



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): _____

Financial Information (Current income amount & Source, savings, regular bills to pay, outstanding bills)

Monthly Income Amount: _____ Source: _____
Checking Account Balance: _____ Savings Account Balance: _____
Amount of Outstanding Debt: _____ Food Stamp Amount: _____
Amount of Monthly Bill Expenses: -----

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? _____

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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