



## TurningPoint Transitional Living Program

### SCREENING INTERVIEW

Date/Time of Referral: \_\_\_\_\_ Interview Date/Time: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Approved for Admission? Yes / No  
Callback #: \_\_\_\_\_ Decision Notification Date/Time: \_\_\_\_\_  
Pre-Application Plan: \_\_\_\_\_  
Decision Plan: \_\_\_\_\_  
\_\_\_\_\_

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Foster Care? Yes / No Age: \_\_\_\_\_

#### Current Living Situation

Reason(s) for requesting services/ staying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date placement needed by: \_\_\_\_\_

#### Mental Health History

Mental Health & Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

#### Legal Issues

Legal History At Any Time: (arrests, charges, and/or convictions; explain)/ Probation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Sex Trafficking Concern

Have you ever had sex for things of value (for example, money, housing, food, gifts, or favors)?

\_\_\_\_\_

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**Any Broken Leases/Evictions?**

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**Personal Documents:** \_\_\_\_\_

**Staff Name (Print):** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### **History of Substance Use**

Substance Use History: (which substance & for how long) \_\_\_\_\_

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### **Education**

Name of Current or Last School Attended: \_\_\_\_\_

Currently Enrolled?    Yes    /    No                      Grade Level: \_\_\_\_\_

### **Employment History**

Currently Employed?    Yes    /    No

Name of Employer: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_