Assessment Date: ___/___/___

HOPE STREET
Housing + Community

POTENTIAL NEW MEMBER ASSSESSMENT

PERSONAL INFORMATION

Client Name: _____Birthdate: ___/___/___ Age: _____ Sex: _____
Currently Living: _____
Phone #: _____ When are you looking to become a Member? ___/___/___
Please check the following: Single Adult: _____ OR Family: _____
Number of Kids (If Applicable): _____ Kid Age(s): _____
Relationship Status: Married ____ Divorced ____ Single ____ In a Relationship ____
If in a relationship please describe: _____
_____

List three good habits:
1. 2. 3.

List three bad habits:
1. 2. 3.

On a scale of 1 to 10 with 1 being poor health and 10 being great health- How would you rate your:

Physical health_____ Mental Health_____ Emotional Health_____ Spiritual Health_____

How many hours per week would you like to invest to improve your health in each area?

Physical health_____ Mental Health_____ Emotional Health_____ Spiritual Health_____

How many hours of volunteer work do you currently do? _____
Where? _____

Which would you say best describes your thoughts:
____ I know me. _____ I don't know me.

Describe any areas of your life that you see yourself as broken _____
_____
Describe any areas of your life that you see yourself as healed or healing _____
_____

Think of the worst thing you have ever done. Which best describes how you feel when you think of it?
___ Sad ___ No Feeling ___Angry ___ I want to vomit ___ All of the above ___ None of the above

What is the best curfew? ____ 8 p.m. ____ No curfew ____ Midnight

What is the best curfew? _____ 8 p.m. _____ No curfew _____ Midnight
When was the last time you really got mad? _____
Why? _____

List 2 goals do you have for the next 30 days? _____
List 1 goals you have the next 6 months? _____
_____

Which is worse: _____ Not signing out of the building when required _____ Breaking Curfew

When was the last time you attended church? _____
What passage of the Bible did the Pastor speak from? _____

How often would you like to be tested for drug or alcohol use? _____
How long do you think is reasonable for a resident to have to leave if they drop dirty for a UA?
_____

What is the benefit of not ever cleaning your room?
_____

What is worse: _____ Sex with someone you are not married to _____ Smoking in a non-smoking area?
Why_____

Do you think it is reasonable to have to walk up 3 flights of stairs 3 times a day for 7 days a week? _____

Would you rather (circle one): wash dishes -or- clean toilets?

What is the Bible?
_____

How did you find out about Hope Street?
_____

In your own words, describe why you would NOT be a good fit to become a member at Hope Street Ministry: _____
_____
_____

Is there any other comments you think we should consider?

_____

_____

_____

_____

_____

_____

EMPLOYMENT INFORMATION

Currently Employed? _____ Full Time____ Part Time ____ Income $_____ Freq. _____

Other Income Source _____ Monthly Income: _____

PERSONAL INFORMATION

Client Name: _____
Drivers License #: _____ Issuing State: _____

MEDICAL HISTORY & MAJOR HEALTH ISSUES

Medical History (check all that apply): ___ High Blood Pressure ___ Diabetes ___ Heart Disease ___
Gout ___ Back Problems ___ Respiratory Problems ___ Asthma ___ HIV/AIDS ___
Hepatitis (Type:_____)

MENTAL HEALTH

Mental Health Issues: (Check all that apply):

___ Depression ___ Mental Illness ___ Suicidal Thoughts ___ Paranoia ___ Schizophrenia ___
Hallucinations ___ Hearing Voices ___ Seizures ___ Head Trauma Current: _____

MEDICATIONS & DOSAGE

Name: _____ Dosage: _____
Name: _____ Dosage: _____
Name: _____ Dosage: _____
Name: _____ Dosage: _____
Name: _____ Dosage: _____
Name: _____ Dosage: _____

EDUCATION

High School Diploma or GED: Yes ____ No ____ Last Grade Completed in School: _____
Can you read and write? Yes ____ No ____
Plans for furthering Education: Yes ___ No ____

CRIMINAL HISTORY

Have you been convicted of a crime? Yes ___ No ___
If Yes, list convictions and crimes not sentenced of yet:

_____

Are you currently incarcerated? Yes ____ No ____If yes, what is your release date? _____
Registered Sex Offender? Yes ____ No ____ Currently on Probation or Parole: Yes ____ No ____
When will you be off supervision: _____
Terms of Supervision:_____
Agent Name: _____ Phone #: _____

ADDICTION HISTORY

Drug(s) of choice (check all that apply): ___ Alcohol ___ Cocaine ___ Heroin ___ Marijuana ___ Prescriptions ___ Other _____

Age you began using: _____ Longest Period of sobriety: ___ Current length of sobriety:_____
Have you completed any treatment: _____ When?_____ Any other addictions: _____

Summary of drug abuse history:

_____
_____
_____

REFERRAL SOURCE

_____ Rescue Mission
_____ Treatment Center- Specify _____
_____ County
_____ Church- Specify _____
_____ Walk In
_____ Resident Referral – Specify _____
_____ Word of Mouth
___ Staff Referral – Specify _____
___ PAN
_____ Community Corrections- Specify _____
_____ Ministry - Specify_____
_____ Other: _____

EMERGENCY CONTACTS

Name: _____
Phone: _____ Relationship: _____

Name: _____
Phone: _____ Relationship: _____