**Fax: 206.205.1634  Backup Fax: 206.205.8262**

**SUD Residential Treatment**

**Authorization Request Cover Sheet vF5**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **REFERRING PROVIDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AGENCY NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **AGENCY SITE/PROGRAM NAME** | | | | | | | | | | | | | | | | | | | | | |
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| **CONTACT PERSON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PHONE NUMBER** | | | | | | | | | |
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| **EMAIL ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FAX NUMBER** | | | | | | | | | |
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| **Client Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last NamE** | | | | | | | | | | | | | | | | | **First Name** | | | | | | | | | | | | | | | | | | | | | | | | | **Middle Name** | | | | | | | | | | | | | | **Other Last Name** | | | | | | | **SuffiX** |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |  |
| **Home street Address (enter “homeless” if clt is homeless)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **City** | | | | | | | | | | | | | | | | | **County** | | | | | | | | | | **Zip Code:** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| **mailing Street Address (county notifications will be sent to this address. enter “same” if home street address)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **City** | | | | | | | | | | | | | | | | | **County** | | | | | | | | | | **Zip Code:** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| **phone number (including area code)** | | | | | | | | | | | | | | | | | | | | **Provider One ID (if known)** | | | | | | | | | | | | | | | | | | | | | | | | **DATE OF BIRTH** | | | | | | | | | | | | | | | **SOCIAL SECURITY NUMBER** | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
| **FUNDING SOURCE**  Medicaid | | | | Non-Medicaid (see below) | | | | | | | | | | | | | | | | | | | | | | CJTA | | | | | | | | | | | | | Medicare | | | | | | | | | | | | | | | | | | | Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | |
| **IF REQUESTING USE OF NON-MEDICAID FUNDS, PLEASE PROVIDE CLIENT’S MONTHLY HOUSEHOLD INCOME:**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIORITY POPULATION?** | | | Yes  No | | | | | | | | | | | | | | | **If Yes, check the appropriate box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Woman pregnant injecting drugs | | | | | | | | | | | | | | | | Parenting Woman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Offender | | | | | | | | | | | | | | |
| Woman pregnant w/STD’s | | | | | | | | | | | | | | | | Postpartum Woman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Referred by SBIRT | | | | | | | | | | | | | | |
| Individual injecting drugs | | | | | | | | | | | | | | | | Parenting Individual w/CPS involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **INVOLVED IN CRIMINAL JUSTICE OR CHILD WELFARE SYSTEM?** | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Drug Diversion Ct | | Regional Mental Health Ct | | | | | | | | | | | Family Treatment Ct | | | | | | | | | | | | | | | | | | | | Probation | | | | | | | | | | | | | | | CPS | | | | | Other ( ) | | | | | | | | | | |
| **GENDER (AS REPORTED BY CLIENT)**  Male  Female  Transgender  Intersex (born with characteristics of both male and female) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SEXUAL ORIENTATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single or Never Married | | | | | | | | | | | | | | | Divorced | | | | | | | | | | | | | | | | | | | | Heterosexual | | | | | | | | | | | | | | | | | | | | | | | | | Questioning | | | |
| Married or Committed Relationship | | | | | | | | | | | | | | | Widowed | | | | | | | | | | | | | | | | | | | | Gay/Lesbian/Queer/ Homosexual | | | | | | | | | | | | | | | | | | | | | | | | | Not Asked | | | |
| Separated | | | | | | | | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | | | Bisexual | | | | | | | | | | | | | | | | | | | | | | | | | Unknown | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Choose Not to Disclose | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Has client served in the military?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **IS CLIENT DEPENDENT CHILD/SPOUSE/PARTNER OF PERSON IN MILITARY?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No  Not asked/refused to answer  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  Not asked/refused to answer  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity (Select as many as the client reports from the following list)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White/Caucasian | | | | | | | | | | | Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | Chinese | | | | | | | | | | Laotian | | | | | | | | | | | | | | | | | | Samoan | | | |
| American Indian/Alaskan Nat | | | | | | | | | | | Other Asian | | | | | | | | | | | | | | | | | | | | | Filipino | | | | | | | | | | Thai | | | | | | | | | | | | | | | | | | Middle Eastern | | | |
| Asian Indian | | | | | | | | | | | Black/African Am | | | | | | | | | | | | | | | | | | | | | Japanese | | | | | | | | | | Vietnamese | | | | | | | | | | | | | | | | | | African – Ethnic | | | |
| Native Hawaiian | | | | | | | | | | | Cambodian | | | | | | | | | | | | | | | | | | | | | Korean | | | | | | | | | | Guamanian/Chamorro | | | | | | | | | | | | | | | | | | Some Other Race | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Not Reported/Unknown | | | |
| **Hispanic Origin (Select One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cuban | | | | Other Spanish/Hispanic | | | | | | | | | | | | | | | | | | | | | | Puerto Rican | | | | | | | | | | | | | Not Spanish/Hispanic | | | | | | | | | | | | | | | | | | | Unknown | | | | | |
| **PRIMARY/PREFERRED LANGUAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **INTERPRETER REQUIRED:  YES  NO** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LANGUAGE REQUESTED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| **SUBSTANCE USE HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENTLY PRESCRIBED MEDICATIONS FOR Opioid Use Disorder (MOUD)?**  YES  NO | | | | | | | **IF YES, IDENTIFY MEDICATIONS PRESCRIBED:**  Buprenorphine (Suboxone)  Methadone  Naltrexone (Vivitrol) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **USED NEEDLE WITHIN LAST 30 DAYS** | | | | | | | **NEEDLE USE EVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Yes  No | | | | | | | Continuously | | | | | | | | | | | | | | | | | | Intermittently | | | | | | | | | | | | | | | | | | Rarely | | | | | | | | | Never | | | | | | | | | | | |
| SUBSTANCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBSTANCE | | | | | | | | PST (CHECK ONE BOX PER SUBSTANCE) | | | | | | | | | | | | | | | | | | | | | | | SUBSTANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PST (CHECK ONE BOX PER SUBSTANCE) | | | |
| 1. None | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 12. Benzodiazepine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 2. Alcohol | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 13. Other Non-Benzodiazepine Tranquilizers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 3. Cocaine/Crack | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 14. Barbiturates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 4. Marijuana/Hashish | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 15. Other Non-Barbiturate Sedatives or Hypnotics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 5. Heroin | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 16. Inhalants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 6. Other Opiates & Synthetics | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 17. Over the Counter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 7. PCP – phencyclidine | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 18. Oxycodone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 8. Other Hallucinogens | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 19. Hydromorphone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 9. Methamphetamine | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 20. MDMA (ecstasy, Molly, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 10. Other Amphetamines | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 21. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| 11. Other Stimulants | | | | | | | | 1  2  3 | | | | | | | | | | | | | | | | | | | | | | | 22. Fentanyl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1  2  3 | | | |
| KEY CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PST CODES  Primary (1) Tertiary (3)  Secondary (2) | | | | | | | | | ADMINISTRATION CODES  Inhalation (I) Smoking (S) Other (X)  Injection (J) Oral (O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FREQUENCY OF USE/PEAK USE PER MONTH  1 – No use 3 – 4 to 12 times 5 - Daily  2 – 1 to 3 times 4 – 13 or more times | | | | | | | | | | | | | | | | | |
| IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PST | SUBSTANCE  (CODE) | | | | | ADMIN  (CODE) | | | | | | AGE OF  FIRST USE | | | | | | | | | | FREQUENCY OF USE -LAST 30 DAYS  (CODE) | | | | | | | | | | | | | | | | FREQUENCY OF USE –UNCONTROLLED ENVIRONMENT  (CODE) | | | | | | | | | | | | | | PEAK USE PER MONTH - LAST YEAR  (CODE) | | | | | | | | | | DATE LAST USED  MM/DD/YYYY | |
| 1 |  | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | |
| 2 |  | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | |
| 3 |  | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | |
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| **CURRENT HOUSING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESIDENTIAL ARRANGEMENT (see attached)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent housing – unassisted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Skilled Nursing/Nursing/Intermediate Care Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent housing – assisted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other institutional setting | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temporary housing – unassisted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Residential SUD treatment (more than 90 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temporary housing – assisted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Jail/Juvenile Correctional Facility (more than 60 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temporary housing – dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Psychiatric Inpatient Facility (more than 90 days) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transitional housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Foster Care | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Homeless | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Family Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESIDENTIAL treatment INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUESTED ADMIT DATE:** | | | | | | | | | | | | | | | | | | | | | | | | | **REQUESTED SUD Residential FACILITY OR GENERAL LOCATION (If any):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER CONSIDERATIONS OR REQUESTS REGARDING BED PLACEMENT? # OF CHILDREN THAT WILL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No If yes, please describe below: **RESIDE W/CLIENT IN FACILITY?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUESTED Service LEvel:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Intensive Inpatient | | | | | | | | | | Pregnant & Parenting Women (PPW) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Youth – Intensive Inpatient (Level I) | | | | | | | | | | | | | | | | | | |
| Adult Long-Term Care | | | | | | | | | | Adult Co-Occurring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Youth – Recovery House | | | | | | | | | | | | | | | | | | |
| Adult Recovery House | | | | | | | | | | Youth Intensive Inpatient (Level II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **date of asam assessment:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **recommended asam assessment level** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Clinically Managed Low Intensity Residential Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3.5 Clinically Managed High Intensity Residential Services | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 Clinically Managed Population Specific High Intensity Res Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3.7 Medically Monitored Intensive Inpatient Services | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION/EMPLOYMENT/MISCELLANEOUS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed Competitively Full Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Not Employed – Actively Looking | | | | | | | | | | | | | | | | | | | | | | | | | NLF: Disabled | | | | | | | | |
| Employed Competitively Part-Time > 20 hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Not in Labor Force (NLF): Homemaker | | | | | | | | | | | | | | | | | | | | | | | | | NLF: Other | | | | | | | | |
| Employed Competitively Part-Time <20 hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NLF: Student | | | | | | | | | | | | | | | | | | | | | | | | | Unknown | | | | | | | | |
| Employed Non-Competitive Job | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NLF: Retired | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **CURRENT EDUCATIONAL STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full-time education: (1-12 grade: 20+ hours per week; kindergarten and >12 grade: 12+ hours per week). A person is considered enrolled in school during scheduled vacations or term breaks that follow a period of enrollment as defined above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part-time education: (1-12 grade: less than 20 hours per week; kindergarten and >12 grade: less than 12 hours per week). A person is considered enrolled in school during scheduled vacations or term breaks that follow a period of enrollment as defined above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not in educational activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIGHEST GRADE LEVEL ACHIEVED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 1 | | | | | ☐ Grade 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ 3 years of college | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 2 | | | | | ☐ Grade 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 years of college | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 3 | | | | | Grade 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Vocational | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 4 | | | | | High School Diploma or GED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nursery school, pre-school, head start | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 5 | | | | | 2 years of college or Associate Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kindergarten | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 6 | | | | | Bachelor’s Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grade 12 (no diploma or GED) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 7 | | | | | 1 year of college | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Never attended or below preschool | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade 8 | | | | | Post-graduate education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BIRTHDATE OF YOUNGEST CHILD:** | | | | | | | | | | | | | | | | | | | | | | | | **PREGNANT?**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SMOKING STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Look Up ROI Signed?** | | | | | | | | | | | | | | | | | | | | | | | |
| Current Smoker | | | | | Former Smoker | | | | | | | | | | | | | | | | Never Smoker | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| **SELF HELP COUNT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | About once a week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | At least 4 times a week | | | | | | |
| Less than once a week | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 to 3 times per week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Unknown | | | | | | |
| **DIAGNOSIS(ES) – all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICD-10 Code: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICD-10 Code: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PSYCHOTROPIC MEDICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | DOSE | | | | | | | | | | | | | | | | | | | | | | | | | | | FREQUENCY | | | | | | | | | | | | | | | | | | | | | | |
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| **BIOMEDICAL MEDICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | DOSE | | | | | | | | | | | | | | | | | | FREQUENCY | | | | | | | | | | | | | | | | | | MEDICAL CONDITION TREATED | | | | | | | | | | | | | | | | |
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| **ADDITIONAL INFORMATION**  **Questions 1 – 5 are intended to guide placement decisions and not grounds for immediate exclusion. History of arson and/or sex offense may exclude applicants from facilities.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **BEHAVIORAL HEALTH SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the individual exhibit behavioral health symptoms that may impact treatment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, are they described in biopsychosocial assessment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please describe in “Notes” section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **BEHAVIORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the individual exhibit behaviors that may impact treatment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, are they described in biopsychosocial assessment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please describe in “Notes” section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **MEDICAL CONDITIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the individual have medical conditions that may impact treatment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, are they described in biopsychosocial assessment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please describe in “Notes” section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **HISTORY OF VIOLENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the individual have a history of violence?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, is it described in biopsychosocial assessment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please describe in “Notes” section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **HISTORY OF ARSON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the individual have a history of arson?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, is it described in biopsychosocial assessment?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, please describe in “Notes” section. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SEX OFFENSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the individual a registered sex offender?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, what level?  Level 1  Level 2  Level 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CARE COORDINATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following unmet needs have been identified for this client and will be coordinated, as needed, as part of their treatment and discharge planning process:   |  |  | | --- | --- | | **Community-Based Services** | **Medical and Behavioral Health Services** | | Housing | Substance Use Disorder Outpatient Services | | Peer Support Services | Mental Health Outpatient Services | | Other: | Medication Management | |  | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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