



Screening Location: \_\_\_\_\_

### Quick Screen

Client Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. How did you hear about us?  Case Manager  Flyer  Friend  Mailing  Other: \_\_\_\_\_
- 2. Are you currently working? (If no, move to question 3. If yes, skip to 6)  Yes  No
- 3. If no, are you on Public Assistance?  Yes  No
- 4. If yes, did your PA case close less than 12 months ago?  Yes  No  
*If yes, tell them about benefits available to them once they are transitioning off PA, i.e. TCC and Transitional Medicaid*
- 5. Are you a student?  Yes  No
- 6. If yes, what is your work schedule? \_\_\_\_\_
- 7. Approximately, what is your income? \_\_\_\_\_  Wkly.  Monthly  Yrly.
- 8. What is your household size? \_\_\_\_\_  
 (If single, skip to question 11. If a family, skip to question 9)  
*Household size refers to the number of adults and children, who live in the home (include individual). Use the income chart on the back to see if this person is eligible for benefits.*
- 9. How many dependants do you have? \_\_\_\_\_
- 10. Do you have children under the age of 13?  Yes  No
- 11. Do you work for a small business in Lower Manhattan?  Yes  No  
*Lower Manhattan refers to anything below 14<sup>th</sup> Street.*
- 12. Are you interested in getting more information on benefits you may be eligible for?  Yes  No