

# INTAKE SCREENING TOOL – Completed by referring party



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

Clients Name \_\_\_\_\_ Client DOB: \_\_\_\_\_

Ph.# \_\_\_\_\_ 2<sup>nd</sup> Ph.# or email \_\_\_\_\_

Back up contact if we can't reach client: \_\_\_\_\_

Referral's Name \_\_\_\_\_ Referral phone: \_\_\_\_\_

Reason for Call/Contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why would this person be a good fit for SFTSM? \_\_\_\_\_

Currently Homeless or  Impending Homelessness  Other \_\_\_\_\_

Currently living/staying? \_\_\_\_\_ How long have they been there? \_\_\_\_\_

## Family information

Name	Age	Gender	School	Grade

## Vision:

SFTSM offers Christ-centered restoration during the storms of life.

**\*\*Please note we will help anyone who wants our help, regardless of their faith status.\*\***

## Share Mission:

SFTSM provides relief, rehabilitation, and development through:

Shelter – finding/providing short-term housing for those facing homelessness

Training – Teaching life skills leading to independence

Opportunity – Providing a network of community resources

Relationship – Connecting with God, self, others and creation

Mentoring – Modeling with compassion and accountability

Support – Encouraging through prayer, listening and leadership

## State:

SFSTM tests for alcohol and drug usage *prior* to and *throughout* the program. Are you still interested in completing an application?  Yes  No

Completed by: \_\_\_\_\_ (Name of Agency) \_\_\_\_\_