

# MHSG PRE-SCREENING QUESTIONNAIRE

- 1.) Are you currently able to work? **Y** **N**  
-Have you paid SS taxes at **any** job within the last 10 years? **Y** **N**
- 2.) Are you a US citizen? **Y** **N**  
-If you are *not* a US citizen, have you been lawfully admitted since August 1996? **Y** **N**
- 3.) What is your current age and your birthday? **Age:** \_\_\_\_\_ **DoB:** \_\_\_/\_\_\_/\_\_\_\_\_
- 4.) Have you filed for social security disability before? **Y** **N**  
-Was it with an attorney? **Y** **N**  
-Are you still currently working with them? **Y** **N**
- 5.) Are you currently being treated for any mental or physical disabilities? **Y** **N**  
If **Y**, Please list out all of the **MENTAL** and **PHYSICAL** disabilities currently affecting you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6.) When did your disability start affecting you?: \_\_\_/\_\_\_/\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 7.) Are you actively and consistently taking any medications you were prescribed for the above mentioned disabilities? **Y** **N**
- 8.) Do you have any resources amounting to more than \$2,000? **Y** **N**  
If **Y**, Please describe them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_