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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)

