

Online Screening Form

Five14 Revolution

Client Name:

Date of Birth:

Date of Call:

Data Entry: Case Form (Office Use Only)

Clients Current Housing:

Client is currently living.

Behavioral Health Hospital Homeless Hospital Hotel Trap House Other: _____

Does the client have a phone number? Yes No Phone Number: _____

Text Only Can talk on the phone

Medications:

Is the client currently on any prescribed medications? Yes No List: _____

Does the client have any pending charges or previous convictions?

Yes No Times incarcerated in the last 12 months: _____

Explain charges/convictions:

Are you in recovery?

Yes No Clean Date: _____ Program: _____

In the last 6-12 months have you exchanged sexual services for something of value to you? (ex:housing,drugs,food)

Yes No

Current Source of Income:

What is the clients' current source of income? _____

Acceptance of Case:

Accepted into program? Yes No Referral for Housing?: Yes No

Check 1 or more items:

- A Safe Place First Fruits
- Cry Freedom/Goldsboro
- Other: _____ Healing Transitions/Ral/Chr/Req:ref. novant health
- Domestic Violence Hearts Program/Requires Hospital Referral
- Dove's Nest/ Charlotte
- Launch Pad/takes sub/methodone/maintenance
 - Journeymen
- The Miriam/New Bern
- True Justice International. /Morehead