

Five14 Revolution Hotline Prescreen and Intake Form

PRESCREENING

Name: _____.

Date: _____

Contact #: _____ How did you hear about us?

_____ Medications: _____ YES _____ NO Are they on MAT?

_____ Mental Health Diagnoses:

_____ Times incarcerated in the last 12 months: _____ Charges/Convictions:

_____ Have you exchanged sexual favors for money, drugs, food, shelter or basic needs in the past?
_____ Y _____ N If so, how long ago?

_____ If so, please explain:

_____ If not, then they do not meet our criteria to receive services. Please give them a referral to an appropriate organization based on needs stated during this call.

DO NOT COMPLETE THE REST OF THIS FORM IF THE ANSWER IS NO

INTAKE

Contact # _____ DOB/AGE: _____ SS#:

Gender: _____ Race: _____ White _____ Black _____ Hispanic
_____ Asian _____ (Other)

1. Has the victim ever worked for someone in the commercial sex industry: (escort service, massage parlor, pimp, boyfriend)? _____ YES _____ NO

If yes, please explain:

2. Is the victim safe in their current living situation? _____ YES _____

NO

If not, are they interested in an emergency shelter? _____ YES _____ NO

3. If the person is interested in housing, please inform them of the following:
- a. Must be able to climb stairs and be able to climb to a top bunk
 - b. Cannot have violent convictions (less than 10yrs), sex offenses or trafficking convictions
 - c. Cannot have a life-threatening allergy or seizure disorder
 - d. Personal phones are not allowed at all facilities
 - e. Free time may not be available at all programs for the first 2 weeks
 - f. Must agree to drug test, pat search, search of property, breathalyzer
 - g. Smoking may not be allowed or allowed on a restricted basis at some facilities
 - h. Must agree to sign a ROI for referrals to RHA, IFS or similar for mental health evaluations

4. Does the victim have a substance abuse disorder? _____ YES

_____ NO

If yes, please explain:

*Any person identified as having substances in their system at intake to the shelter requires the approval of the CADC or Mobile Crisis to stay at the shelter. (The only exception is when marijuana is the ONLY substance)

5. Does the victim have mental health concerns/diagnoses? _____ Y

_____ N

Any person identified as having mental health concerns may be asked to speak to a representative from Mobile Crisis or RHA for an assessment.

Is the victim experiencing delusions or hallucinations? _____ Y _____ N

If yes, the person must agree to speak to a representative from Mobile Crisis or RHA

6. Does the victim have any medical concerns? _____ YES _____ NO

If yes, please explain:

Is there a history of seizures? _____ YES _____ NO

If yes, please explain:

7. Is the victim currently taking any medications? _____ YES
_____ NO

If yes, please list:

*If there are medications that are not allowed at the shelter, this may result in ineligibility if unwilling or unable to change medications.

8. What other recovery houses (if any) have you lived in this area?

Needs Assessment of Victim (please check all that apply):

- | | |
|----------------------------------|-------------------------------|
| _____ Emergency Shelter | _____ Residential Facility |
| _____ Outreach Center | _____ Food |
| _____ Substance Abuse Counseling | _____ Clothing |
| _____ Mental Health Counseling | _____ Medical/Dental Services |
| _____ Rental Assistance | _____ Detox |

What other forms of support are you currently receiving?

Staff Signature:

_____ Date:

_____ Approved for Program/Shelter

_____ Denied for Program/Shelter Reason for denial:

Signature of Director:
