



4000 S. West Avenue • PO Box 88145  
 Sioux Falls, SD 57109-8145  
 Phone (605) 332-3273 • Fax (605) 332-6410

## Residential Services Screening

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Referral Source (circle one):** Self Admit, Parole, Court Services, Drug Court, Treatment Provider, Attorney

Referral Name: \_\_\_\_\_

**Please provide an explanation of any "yes" answers. When submitting, include a copy of your identification card, driver's license, social security card or work immigration card.**

### Medical History:

Please answer the following regarding your medical history.	Yes	No
Do you take any medications?		
Will you need refills of medications at admission?		
Have you been hospitalized in the last 30 days?		
Do you require assistance with any personal care? (feeding, bathroom, hygiene)		
Have you applied/do you need to apply for SSI/SSDI?		
Are there any reasons you are unable to work?		
Do you need help getting an ID, SS card, immigration card? (If available, provide copies)		

Please explain any "yes" answers: \_\_\_\_\_

### Mental Health History:

Please answer the following regarding your mental health history.	Yes	No
Do you take any medications?		
Will you need refills of medications at admission?		
Have you ever been diagnosed with a severe mental illness?		
Have you attempted suicide, self-harm or had psychiatric hospitalization in the last 30 days?		

Please explain any "yes" answers: \_\_\_\_\_

### Legal History:

Please answer the following regarding your legal history.	Yes	No
Have you ever been charged with any crimes involving a firearm?		
Do you have to register for a sex offense?		
Are you involved with a 24/7 program?		
Do you have a personal relationship with anyone employed at Glory House?		
Have you ever been terminated from Glory House services?		

Please explain any "yes" answers: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have completed this application to the best of my abilities. I understand this is confidential information that is used for placement into services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date