

Miriam's House, Inc.
P.O. Box 3196 Lynchburg, VA 24503-0196
Phone (434) 847-1101 Fax (434) 528-2725



Pre-screening Application

Referring Agency: _____ Date: _____

Worker: _____ Phone: _____

Client's Name: _____ Age: _____

Client's Phone: _____

Marital Status: _____ Number of children that will reside at Miriam's House: # _____

Children: Full Name: _____ Age: _____ Sex: _____
Full Name: _____ Age: _____ Sex: _____
Full Name: _____ Age: _____ Sex: _____
Full Name: _____ Age: _____ Sex: _____

Where did the client reside last night? _____

Where will the client reside tonight? _____

Last permanent address: _____

Presenting Issues (Substance abuse, mental health or developmental delays or physical impairments): _____

Legal Status

Pending charges: _____

List all income sources:

<u>Source</u>	<u>Gross monthly amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Client's Statement

Directions: The client must complete this page in her own words.

LENGTH AND FREQUENCY OF TIME SPENT HOMELESS

List all the times you have been homeless and the length homeless each time. Please fill in all gaps of time.

Where I stayed

From

To

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR LIVING SITUATIONS

List every place you have lived in the past three months and the dates you stayed there.

Where

Length of stay

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LOCATION OF FAMILY AND POTENTIAL RESOURCES

List any family member that you can stay with or any other resource you have for housing.

YOUR ATTEMPTS TO FIND APPROPRIATE HOUSING

List all attempts you have made to find somewhere to stay rather than going to a shelter or transitional housing.

YOUR ATTEMPTS TO FIND FINANCIAL RESOURCES

What money or other ways do you have to get rental housing?
