|  |  |  |  |
| --- | --- | --- | --- |
| **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 |