



Grace Recovery

Where the lost are found

GRACE HOUSE NEEDS SCREENING FORM

In Your Own Words:

I need assistance with the following:

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Housing, Medical Care, Education, Hygiene, Cleaning | <input type="checkbox"/> Paying Rent/Utilities |
| <input type="checkbox"/> Shopping & Meal Preparations | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Health and Wellness Services |
| <input type="checkbox"/> Securing Benefits | <input type="checkbox"/> Money/Debt Management |
| <input type="checkbox"/> Opening a Bank Account | <input type="checkbox"/> Taking Medication as Prescribed |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Relapse Prevention Information |

Do you attend AA/NA? Yes No If yes, when/where did you last attend? _____

Have you ever had a Sponsor guide you through the 12 Steps? Yes No

What steps have you completed? _____

What do you think is your biggest or most challenging issue? _____

Are you interested in maintaining a sober lifestyle? Yes No Not sure

What are your relapse triggers? _____

What are your strengths? _____

What are your short-term goals? _____

What are the barriers to your goals? _____

What specific assistance or support do you suggest that could potentially help you to reach these goals?

Is there anything else you can tell us about yourself that you believe can assist us, in achieving your goals?

PRINT NAME: _____

SIGNATURE: _____ DATE: _____