

The Centers, Inc.  
FIS/FIT/TANF Disposition Form

Individual's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ County: Select One

Address: \_\_\_\_\_ Apt/Unit/Lot: \_\_\_\_\_

State: Select One Zip Code \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referral Cell Phone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_ Referral Received Date: \_\_\_\_\_

Call # 1 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Outcome: \_\_\_\_\_

Call # 2 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Outcome: \_\_\_\_\_

Call # 3 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Outcome: \_\_\_\_\_

No Contact Letter Sent Date: \_\_\_\_\_ Comment: \_\_\_\_\_

Individual:

- Agreed to participate in  FIS  FIT  TANF Screening and Intervention Services.  
 Refused to participate in  FIS  FIT  TANF Screening and Intervention Services.  
 Is not eligible to participate in  FIS  FIT  TANF Screening and Intervention Services.

Reason not eligible: \_\_\_\_\_

- Was not able to establish contact with individual to schedule Screening.

Screening Appointment Offered Date: \_\_\_\_\_ Time: \_\_\_\_\_

Screening Appointment Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_

Screening Completed Date: \_\_\_\_\_ Time: \_\_\_\_\_

Screening  
Comments &  
Recommendations:

Referrals made for:

- Substance Abuse/Mental Health Assessment  Psychiatric Evaluation  Alcoholics/Narcotics Anonymous

\_\_\_\_\_  
FIS Counselor Signature & Credentials

Date: \_\_\_\_\_