



314 Fillmore Street, Box 5458, Bethlehem, PA. 18015
Phone: (610) 691-3373 - Fax: (610) 974-9334

www.victoryhouselv.org

Client Screening Application

Today's Date: _____

Personal Information

Full Name: _____ D.O.B: _____
Last First M.I.

Last Address: _____
Street Address Apartment/Unit #

City State ZIP Code

County: _____ Phone: _____

Are you a citizen of the United States? YES ☐ NO ☐

Have you ever resided at Victory House in the past? YES ☐ NO ☐ If yes, when? _____

Do you have any sex offense or arson charges? YES ☐ NO ☐ If yes, explain: _____

Where did you sleep last night?

Drug and Alcohol

Do you have a history of drug and/or alcohol? YES ☐ NO ☐

If yes, what is your drug(s) of choice? _____

Last date of use? _____

Are you currently in treatment? YES ☐ NO ☐

If yes, where are you being treated? _____

Mental Health

Do you have a mental health diagnosis? YES NO
 ☐ ☐

If yes, what is your diagnosis? _____

Are you currently in treatment? YES NO
 ☐ ☐

If yes, where are you being treated? _____

Health Insurance

Do you currently have active health insurance? YES NO
 ☐ ☐

If you have state health insurance what county are you insured through? _____

Physical

Do you require any assistive walking
devices such as a cane, walker,
wheelchair, etc.? YES NO
 ☐ ☐

If yes, explain: _____

Do you have any breathing difficulties that
may require oxygen therapy? YES NO
 ☐ ☐

If yes, explain: _____

Military Service

Are you a Veteran? YES NO
 ☐ ☐

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Referral Source

- ☐ Self
- ☐ Friend/Relative
- ☐ Treatment Provider
- ☐ Hospital
- ☐ Other

Name of person Submitting referral: _____

Phone number: _____

Email: _____

Preferred Method of Contact (Check Box):

☐ Email

☐ Phone Call

Alternate contact information:

Name: _____

Number: _____

Relationship: _____

Form Submission

Please complete the form in its entirety, as not doing so may prolong or eliminate your application from the process. You may submit via fax, email or in person. Once received a staff member will contact you regarding setting up an interview. Please allow up to 48 business hours for a staff member to contact you.

Fax: 610-974-9334 **Email:** vhreferral@victoryhouselv.org **Address:** 314 Fillmore St. Bethlehem, PA 18015

VH STAFF ONLY

DATE RECEIVED: _____ STAFF INITIALS: _____

INITIAL CONTACT DATE: _____ RESULT: _____

SECOND ATTEMPT: _____ RESULT: _____

THIRD ATTEMPT: _____ RESULT: _____