



Winterfaith Collaborative Pre-Screen



Date: _____ Phone Number: _____ HSG Status: T / P State: H/ Unhoused

Primary Contact Name: _____ DOB _____ M/F _____

Additional family members:

Name: _____ DOB _____ School _____

Name: _____ DOB _____ School _____

Name: _____ DOB _____ School _____

Use back in necessary:

Assessment:

Do you have a substance abuse background? (If yes, please explain)?

A. If yes what is your drug of choice?

Are you currently receiving services (If yes, please explain)?

Have you had any prior arrest or contact with law enforcement?

A. Are you in probation or parole?

Needs:

Do you have any food allergies?

Do you have access to food and or warm clothing?

Office Use Only:

DL Number: _____ Car Registration: _____ Plate: _____ Make/ Model: _____ Color _____

Pre Screen by: _____ Adult Meghan's Law Check: Y / N Date: _____

By: _____

Supervised by: _____ Placement: Y / N Location: _____ Time Period: _____

HMIS # _____ Additional Services: _____

Notes: _____