

Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**HOPE  
STREET**  
Housing + Community

## POTENTIAL NEW MEMBER ASSESSMENT

### 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



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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?

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### **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

**\*At this time we are unable to support applicants on M.A.T. (medically assisted treatment: i.e. methadone, suboxone, vivitrol, etc). Applicants will not be considered until they have been off of M.A.T. for 30-90 days. We acknowledge this is a helpful part of many peoples' journeys. However, this is not something we can support at this time.**

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:

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## 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: \_\_\_\_\_