

ADULT SCREENING INFORMATION FORM

(Use this form to gather additional information based on the Family Intake and Additional Family Information Forms for each family member needing services and/or supports)

Date:		Staff Completed: _____			
Family Member ID:		Last Name:		First Name:	
				Middle Initial:	
Nickname		DOB			Age
Gender			Other Gender		
Section 1. Education / Employment					
Highest Level of Education Completed: <i>(Please check one)</i>					
<input type="checkbox"/> Elementary School		<input type="checkbox"/> Associate		<input type="checkbox"/> Continuing Education Desired	
<input type="checkbox"/> Middle School		<input type="checkbox"/> Bachelor		<input type="checkbox"/> HiSET/GED	
<input type="checkbox"/> High School		<input type="checkbox"/> Graduate		<input type="checkbox"/> Other: _____	
Employment Status: <i>(Please check all that apply)</i>					
<input type="checkbox"/> Homemaker		<input type="checkbox"/> Out of Labor Force		<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Employed Full-time		<input type="checkbox"/> Employed Part-time		<input type="checkbox"/> Other: _____	
Source(s) of Income: <i>(Please check all that apply)</i>					
<input type="checkbox"/> Wages/Salary		<input type="checkbox"/> Social Security/Pension		<input type="checkbox"/> No Income	
<input type="checkbox"/> Unemployment Insurance		<input type="checkbox"/> Child Support/Alimony		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Disability Insurance		<input type="checkbox"/> EAEDC (Emergency Assistance to Elderly, Disabled and Children)			
<input type="checkbox"/> Workers' Compensation Insurance		<input type="checkbox"/> TAFDC (Transitional Aid to Families with Dependent Children)			
<input type="checkbox"/> SSI/SSDI (Supplemental Security Income/ Social Security Disability Insurance)					
Section 2. Physical and Mental Health					
Do you have a disability?		What is your overall physical and mental health? <i>(Please circle one)</i>			
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Did not answer		Poor Fair Good Excellent			
<i>(Please check all that apply)</i>		Do you have any condition(s) that requires regular care or follow-up?			
<input type="checkbox"/> Medical/Physical Health		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Did not answer			
<input type="checkbox"/> Visual		What is/are the condition(s)? _____ _____ _____			
<input type="checkbox"/> Hearing					
<input type="checkbox"/> Developmental					
<input type="checkbox"/> Mental/Behavioral Health					
Have you seen a doctor or nurse practitioner in the last 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Did not answer					
Have you seen a dentist in the last 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Did not answer					
Section 3. Safety					
Safety Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
You feel safe in your home?					
You feel safe at work or school?					
You feel safe on the streets in your neighborhood?					

1) Have you witnessed violence? ☐ Y ☐ N ☐ Did not answer

2) Are you involved in the court? ☐ Y ☐ N ☐ Did not answer

Which court? _____

What reasons? _____

3) Would you like a domestic violence referral? ☐ Y ☐ N ☐ Did not answer

Section 4. Basic Needs

Do you need assistance with:

Food ☐ Y ☐ N

☐ Did not answer

Clothing ☐ Y ☐ N

☐ Did not answer

Section 5. Agency Involvement
Are you involved with any of the following agencies? *(Please check all that apply)*
☐ MassHealth

☐ DTA (Department of Transitional Assistance)

☐ DCF (Department of Children and Families)

☐ DYS (Department of Youth Services)

☐ DMH (Department of Mental Health)

☐ DDS (Department of Development Services)

☐ Other: _____

☐ Community Agency: _____

☐ City/Town Resources:

Section 6. Civic Engagement
Are you involved with any of the following: *(Please check all that apply)*
☐ Sports

☐ Fine Arts (e.g., painting, drawing)

☐ Performing Arts (e.g., music, dance, theater)

☐ Civic Organizations

☐ Other: _____

☐ Community Service Projects

☐ Volunteering

☐ Scouting

☐ Faith-based Organizations

Section 7. Disposition
For office use only

Staff Updated: _____

Date: _____

Staff Updated2: _____

Date: _____

Notes: