

Prevention Supplemental Intake Form

If linked to a mental health agency please list: _____

Pregnant No Yes

Due Date: _____

OR:

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

Employment

Employed

- Yes
- No
- Data not collected

If Employed Average Number of Hours Worked Per Week

If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

Last Grade Completed

Highest Level of Education Attained

- | | |
|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> GED | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Some College | |

Number of Credit Hours (Success Bridge Only): _____

Received Vocational Training

- Yes No Client doesn't know Client doesn't know Data Not Collected

Prior Address Information

Prior Street Address: _____

Prior City: _____ Prior County: _____ Prior Zip: _____

General Area of Previous Residence

- | | |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus) | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus) | <input type="checkbox"/> Client Doesn't Know |

Current Address Information

Current Street Address: _____

City: _____

Zip Code: _____

Evictions & History

Ever Been Evicted?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

If Yes, in the Last 12 Months?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

Rental Evictions Within the Past 7 Years

- 4 or More Prior Rental Evictions
- 2-3 Prior Rental Evictions
- 1 Prior Rental Eviction
- No Prior Rental Evictions

Felony Criminal History

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

Child Protective Services Involvement

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data not collected

Primary Reason for Housing Crisis

- Alcohol and/or Drugs
- Divorce/Separation
- Eviction
- Family Violence (inc. physical/emotion abuse)
- Household Expansion Required Relocation
- Legal Issues (utility arears, etc.)
- Loss of Income
- Medical Emergency
- Mental Disability
- Natural Disaster
- Physical Health Problems
- Pregnancy
- Relationship Problems
- Rental Eviction Notice
- Substandard Housing

Secondary Reason for Housing Crisis

- Alcohol and/or Drugs
- Divorce/Separation
- Eviction
- Family Violence (inc. physical/emotion abuse)
- Household Expansion Required Relocation
- Legal Issues (utility arears, etc.)
- Loss of Income
- Medical Emergency
- Mental Disability
- Natural Disaster
- Physical Health Problems
- Pregnancy
- Relationship Problems
- Rental Eviction Notice
- Substandard Housing

COVID Vaccine Information

COVID Vaccine Received

Fully vaccinated

Not vaccinated

Partially vaccinated

Client doesn't know

Vaccine Brand Options

Pfizer

Johnson & Johnson

Moderna

Date of 1st dose: _____

Expected date of 2nd dose: _____

Date of 2nd dose: _____

Client Signature: _____

Date: _____