



ABIGAIL'S PALACE RECOVERY HOUSING PROGRAM

PRE-SCREEN QUESTIONNAIRE

PURPOSE

Attached is a pre-screen questionnaire for potential Abigail's Palace residency candidates to complete in full. The questionnaire is used to identify a candidate's eligibility for the recovery housing program. By answering all questions honestly Latter Rain Outreach, Inc./Abigail's Palace may be able to provide additional resources for candidates. And potential success for the completion of the program is what the pre-screen questionnaire will determine.

INTAKE PROCESS

Latter Rain Outreach, Inc. has a three-part intake process for Abigail's Palace Recovery Housing Program: (1) **referral**, (2) **pre-screen questionnaire**, and (3) **interview**. It is important the candidate is open and honest during the pre-screen process to provide the most applicable resources. After the candidate completes the pre-screen process an outcome will be decided within **1 to 2 business days**. Not every applicant is guaranteed entry into the program.

Applicants that are approved for recovery housing are asked to bring only the listed clothing: Three pair shoes, one pair house slippers, seven outfits, 2 pair pajamas, underwear, and bathrobe.

DOMESTIC VIOLENCE AND TRAFFICKING VICTIMS

Latter Rain Outreach, Inc. has contact with many additional organizations that provide help for these women currently in or who are recent victims of domestic violence, the assailant or have experienced human trafficking.

All candidates will receive a handbook upon acceptance into the Abigail's Palace Recovery Housing.

Abigail's Palace is a Faith-Based Program. We believe that incorporating faith is an enhancement to recovery.

- **Smoke-Free Environment:** smoking is not allowed within the home.
- **House Rules:** Residents will be expected to follow all house rules. Rules include chores, curfew, television, etc.
- **Zero Tolerance:** drugs and paraphernalia are not allowed. Random drug screens/breathalyzer are required.
- **Finances:** residents will work towards budgeting and savings.
- **Substance Abuse Therapy:** residents are required to attend regular individual therapy sessions as required by Therapist,
- **Work:** (unless receiving SSI/SSDI) all residents are expected to obtain employment.



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GENERAL INFORMATION

Name Address

City State Zip Code

Phone

Birthdate Age Height Weight

MARITAL STATUS

Married	<input type="checkbox"/>	Engaged	<input type="checkbox"/>	Remarried	<input type="checkbox"/>
Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Living with someone	<input type="checkbox"/>		

HOUSING

Homeless: Apartment: House: Room:

EDUCATION

K-12: Some High School: GED : High School Diploma:
 Some College: College Degree: Technical/Trade School:

PHYSICAL HEALTH INFORMATION

Do you have a primary care physician (PCP) ? Yes No

If yes, who, phone number, and location?

When was your last wellness check-up?

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How would you rate your overall physical health?

Excellent: *Very Good:* *Good:* *Average:* *Poor:* *Very Poor:*

List all physical health conditions:

Closed head injuries? **Yes** **No** When?

Any other physical disabilities?

SUBSTANCE ABUSE check all that apply

- Alcohol
- Amphetamine
- Methamphetamine
- Ecstasy
- Cocaine
- Oxycodone
- Heroin
- Opioid

COMMUNICABLE DISEASE? Check all that apply

- Herpes
- HPV
- Aids
- Hepatitis A B C
- Chlamydia
- Gonorrhea

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MENTAL HEALTH INFORMATION

Do you have a psychiatrist? Yes No

If yes, who, phone number and location:

--

When was your last medication review/psychiatrist appointment?

--

List all MENTAL health diagnosis:

--

Have you ever been to inpatient psychiatric treatment? Yes No

If yes, how many times total?

--

If yes, last hospitalization date?

--

Have you ever attempted suicide? Yes No

If yes, how many times?

--

If yes, when was the last attempt date?

--

Do you have any trouble sleeping? **Yes No**

Do you have any trouble with your eating habits? **Yes No**

DOMESTIC VIOLENCE

Have you been charged with domestic /previous aggressive or violent behavior? **Yes No**

Are you a victim of domestic violence? Yes No

Are you currently fleeing from domestic violence? Yes No

If yes, are you still involved with the abuser? **Yes No**



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If yes, when was the last date you were abused?

Check all the types of domestic violence you have experienced below:

Verbal Physical Mental Sexual Emotional

HUMAN TRAFFICKING

Are you a victim of human trafficking? **Yes** **No**

Are you currently fleeing from trafficking? **Yes** **No**

CRIMINAL HISTORY: Abigail's Palace will conduct a criminal background check.

Have you been convicted of any felonies/misdemeanors in the last five (5) years? **Yes** **No**

SUPPORT SYSTEM INFORMATION

Do you have any current support system? **Yes** **No**

Who do you receive the most support from?

How many people are in your support system total?

How long were you in your last marriage/dating/partner relationship?

When did that relationship end or still involved?

PERSONALITY AND BEHAVIORAL INFORMATION

Check any of the following behavior that currently describe you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Overeat | <input type="checkbox"/> Loss of Control | <input type="checkbox"/> Sleep Disturbance |
| <input type="checkbox"/> Outburst of Temper | <input type="checkbox"/> Smoke Cigarettes | <input type="checkbox"/> Compulsive |
| <input type="checkbox"/> Can't Keep A Job | <input type="checkbox"/> Passive Behavior | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Take too many risks | <input type="checkbox"/> Phobias Not Eating | <input type="checkbox"/> Aggressive Behavior |
| <input type="checkbox"/> Impulsive Reactions | | |



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How would you rate your overall level of stress or tension during the past month?

CHECK ALL APPLY

Very Severe Mild Moderate Severe

What date did the stress/tension begin?

What seems to worsen your stress/tension?

What have you tried to help alleviate stress/tension that has worked?

List your five main fears below:

1.
2.
3.
4.
5.

PROGRAM SPECIFIC QUESTIONS

How do you think staying at Abigail's Palace will benefit you?

What is your usual reaction to constructive criticism?

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List three goals you would like to accomplish while staying at Abigail's Palace.

1.
2.
3.

How easy or difficult is it for you to change?

SPIRITUAL INFORMATION

What is your religious/denominational preference?

What church/synagogue/Mosque (if any) do you attend?

How often do you attend?

Abigail Palace Residents are allowed to bring the following items with them: (1) three pairs of shoes, (2) one pair of house shoes, (3) seven outfits and (4) two pairs of pajamas. No clothing will be allowed with violent sayings/logos, substance use sayings/logos and clothing that is revealing. All residents must be fully clothed while in the house common areas.

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Social/Service and Criminal Background Check

First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>
Street <input style="width: 100%;" type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>		
Social Security #:	<input type="text"/>	Race:	<input type="text"/>	Sex:	<input type="text"/>

I, , hereby authorize the Department of Health and Human Services and the all Michigan Public Safety, Michigan Department of Corrections, Kalamazoo, Probation Enhancement Program, Kalamazoo Drug Court, to release any and all information pertained in their files under the assumed name and description above. This information is used to assist Latter Rain Outreach, Inc. in determining my eligibility for acceptance into the Abigail's Palace Recovery Housing Program.

I also hereby release Latter Rain Outreach, Inc., The staff, Abigail's Recovery Housing Program, and staff and volunteers from liability or damage resulting from supplying the above requested personal information.

Signature Date

Print Name

Witness

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A shelter for the body. A community to nurture and empower the spirit.