

THE CYN0YA – SHORT INTAKE / ELIGIBILITY SCREENING

For use by prison staff, substance abuse teams, case managers, and reentry professionals

This form is a **pre-screening tool only**. It is intended to quickly identify individuals who may be appropriate for referral to The Cynoya Independent Living Facility. Completion of this form does not guarantee acceptance or placement.

CLIENT INFORMATION	
Full Name:	DOB:
Expected Release Date:	Facility / Program:
Referring Staff Name & Title:	Phone / Email:

ELIGIBILITY CHECK (Check all that apply)

- ☐ Male, age 45 or older
- ☐ Able to live independently (no medical or daily care required)
- ☐ No history of arson, sex offenses, or severe violence
- ☐ Willing to follow structured house rules and staff direction
- ☐ No active psychosis or unmanaged mental health condition
- ☐ Not currently requiring detox or inpatient treatment
- ☐ Comfortable with security cameras in common areas
- ☐ Willing to participate in a non-clinical, structured living environment

INCOME / BENEFITS STATUS

- ☐ SSI / SSDI (active or pending) \$ _____/mo.
- ☐ VA benefits \$ _____/mo.
- ☐ Pension / retirement income \$ _____/mo.
- ☐ Employment income \$ _____/mo.
- ☐ No income (may require agency sponsorship)

DOCUMENTATION STATUS (Check only if already available)

- ☐ State ID or Driver's License
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Medical card / benefits verification
- ☐ Documentation pending (can be supported by parole/case management)

STAFF NOTES / INITIAL ASSESSMENT

STAFF RECOMMENDATION: ☐ Appropriate to Refer ☐ Not Appropriate at This Time

If appropriate, please contact The Cynoya to initiate referral and next steps. Final acceptance is determined by program review and bed availability.