**MARYLAND RECOVERYNET HOUSING INTAKE FORM (3/2015)**

ValueOptions M-Number#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Care Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male  Female  Transgendered  If female, pregnant: Yes  No 

Smoker: Yes  No  Veteran Status: Yes  No 

Marital Status: Married  Civil Union Divorced Separated Widowed

Never Married  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Information/History**

Pending Case(s): Yes  No  Previous Involvement with the Criminal Justice System: Yes  No 

Currently on probation? Yes  No  Parole? Yes  No  Number of arrests in last 30 days:

**Mental/Physical Health**

Does the client have co-occurring behavioral or somatic health issues? Yes  No  Diagnosis:\_\_\_\_\_\_\_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the plan for addressing physical health issues?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the client currently on any psychotropic medications? Yes  No 
2. What medication/dosage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the plan for on-going mental health counseling?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the client seeing a psychiatrist or MH therapist? Yes  No

Who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last visit\_\_\_\_\_\_\_\_\_\_

Does the client have a history of self-injurious behavior? (suicidal, self- inflicted injury, etc.)

Yes  No 

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the client have PTSD diagnosis? Yes  No  Has the client been treated for PTSD? Yes  No 

What is the plan for managing the PTSD in recovery?

Does the client have history of violent behavior expressed towards others? Yes  No 

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other State/Provider Agency Involvement**

Where is the client going for outpatient SUD treatment?

Name of program/contact info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of intake appointment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any obstacles to participation in outpatient treatment? Yes  No 

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family and Support**

Social Support (i.e. family, friends, etc.): Yes  No 

How would you describe your current relationship with your family members?

Does client have a sponsor? Yes  No  Not sure 

Does the client have a Recovery Plan? Yes  No 

**Housing Status**

Living situation immediately prior to enrollment into State Care Coordination/ATR:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Private Residence |  | Single Room  Occupancy |  | Residential Care/treatment |  | Hospital |  | Other: |
| Prison/Jail |  | Homeless Shelter |  | Homeless (i.e. street) |  | Inpatient (i.e. SA/MH) |  |  |

Reason for leaving the last housing situation:

Have you been homeless within the last six months? Yes  No 

Are you at risk of homelessness? Yes  No  Not sure 

What is the client’s housing goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the plan for paying for housing when RecoveryNet Services expire?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the client ever lived in supportive or recovery housing? Yes  No 

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many times? \_\_