

Sample Pre-Screen Form

Appointment Made by: Client Parent/Guardian P.O. Attorney Other

Date: _____ Kansas Resident: ___ Yes ___ No Completed by: Ada Sherry Mandy

Client Name: _____ MI _____ Female Maiden Name: _____

DOB: _____ AGE: _____ SEX: M/F SSN: _____

City: _____ County: _____

Home phone # _____ Other Phone # _____

Referred by: _____

Do you meet any of the following criteria? ___ Currently Pregnant ___ Woman w/dependent children
___ IV Drug use within last 6 months ___ Referred by SRS(Department/agency: _____)

Have you been assessed or screened by us before? Y/N If yes, when: _____

Is assessment regarding a DUI? Y/N If yes: ADSAP done at: _____

Are you a SB 123 client? Y/N If yes: Referred back to P.O.

If parent or legal guardian is scheduling for adolescent will need:

Parent/Guardian Name if adolescent: _____

Informed Parent/guardian that he/she must be present at the time of the assessment? Yes/No/NA

In household _____ # under 18 _____ Total household income \$ _____

If adult scheduling for self or another adult will need:

Marital Status: ___ Married ___ Common-Law ___ Separated (Over 90 days)
___ Divorced ___ Single

In household _____ # under 18 _____ Total household income \$ _____

What was your income for the last 3 months to a year? \$ _____

Client is: (Circle one that applies to this client)

Priority clients at or below 200% of the FPG Priority client above 200% FPG

Medicaid Clients All other clients above 100% FPG

Receiving General Assistance All other AAPS eligible clients at or below 100% FPG

INITIAL APPT.

RESCHEDULE

2nd RESCHEDULE

Date: _____

Date: _____

Date: _____

Time: _____

Time: _____

Time: _____

Place: _____

Place: _____

Place: _____

Counselor: _____

Counselor: _____

Counselor: _____

Client/Referent informed of need to bring proof of residency & income, fee for assessment and informed that cancellations must take place 24 hours prior to appointment or client is responsible for fee ___ Yes