

**ELIM TRANSITIONAL HOUSING**  
 3989 CENTRAL AVE. NE, SUITE 565  
 763/788-1546 FAX: 763/788-1672  
 Web site: elimtransitionalhousing.org Email: elimth@qwest.net

Screening Date:    /    /                      Screener: \_\_\_\_\_  
 Date Referred:    /    /    Agency referred to:                      Agency Staff Name: \_\_\_\_\_  
 Client's Last Name:                              First Name:                              Middle Initial: \_\_\_\_\_  
 Social Security #:                              Date of Birth                              Age: \_\_\_\_\_  
 Race Code (circle one) White/ Black/ Hispanic/ Native American Indian/ Asian/ Other/ Unknown  
 Gender (circle one): Male / Female    Annual Declared Income:                              Source: \_\_\_\_\_  
 Last Zip Code: \_\_\_\_\_  
 #Preschool Children (0-5) \_\_\_\_\_ #School Age Children \_\_\_\_\_ #Adults \_\_\_\_\_  
 Shelter Name:                      Room #                      Shelter Admit Date:    /    / \_\_\_\_\_

Length of time in Minnesota (number of months – if less than one month enter 0) \_\_\_\_\_Months  
 Length of time in Hennepin County (number of months (if less than one month, enter 0) \_\_\_\_\_Months  
 Did client live in Hennepin County previously? Yes/No If Yes, when? List years: \_\_\_\_\_to \_\_\_\_\_  
 Does client have family/friends in Hennepin County? Yes / No (Circle one) \_\_\_\_\_  
 Have you ever been in a shelter before? Yes / NO If yes, when? \_\_\_\_\_If yes, what shelter? \_\_\_\_\_  
 Reason client moved to Hennepin County? Please circle descriptions that apply:  
 N/A current Hennepin County Resident / Employment / Flee Violence / Welfare Benefits /  
 Other: \_\_\_\_\_

**Barrier Codes: Please circle the FOUR (4) primary codes that apply:**

<b>A</b> = EA already used	<b>O</b> = Just out of penal institution
<b>B</b> = Battering/ Abuse in home	<b>P</b> = Conflict prevent youth reunification
<b>C</b> = Chemical Dependency/Alcohol/Drugs	<b>Q</b> = Age. (Youth only) under 18
<b>D</b> = Sexual Abuse	<b>R</b> = Criminal record
<b>E</b> = Non English Speaking	<b>S</b> = Limited housing search ability
<b>F</b> = Financial Help needed	<b>T</b> = Male teenager in home
<b>G</b> = Limited Education (less than HS)	<b>U</b> = Eviction or other rental problems
<b>H</b> = No rental history	<b>V</b> = From out of town/state
<b>I</b> = Physical Disability	<b>W</b> = Left shelter before able to serve
<b>J</b> = Limited Housing available, specific problem	<b>X</b> = Application fee paid
<b>K</b> = Severe behavior problems of children	<b>Y</b> = Property damage at rental unit
<b>L</b> = Time Limited illness/condition	
<b>M</b> = Mental Illness	
<b>N</b> = Large family (5+ children)	

Marital Status: \_\_\_\_\_  
 Reason for Homelessness: \_\_\_\_\_

**RELEVANT HISTORY**

Highest Degree and year:	G = Limited Education
Grades:	E = Non English Speaking
Special Education:	Special Ed.
Behavior problems:	GED
ADHD                      ADD                      Dyslexia	Vo-Tech
Other vocational or academic education:	Child Care – barrier to education
Can't read/write/comprehension	

**VOCATIONAL HISTORY**

Current of last job:	No work history
Length of time & reason for leaving:	Hourly pay rate:
Longest job held:	
Length of time & reason for leaving	No ID
Quality of work performance	Child Care – barrier to employment
Quality of relationships with coworkers/supervisors	
Ever fired:	
Current vocational goals:	Job/Job training
Employer's name:	Phone:

**RENT HISTORY**

Previous address:	H=No rental history
Phone #:	J=Limited housing available
Dates Lived there:	L=Limited housing search ability
Reason for Leaving	Q=Age A(youth only) under 18
	U=UD or other rental problem
Previous address:	V=Out of state/town rental history
Phone #:	Y=Property damage at previous rental
Dates Lived there:	R=Criminal Record
Reason for Leaving	O=Just out of penal institution
	Incorrect info on renal history
Previous address:	Landlord tenant education needed
Phone #:	Expungement needed
Dates Lived there:	
Reason for Leaving	

**CREDIT HISTORY**

A=EA already used  
 W=Left shelter before able to serve  
 Credit Problems  
 Bad Checks  
 Excessive Debt  
 Student loan owed  
 foreclosure  
 car repo

**CHEMICAL**

	Last used	Amount	Frequency	
Alcohol	_____	_____	_____	Rule 25 Assessment
Cannabis	_____	_____	_____	C = Chemical Dependency
Cocaine	_____	_____	_____	Alcohol //Drugs
Others	_____	_____	_____	

Physical Symptoms (e.g. black outs, tremors, DT's) Treatment:

Detox:

Inpatient/outpatient treatment (dates, completed?):

Current treatment or AA involvement:

Longest Sobriety:

Motivation for Sobriety:

Behavioral problems due to chemicals: DWI Fines: Restitution:

DUI MADD Panel

**MENTAL HEALTH**

Inpatient treatment (include dates and meds used): M= Mental illness

Needs meds refill

Outpatient treatment (include dates and meds used): Counseling

Medication

Current diagnosis:

Upcoming appointments: Dr. Name:

Phone:

**LEGAL**

O = Just out of penal institution

Number of adult arrests and charges/convictions: STS:

Jail or prison sentences: #\_\_\_\_\_ Felonies #\_\_\_\_\_ Misdemeanors

Current parole/probation: Outstanding Warrants

Child support – non payment

Lawsuits: Legal Assistance

Criminal record – other counties/states UA's required

**PHYSICAL HEALTH**

Pregnant? Y N Due Date: I = Physical disability

Last incidence of abuse: L= Time limited illness/condition

Significant pain or illnessA: Medications

Physical needed

Current meds: Unmet health needs

Limitation to social/recreational activity:

Stress/symptom relationship:

Have you ever Hit your head or been Hit on the head?

Did you go to the ER?

Did you Lose consciousness, or were you dazed and confused?

Did you have any Problems afterwards, like memory, paying attention, staying focused, headaches, etc?

Have you had any Significant illness?

If a person answers two of these questions positively, they should be referred to a Neuropsychologist and a Neurologist for further evaluation of brain injury.

## RELATIONSHIPS

Current support system (if CD, whether sober), number of friends, social activities: Parenting Problems

Are any of your family members in the area? No support

Current primary relationship (problems, abuse, etc.) No friends in area

Child protection:

Kids (problems, abuse, etc.) Worker Name:

Worker Phone:

Current/Past significant relationships: D = sexual abuse

## FAMILY OF ORIGIN

Current quality of relationships with family: B = Battering/abuse in home

D = Sexual abuse

Physical, sexual, or emotional abuses history: K = Severe behavior problem of children

N = Large family (5+ children)

Brief family history; P = conflict prevents youth reunification

Chemical Dependency: T = Male teenager in home

Mental Health:

Describe mother and/or father:

Describe other family members:

LTH status 1 continuous year homeless or 4 X in last 3 years. Y N

Case Number:

Used Bridging Y N

Previous month's income (ie. Earned income - \$800)

HMIS ID #

60 months used? Y N Time left:

Other program involvement:

Name: Contact person: Phone:

Need identification: birth certificate social security card (circle one)

Refugee Asylee Legal Alien Illegal Alien (circle one)