

Gateway Landing
A Healing Place for Men

APPLICANT INTAKE SCREENING FORM Date of Screening _____

Name _____

Address _____

City/State/Zip _____

Phone (____) _____

DOB _____ AGE _____ Height _____ Weight _____

Marital Status _____ Number of Children _____

If not married do you have a significant other YES NO

Does applicant have proper picture ID YES NO Social Security Card YES NO

Nature of Applicant's problem _____

Does the applicant have a particular religious background _____

Any Medical problems _____

Any allergies to foods? Medication? Cats/Dogs? _____

Any Medical Insurance _____

Mental Health Problems YES NO _____

Are you considered disabled? YES NO Are you able to work? YES NO

Are you currently taking any medications? YES NO If yes what are they and what dosage _____

Do you have any problems reading or writing YES NO

Are there any court cases/legal issues pending YES NO Any warrants YES NO

On Probation/Parole/Pending YES NO If yes When and where _____

Are you currently receiving Food Stamps? YES NO

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Are you currently paying child support? YES NO

Are you a Veteran? YES NO If so what branch of military service and how long?

Do you smoke or use tobacco products? YES NO

Gateway Landing is a non-smoking program. If a smoker are you willing to stop? ____

Is there any additional information that you think is important to your application that we have not addressed?

(Please read the following statement to the student via phone)

Do you certify that the information you have provided is true to the best of your knowledge and belief? Deliberate omission and failure to provide accurate answers to questions asked could result in not being accepted in the program or immediate dismissal from the program if accepted. Gateway Landing staff will review the information. A face to face interview will be granted if basic qualifications for consideration for admission are met. Submission of this information does not guarantee admission to the program.

Staff Signature _____ Date _____

(Student sign at face to face intake interview)

By my signature, I am certifying that all the above information is true to the best of my knowledge and belief. I have omitted nothing and have provided accurate answers to the questions asked. I understand that Gateway Landing staff will review my information and consider a face to face interview. Deliberate omission and failure to provide accurate answers to the questions asked could result in not being accepted in the program or immediate dismissal from the program if I am accepted.

Student Signature _____ Date _____