**CABHI/CABHI Enhancement Screening Form**

**Applicant’s Name:** **Date:**

**SSN: DOB:**

1. Describe your living situation for the past 12 months. (HUD Chronic Homeless Definition 12 months of homelessness in the last 3 years):
2. Do you have any unearned income (VA benefits, pension, etc.)? Assets?
3. Have you had any prior applications for SSI or SSDI?
4. Are you working with a case manager?
5. When did you feel that you were no longer able to work due to your conditions?
6. Medical condition(s) that prevent from working?
	1. When Diagnosed? Prognosis?
7. Current treatment:
8. List all treatment providers for this condition:
9. Medications? Side effects?
10. Hospitalized for condition? When/Where?
11. Last time worked? Title and duties? How long?
12. Reason stopped working?
13. Job History past 15 years? Title and duties:
14. Are you currently working with an employment counselor?
15. Are you interested in employment (working with an IPS Employment Specialist)?
16. What is making it difficult for you to work and keep a job?
	1. Physical Limitations
	2. Psychological Limitations
		1. Activities of Daily Living
		2. Concentration/Persistence/Pace
		3. Social Functioning
		4. Episodes of Decompensation
17. Have you ever used drugs or alcohol?
18. Have you ever been in treatment for drug/alcohol abuse?

***Disposition(s)***

\_\_\_\_\_\_ Start SSDI/SSI application

\_\_\_\_\_\_ Refer to IPS Employment Specialist

\_\_\_\_\_\_ Discharge, Reason:

\_\_\_\_\_\_ Other (explain):

***Notes:***