



# GOOD SAMARITAN NETWORK PROGRAM ASSESSMENT

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ \*We must have a way to contact you

Person Completing Assessment: \_\_\_\_\_

How did you hear about Good Samaritan Network: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Living Arrangements**

Current Address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

When was the last time you lived independently? \_\_\_\_\_

What happened? \_\_\_\_\_

Circumstances leading to current need for program housing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **History of homelessness**

Number of times: \_\_\_\_\_ Length: \_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Information**

Highest grade completed: \_\_\_\_\_ GED or Diploma? \_\_\_\_\_

Current school enrollment? \_\_\_\_\_

Have you participated in job training? \_\_\_\_\_ If so, what type and completion date? \_\_\_\_\_

\_\_\_\_\_  
List any other accomplishments, programs attended, and/or programs completed: \_\_\_\_\_

**Family Information**

Current marital / relationship status: \_\_\_\_\_

Do you have children? \_\_\_ Yes or \_\_\_ No If yes, please include them in the list below.

Child's Full Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the relationship with your family: \_\_\_\_\_

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

Why were you not able to stay with them: \_\_\_\_\_

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

**Employment Information**

Current Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Position: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Previous Employer (if less than 2 years at current position) \_\_\_\_\_

List past jobs: \_\_\_\_\_

\_\_\_\_\_  
List employment skills: \_\_\_\_\_

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

If not employed, why? \_\_\_\_\_  
\_\_\_\_\_

Are you willing to work? \_\_\_\_\_ How many hours a week? \_\_\_\_\_

What type of work would you like to do? \_\_\_\_\_  
\_\_\_\_\_

**Driving Information**

Do you have a current driver's license? \_\_\_\_\_ If not, why? \_\_\_\_\_  
\_\_\_\_\_

**Military History**

Date(s) Enlisted: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Combat Veteran? \_\_\_\_\_ Connected to VA services? \_\_\_\_\_

If you are not currently connected to VA services, are you willing to apply? \_\_\_\_\_

**Mental Health Information**

Have you been diagnosed with any mental health conditions? \_\_\_\_\_

If yes, please list diagnoses below:

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

Outpatient treatment dates and locations:

Date	Location
_____	_____
_____	_____

Inpatient treatment dates and locations:

Date	Location
_____	_____
_____	_____

List of current medication(s) including dose and dosing instructions:

Medication	Dose	Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a history of suicidal ideation/attempts? \_\_\_\_\_ Dates: \_\_\_\_\_

Do you have a history of homicidal ideation/attempts? \_\_\_\_\_ Dates: \_\_\_\_\_

If you are experiencing mental health symptoms, will you seek treatment? \_\_\_\_\_

**Substance Use Information**

Are you currently using substances? \_\_\_\_\_ If so, please complete the information below.

Type of substance(s)	Length of use
_____	_____
_____	_____
_____	_____

Are you willing to seek substance abuse treatment? \_\_\_\_\_

Have you used substances in the past? \_\_\_\_\_ If so, please complete the information below.

Past types of substance(s)	Past length of use
_____	_____
_____	_____
_____	_____

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

Can you pass a drug and/or alcohol test? \_\_\_\_\_

Do you use tobacco/vapes? \_\_\_\_\_ If yes, packs/pouches/cans per day? \_\_\_\_\_

How much do you spend on tobacco/vapes weekly? \_\_\_\_\_

Are you willing to quit? \_\_\_\_\_

**Domestic Violence**

Are you a victim of domestic violence? \_\_\_\_\_

If so, how long did it occur? \_\_\_\_\_

Are you currently in danger? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Legal Information**

Do you currently owe child support? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Are you currently paying child support? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, when and what type of crime? \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ If yes, please list below:

Crime	Date	Sentence	Place of Incarceration
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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If currently incarcerated, what is your expected EOS (end of sentence) date? \_\_\_\_\_

Are you currently on probation? \_\_\_\_\_ If yes, please list below:

Name of Probation Officer	Requirements of probation	Expected Termination Date
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_____	_____	_____
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Are you required under the laws of a state or federal government to register as a sexual predator? \_\_\_\_\_ or Sexual offender? \_\_\_\_\_

**Other Agency Involvement**

Agency	Case Worker	Phone #	Services Provided
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Have you encountered any problems and/or difficulties with the above-named agencies?

\_\_\_\_\_

**Behavioral Information**

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

If yes, why? \_\_\_\_\_

Have you ever had a restraining order filed against you? \_\_\_\_\_

If yes, why? \_\_\_\_\_

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

How would you describe yourself? \_\_\_\_\_

**Personal Interests**

Do you have any hobbies, activities, or interests that you enjoy? \_\_\_\_\_

What improvements are you interested in making in your life? \_\_\_\_\_

What would you like to eliminate from your life? \_\_\_\_\_

**Future Plans**

What are your future plans? \_\_\_\_\_

Where would you like to be living one year from now? \_\_\_\_\_

What are your 6-month goals? \_\_\_\_\_

What are your 1-year goals? \_\_\_\_\_

What are your 5-year goals? \_\_\_\_\_

**Spiritual Information**

Do you have a spiritual support system? \_\_\_\_\_ If yes, who and/or what? \_\_\_\_\_

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

**Stability Factors**

Have you experienced successful stability in your life with to housing? \_\_\_\_\_  
\_\_\_\_\_

What factors contributed to achieving stability? \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY – TO BE COMPLETED BY GSN DIRECTOR OR MANAGER**

Assessment of client's physical, mental, and emotional status: \_\_\_\_\_  
\_\_\_\_\_

What are the client's strengths, challenges, problems, needs, and level of functioning? \_\_\_\_\_  
\_\_\_\_\_

Is this client appropriate for placement at Good Samaritan's residential program? \_\_\_\_\_  
\_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Date