



FCS Program

Pre-Screening

Today's Date: _____

FCS Service Requested Employment/Housing

Immediate crisis need:

Personal Information:

Full Name: _____ D.O.B: _____

Phone: _____ Email: _____

Housed/Unhoused

Mailing Address: _____

Type of Income: SSI/SSDI Employed Part time/Full time Unemployed TANF/SNAP

Rental History: Yes or No Eviction History: Yes or No

Transportation: Vehicle or Public Transportation

Criminal record: Yes or No If yes, when was the conviction: _____

Housing Program: _____

Have you ever received treatment for addiction or mental health? Yes, or No?

Treatment Organization: _____

Would you like information on receiving a MH/SUD assessment? Yes, or No?

Do you have any disability requiring a caregiver? Yes or No

Are you enrolled in Washington State Medicaid? Yes or No Provider One Number: _____

Verbal consent to look up Provider One Number

Please sign giving us verbal consent to submit.

Applicant: _____

Agency Staff: _____