SXC SOLUTIONS LLC

SHARED COMMUNITY • STRUCTURED & INDEPENDENT LIVING

WOSB & MBE/WBE Certified Organization

PRE-ADMISSION SCREENING

FORM A

ACCEPTED FUNDING SOURCES & HOUSING STRUCTURE

SHARED COMMUNITY - 100% PRIVATE ROOMS ONLY | VA Pension | VA Disability | SSI / SSDI | Rental Assistance | SSVF | VA GPD | HCHC CERS / CRS | Private Pay (Contact for Pricing)

Mission: Ending Homelessness In Birmingham & Surrounding Areas.
Notice & Policy Disclaimer: SXC Solutions LLC operates a 100% Drug- and Alcohol-Free shared community with **private rooms only (no shared bedrooms)** in a structured setting for adults capable of independent self-care. Completion of this screening assessment does not guarantee program admission or housing placement.

1. General Information & Referral Details

APPLICANT FULL NAME _____ DATE OF BIRTH _____ PHONE NUMBER _____

REFERRING AGENCY / PROVIDER NAME _____ CASE MANAGER CONTACT _____ REFERRAL EMAIL / PHONE _____

2. Payment & Funding Source Verification

INDICATE PRIMARY PAYMENT SOURCE(S) (CHECK ALL THAT APPLY)

☐ VA Pension ☐ VA Disability ☐ SSI / SSDI ☐ SSVF ☐ VA GPD ☐ HCHC CERS / CRS

☐ Rental Assistance ☐ Private Pay

MONTHLY INCOME AMOUNT ($) _____ FUNDING AGENCY / VOUCHER REPRESENTATIVE (IF APPLICABLE) _____

3. Independent Living Capability & Policy Agreement

Screening Criteria	Response
Able to perform all activities of daily living (ADLs) independently in a structured community setting?	☐ Yes ☐ No
Accommodations Preference Confirmed: **Shared Community with Private Rooms Only (No Shared Bedrooms)**?	☐ Confirmed
Does the applicant require on-site medical nursing or daily personal caregiver assistance?	☐ Yes ☐ No
Agrees to abide by a strictly **100% Drug- and Alcohol-Free** residential agreement?	☐ Yes ☐ No

4. Screening Authorization & Signatures

APPLICANT SIGNATURE _____ DATE _____

REFERRING PROVIDER / SCREENER SIGNATURE _____ DATE _____