



# Initial Screening and Assessment Form

## Applicant's Details

Enquiry Date

First Name

Last Name

## 1. Funding

Has the applicant obtained an aged care assessment? If not, are they eligible?  
Please provide more information.

Yes  No  Don't Know

## 2. Anti-Social Behaviours

Does the applicant have a history of any specific behavior issues? For example; absconding, verbal aggression, physical aggression or any other difficult or anti-social behaviours we should be aware of?

Yes  No  Don't Know

## 3. Forensic/Criminal History

Does the applicant have any criminal convictions? If yes, please provide details of offences.

Yes  No  Don't Know

Are there any pending court cases or judicial orders? For example, parole? If yes, please provide more information.

Yes  No  Don't Know

Clear Form



Save Form



Print Form





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## 4. Drug/Substance Abuse

Does the applicant have a history of or current drug or alcohol abuse?

Yes  No  Don't Know

If so, please elaborate of the types of substances used and the period of abuse.

## 5. Other Information

Is anything else we should be aware of?

Yes  No  Don't Know

Is this Applicant suitable for admission to Corpus Christi Community? Yes  No

If no, please detail reasons why:

Assessors Name

Signature

Date