NOT YOUR AVERAGE RECOVERY HOME
Assessment & Screening Packet

Resident Screening Sheet

Full Name: _____

Date of Birth: _____

Phone Number: _____

Emergency Contact: _____

Referral Source / Agency: _____

Current Living Situation: _____

Employment Status: _____

Monthly Income: _____

Probation / Parole Officer (if applicable): _____

Sobriety Date: _____

Current Medications: _____

Mental Health Diagnosis (if any): _____

Have you used drugs or alcohol within the last 30 days? YES / NO

Are you willing to submit to random drug screenings? YES / NO

Are you employed or actively seeking employment? YES / NO

Do you agree to follow house rules and curfew? YES / NO

Do you have any violent criminal history? YES / NO

Do you require special accommodations or home care assistance? YES / NO

Additional Notes:

_____

_____

_____

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Resident Assessment Sheet

Physical Health Needs

Mobility Assistance Needed: YES / NO

Medication Management Needed: YES / NO

Medical Conditions: _____

Mental & Emotional Wellness

Currently receiving counseling or therapy: YES / NO

History of depression/anxiety/PTSD: YES / NO

Additional Mental Health Concerns: _____

Substance Abuse Recovery

Primary Substance of Choice: _____

Currently in Recovery Program: YES / NO

Sponsor Information: _____

Life Skills & Employment

Needs Job Placement Assistance: YES / NO

Needs Transportation Assistance: YES / NO

Needs Budgeting / Financial Guidance: YES / NO

Housing Goals

Short-Term Goals: _____

Long-Term Goals: _____

Case Manager / Staff Notes:

_____

_____

_____

Recommended Placement: _____

Move-In Approved: YES / NO

Staff Signature: _____ Date: _____