

## **TurningPoint Transitional Living Program**

### **SCREENING INTERVIEW**

Date/Time of Referral:	Interview Date/Time: _ Approved for Admission? Yes / No		
Referred by:			
Callback #:	Decision No	ion Notification Date/Time:	
Pre-Application Plan:			
Decision Plan:			
Youth Name:		DOB:	
Previous Foster Care? Yes /		Age:	
C	Current Living Si	ituation	
Reason(s) for requesting services/ s	taying:		
Date placement needed by:			
	Mental Health H	listory	
Mental Health & Medical Diagnosis:			
Current Medications:			
	Legal Issue	es	
Legal History At Any Time: (arrests, o	charges, and/or c	convictions; explain)/ Probation	
	<del></del>		

#### **Sex Trafficking Concern**

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

Any Broken Leases/Evictions?			
Personal Documents:			
_			
Staff Name (Print):			
`			
Staff Signature:		Date:	



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## **IN PERSON INTERVIEW**

Staff Interviewing:			
Interview Date/Time:			
Interview Notes:			
Past Psychiatric Hospitalizations: (when/where/length of stay)			
Montal Health 9 Medical Diagnosia			
Mental Health & Medical Diagnosis:			
Current Medications:			
Past Medications:			
Willing to take medication prescribed by a psychiatrist, if needed? Yes / No			

### **History of Substance Use**

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