|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Submitted:** |  | | | | **Individual’s Name:** |  | | | |
| **Individual’s Current Contact Information (message phone):** | | | | | | |  | | |
| **Referring Case Manager:** | | |  | | | | | | |
| **Referring Case Manager’s Phone #:** | | | |  | | | | **Fax #:** |  |
| **Primary Case Manager:** | |  | | | | | | | |

|  |
| --- |
| **Presenting Problem:** |

1. **Where did individual sleep last night?**

|  |  |
| --- | --- |
| Street | Family/Friend |
| Shelter | Own Home |
| Hotel | AFC |
| Hospital | Other: |
| Residential Substance Use Disorder Rehab Program\* | |

**2. Reason(s) for homelessness: (Check all that apply)**

|  |  |  |
| --- | --- | --- |
| Nonpayment of Rent/Utilities | Unsafe Housing | Describe: |
| Substance Use Disorder | Fleeing Domestic Violence | |
| Behavior Problems | Poor Upkeep of Housing | |
| Health Problems | Property Destruction | |
| Psychiatric Hospitalization/Crisis Home | Insufficient Income | |
| Residential Substance Use Disorder Rehab Program | Other: | |

**3. Last long-term housing situation:**

|  |  |
| --- | --- |
| Own Residence | Street |
| Hotel | Family/Friend |

**4. Monthly income and amount: (Check all that apply and provide amounts)**

|  |  |  |
| --- | --- | --- |
| **Type of Income** | **Amount** | **Application for Benefits** |
| NONE |  | Application for SSA Benefits When: |
| SSI: | $ |
| SSDI: | $ | Application for SDA/Medicaid When: |
| SDA: | $ | Application for Cash Assistance When: |
| DHS Case Assistance: | $ |
| VA Benefits: | $ |  |
| Employment: | $ |
| Unemployment: | $ |  |
| Child Support:  Weekly  Monthly | $ |  |
| Food Assistance | $ |  |
| **TOTAL MONTHLY INCOME** | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Payee Name:** |  | Phone: |  |

**6. Other conditions: (Please describe)**

|  |
| --- |
| Substance Use: (Substances used, last time used, involvement in Substance Abuse treatment, etc.) |
| Medical Condition: |
| Physical Limitations: |
| Criminal/Legal Issues – Current and History: |

**7. Describe individual’s follow-through with mental health treatment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Keeps Appointments | Medication Compliance | | Stability of Symptoms |
| Follows Treatment Recommendations | | Unknown (new to Case Management Services) | |

|  |  |
| --- | --- |
|  |  |
| Case Manager/Credentials | Date |