



# Client Services Screening Tool

Applicant Name	
County of Residence	
Address	
Phone Number	
Best Time Contact You	
Email	

Please answer the following questions:	Yes	No
Do you own your own home?		
Do you need repairs to your home?		
Does your heating system/air conditioning system work?		
Does your home have insulation?		
Do you need child care for a 3 or 4 year old?		
Are you interested in continuing your education?		
Are you interested in job development or job placement?		
Do you need healthy marriage/relationship assistance?		
Do you have transportation for school or work?		
Are you 50 years or better and looking for health, wellness or socialization activities?		
Are you 60 or better and need congregate nutrition, home delivered meals, transportation or legal services?		
Are you 50 years or better and seeking a volunteer opportunity?		

COMMENTS: (Please list specific need):

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Completed by \_\_\_\_\_ Program \_\_\_\_\_ Date \_\_\_\_\_

Refer or copy to: CSBG \_\_, DV/SA \_\_, HS \_\_, MHS \_\_, RSVP \_\_, Sen Ctr \_\_, Sen Enr \_\_, TSP \_\_, WEA \_\_