



# Universal Screening Form

Date: \_\_\_/\_\_\_/20\_\_

Staff: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Who Referred You to Us? \_\_\_\_\_

What is your PRIMARY reason(s) for today's visit? (Check all that apply)

<input type="checkbox"/> Hospitality	<input type="checkbox"/> Food	<input type="checkbox"/> Prescription	<input type="checkbox"/> Follow up	<input type="checkbox"/> Information	<input type="checkbox"/> Shelter
<input type="checkbox"/> Non Medical Assistance	<input type="checkbox"/> Social Services	<input type="checkbox"/> Ministerial Assistance	<input type="checkbox"/> Education / Class	<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Other (specify) _____

What is your PRIMARY means of transportation?

<input type="checkbox"/> Walking	<input type="checkbox"/> Bike	<input type="checkbox"/> Bus	<input type="checkbox"/> Drive a car	<input type="checkbox"/> Get car rides	<input type="checkbox"/> Other (specify) _____
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Have you or a member of your family ever been enrolled in any of the following? (Check all that apply)

<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> CHIP	<input type="checkbox"/> QMB	<input type="checkbox"/> HMO
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> AFDC	<input type="checkbox"/> Galveston Co. Indigent Program	<input type="checkbox"/> Insurance	<input type="checkbox"/> None of these

Have you ever been told that you have? (Check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Asthma	<input type="checkbox"/> Disability	<input type="checkbox"/> TB
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Other Cancer	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Addiction	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Lead Poison
<input type="checkbox"/> COPD	<input type="checkbox"/> Co-Dependency	<input type="checkbox"/> STD (Sexual Transmitted Dis)	<input type="checkbox"/> Smoking Tobacco Use	<input type="checkbox"/> No Health Problems	<input type="checkbox"/> Other (Specify below) _____

When you are ill or injured, where do you seek help?

<input type="checkbox"/> 4C's Island	<input type="checkbox"/> 4C's Mainland	<input type="checkbox"/> UTMB Clinics	<input type="checkbox"/> St. Vincent's House	<input type="checkbox"/> Point of Light
<input type="checkbox"/> Luke Society	<input type="checkbox"/> ER-UTMB	<input type="checkbox"/> ER-Mainland Hospital	<input type="checkbox"/> UTMB Brazoria	<input type="checkbox"/> VA
<input type="checkbox"/> Mainland Medical Center Clinic	<input type="checkbox"/> None	<input type="checkbox"/> Other (specify below): _____		

Eligibility (check all that apply):

<input type="checkbox"/> I have a Jesse Tree Adherence Plan.	<input type="checkbox"/> I or family member is currently using prescription medication.
<input type="checkbox"/> My household income is less than \$40,000 a year.	<input type="checkbox"/> I filed an income tax claim last year.
<input type="checkbox"/> I or a family Member is unemployed.	<input type="checkbox"/> I am a registered voter.
<input type="checkbox"/> I am homeless or doubled up with friends or family.	<input type="checkbox"/> I am raising a grandchild.
<input type="checkbox"/> I own my property.	<input type="checkbox"/> I rent.
<input type="checkbox"/> I am a DHAP client.	<input type="checkbox"/> I am a HRPR client.

The following questions will help to make referrals in keeping with your personal beliefs. To what major religion group do you belong?

<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Protestant	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Unitarian	<input type="checkbox"/> Non-Denominational Christian
<input type="checkbox"/> Mormon	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Islamic	<input type="checkbox"/> Hindu	<input type="checkbox"/> None	<input type="checkbox"/> Other (Specify below) _____

The following question will help to determine if information on health-disparity issues might be of importance to you or your family. Please describe your race. (Check all that apply):

<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Mideastern/ Arabian
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Indian Sub-Continent	<input type="checkbox"/> Other (specify below) _____	

**Universal Application for Services**  
**Aplicacion Para Servicios**

**The Jesse Tree**  
**2622 Market Street**

Please print and complete all sections on both pages. Favor use letra de molde y complete todas las secciones en las dos paginas.

**Personal Information**

**DATE** (Fecha)     **SEX** (Sexó) **Male** (Hombre)  **Female** (Mujer)  **Social Security Number** (Número de Seguro Social)

**Applicant's Name** (Nombre de aplicante)

**Date of Birth** (Fecha de nacimiento)     **City of Birth**  **State**  **Maiden Name**

**Last Grade Attended**  **H.S. Diploma/GED?** YES  NO  **Mother's Full Name**

**Marital Status** (Estado de matrimonio) **Married** (Casado)  **Single** (Soltero)  **Separated** (Separado)  **Divorced** (Divorciado)  **Widowed** (Viudo)  **Common Law** (Juntos)  **Co-Resident** (Pero no casados)

**Languages:** **English**  **Spanish**  **Other**  **Do You Read/Write at least one language?** YES  NO

**Driver's License No.** (Número del licencia de mane jar)  **State**  **Resident Alien No.** (Número de Residente e tranjero)

**U.S. Veteran ID** (Es Ud Veterano identificacion.)  **Service Dates: Begin** (comenzo)     **End** (Termino)

**Where do you Live? ¿Donde vive? (Check one box)**

**Apartment** (apartamento)  **Name of Apartment** (Nombre de su apartamento)   
**House** (casa)  **Landlord Name** (Nombre de encargado de su apartamento)   
**Do not presently have a place to live.** (No tengo donde vivir)  **Landlord Phone Number** (Teléfono del dueño)   
**Other** (otro)  **Please explain** (explique)

**Address** (Domicilio)      
 Street (Calle) Apt # (De Apartamento) City (ciudad) ZIP (Codigo Postal)

**How will you verify residence?** (¿Como verifica su residencia?) **Rent Receipt** (Recibo de renta)  **Utility Bill** (Cuánto de la luz o gas)  **Driver's License** (licencia de manejar)  **Other** (otro)

**How long have you lived at this address?** (¿Cuánto tiempo tiene de vivir en este domicilio?)  **How long have you lived in Galveston County?** (¿Cuánto tiempo tiene de vivir en el Condado de Galveston?)

**Home Phone** (Número de teléfono en casa)  **Work Phone** (Número de teléfono en su trabajo)  **Emergency Phone** (Número de teléfono en caso de emergencia)

**Who Lives in your Household? ¿Quien mas vive en su hogar? Mark Head of Household, Primary Provider**

Last Name Apellido	First Name Nombre	Date of Birth Fecha de nacimiento	H=Head, P=Provider, N=Next of Kin	Relationship Relacion	Social Security No. <sup>1</sup> Número de Seguro Social

**More Family? Use another application form and attach to this form.**

Next of Kin Last Name Apellido	First Name Nombre	Address if not living in household ¿Donde vive?	Phone Number Número teléfono

Privacy Act Statement: Social Security Number is requested on a voluntary basis under the authority of Section 405(c)(2)(C)(1) of the Social Security Act. It will be used for establishing identity and administration of public assistance.



**AUTHORIZATION FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION  
ACQUIRED THROUGH THE UNIVERSAL APPLICATION, SCREENINGS, AND INTERVIEWS  
AND THAT IS ENTERED INTO THE WEBCARE DATABASE**

**Client name (print):** \_\_\_\_\_  
**Client address (print):** \_\_\_\_\_  
**Client Date of Birth:** \_\_\_\_\_ **WebCareID#** \_\_\_\_\_

By signing this Authorization Form, I understand that I am giving my authorization to agents accessing the WebCare database to use and/or disclose any data entered into the WebCare database including any protected health information as described in more detail in the paragraphs below to any other user of the WebCare database or any other agency to which I am referred for assistance.

I acknowledge that I have been shown a list of the agencies that currently have access to this information. I understand the agencies may be added and that I can request to see current list agencies which have access to WebCare at any time. (I can have a copy of this list for a modest fee.)

Protected Health Information includes but is not limited to the following types of information:

Name, Address, Phone number, Gender, Date of Birth and/or age, City and State of Birth, Financial Data, Social Security Number, Driver's License Number, Veteran ID Number, Alien Resident ID Number, Alien Resident ID Number, Names of household members or relatives, their date of birth or age, social security number gender Medical conditions including conditions such as:

- (1) Acquired immunodeficiency syndrome ("AIDS") or
- (2) Human immunodeficiency virus ("HIV)
- (3) Drug and or alcohol abuse
- (4) Mental or behavioral health or psychiatric care

Results from screenings concerning my health, race, religion

Notes made by agents based on interviews conducted by them especially related to health issues

I understand that the information collected about me maybe used to refer me for Treatment, Payment, or Operations related actions. I

I understand that the information collected about me maybe used for research purposes and the results of this research may be published. In the event research results are published, no personally identifying data will be included in the published materials.

I understand that the information collected about me maybe used to apply for grants or to solicit donations from the community. In the even data is used in this manner, no personally identifying data will be included in the published information.

I understand that I may request a copy of data held in the WebCare database about me. I understand that I may be charged a modest fee for copying/printing this information.

I understand that if I disagree with data held about me, I may make a request to have the information modified. These requests should be directed to The Jesse Tree, 2622 Market Street, Galveston, TX 77550. I further understand that The Jesse Tree, at its sole discretion will determine whether or not to make the modification and that the original information will remain with attached notes agreeing to the requested changes.

I understand that I can revoke this authorization at any time by completing and submitting the proper form to The Jesse Tree, 2622 Market Street, Galveston Texas 77550 in person or by mail.

\_\_\_\_\_  
Signature of client or client representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If representative, Print Name

\_\_\_\_\_  
Relationship of Representative to Client



## The Jesse Tree Service Agreement

This Service Agreement form is used in conjunction with all Jesse Tree Screening forms, including the Universal Application packet, on-line case management application (WebCare) assessment and subsequent assignment of Triage Levels. It represents an agreement between yourself and The Jesse Tree to assist you in moving your life forward in the direction of genuine well-being.

Once you have agreed to participate in the screening and assessment process and have signed the corresponding documents in the Universal Application packet, the person with whom you are working may have several suggestions on where and how you can find social services, medical care and ministerial assistance. In return, we require your willingness and your action to keep appointments and follow-up on these opportunities. Your life is precious – *treat it accordingly*.

The agreement is designed to promote dignity and quality service for and from everyone involved.

Service Agreement means to follow closely, to carry out or to follow through with something. To help you adhere to the plan worked out between you and your Resource Coordinator/Case Manager, The Jesse Tree has established four Triage Levels to help prioritize your needs and responsibilities:

Level 1 -- Indicates an urgent situation of a one-time nature. The problem can be easily verified and resources can be easily located to solve the problem immediately. Once solved, the problem is not expected to occur again, and stability is restored. The case can be closed.

Level 2 -- Indicates multiple problems have existed for several weeks, months or longer. In some cases, complicated problems have existed for over one year and are chronic in nature. The range of problems present at this level may include chronic medical conditions, mental health or substance abuse problems, and lack of education or job training. Although the problems cannot be solved in one day, they are manageable and relative stability toward successful, long-term treatment can be achieved in several weeks or months. You will keep appointments and show strong determination to solve these problems.

Level 3 -- Indicates a Level 2 assessment; however, after your initial assessment appointment, you have missed 50% of all follow-up appointments in your service agreement planning and seem to focus on immediate needs rather than long-term solutions. Therefore, you must complete at least one major step in the planning process in order to be allowed to continue working with your Resource Coordinator/Case Manager.

Examples of major steps include but are not limited to:

Keeping an appointment or enrolling in a program.

Consistently attending classes, such as Diabetes or Chronic Conditions Management Classes, Substance Abuse support groups, etc.

Upon verification of completion of major step to your Resource Coordinator/Case Manager, your Service Agreement Planning will revert to Level 2 status and you may proceed with regular appointments. (Independent verification of step completion is required.)

Level 4 -- Indicates that an incident report is on file for client non-compliance with Level 3 indications within (period of time, like one year – how long to we want to give the Level 3s to cooperate?) or one or more of the following reasons:

- Use of vulgar, hostile or threatening language
- Violent behavior
- Incarceration
- HELP Loan default

As a result, your communication with TJT will be limited to phone communication with the assigned case supervisor until further notice. You will not be allowed on premise or access to any of TJT support services, apart from phone support, until your case has been reassigned to Level 3 status.

It is the aim of this agreement to support the completion of your plan for well-being. The more steps taken to accomplish the Service Agreement Plan, the sooner your case will resolve and the quicker you will achieve stability in your life. Your signature below indicates that you agree to the terms of this Service Agreement Planning process.

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Client Signature/date

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(Please print name)

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Jesse Tree Agent Signature/date

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(Please print name)