life?

Future Plans

Do you have a spiritual support system? If yes, what?

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

How would you describe yourself?

What are your 6 month, 1 year and 5 year goal?

What are your thoughts about attending mandatory church services and Bible studies?

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ASSESSMENT: Assessment of client’s mental, physical, emotional status (The assessor completes this section after the client interview is done). What are the client’s strengths, challenges, problems, needs and level of functioning?

Housing Assessment (opinion about the client’s appropriateness for placement in a Good Samaritan residential program.)

Assessor's Signature

Date