



314 Fillmore Street, Box 5458, Bethlehem, PA. 18015  
Phone: (610) 691-3373 - Fax: (610) 974-9334  
[www.victoryhouselv.org](http://www.victoryhouselv.org)

## Client Screening Application

### 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: \_\_\_\_\_

### 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 mental health 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, wheel chair, etc.? YES NO

If yes, please describe: \_\_\_\_\_

**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: \_\_\_\_\_

**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. Please allow up to 48 business hours for a staff member to contact you.

Fax: 610-974-9334

Email: [Vhreferral@victoryhouseelv.org](mailto:Vhreferral@victoryhouseelv.org)

Address: 314 Fillmore St. Bethlehem, PA 18015