

Residential Intake Assessment- Adult

To be used as part of the intake process for adults to a residential program, this form gathers psychosocial and other background information to assess appropriateness for residential services, level of residential setting and to identify service needs.

Data Field	Identifying Information Instruction
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. (e.g. MM/DD/YYYY)
Data Field	Referral Source, Reason for Referral, Presentation
Referral Source	Indicate the organization/program/agency that referred the Individual to this program. Enter the name of the other program's staff member making the referral, if known.
Reason for Referral	In the words of the Individual and/or the referral source, indicate the reason for the referral for housing at this time.
Individual's appearance and presentation	Briefly describe the Individual's appearance (e.g., neatly dressed, disheveled, clothes needed laundering, etc.) and presentation (did they seem comfortable, ill at ease, make eye contact, share information easily, etc.).
Data Field	Current and Prospective Housing
Where are you currently living?	Enter the information about the Individual's current housing situation.
Why do you want to leave?	In the Individual's words, why are they seeking a new housing situation at this time.
Talk about your past living situations and experiences. Have you ever lived in a community residence/apartment program before? If so, how did that work out?	Briefly describe where the Individual has lived in the past noting how they handled the situation, (e.g., lived independently for 2 years but was evicted for not paying rent, as well as being unable to maintain appropriate care of an apartment). Specifically note if the Individual has lived in a community residence or apartment program in the past and their thoughts about this type of experience.
Have you ever been homeless? If yes, what precipitated your homelessness and how did you survive?	Indicate "No" or "Yes" if the Individual has ever been homeless. If "Yes," indicate the cause for their homelessness and how they managed during their period of homelessness. Also indicate the length of homelessness and if more than one episode of homelessness was experienced.
Why do you want to live in a supervised residence/congregate program/apartment treatment program/supported apartment program? What is your understanding of this setting?	In the Individual's words, what are their reasons for wanting to live in a housing program? What is their knowledge about, and expectations of, such a program?

What are the strengths/personal resources you can draw upon in the living environment you seek?	What skills, abilities, and internal and external resources does the Individual have that will help them to succeed in the level of housing they seek? Examples: desire and ability to persevere, supportive family, involvement in self help program, past history of independent living, etc.
In what areas do you require support or help?	Identify the barriers and challenges the Individual has that can impact on their ability to succeed in the program.
Do you have any special needs?	Indicate any unique/special needs the individual may have (e.g. physical, medical, diet, cultural, religious, ethnic, sexual or other) that will need to be considered in the admission decision. (e.g. vegetarian, halal or kosher diet, wheelchair accessibility, etc.)
Are there any areas that you anticipate might be difficult for you to adjust?	Indicate what, if anything, might be hard for the Individual to become accustomed to in the proposed residential program, (e.g. rules, responsibilities, supervision, visitation policies, smoking rules, etc.)
Are you willing to share a bedroom? Have you ever shared a bedroom before? If so, how did that work out?	Indicate whether the Individual is open to sharing a bedroom and whether there is past experience in sharing a bedroom. If there is past experience, indicate how that went, (e.g., compromises that were made, etc.)
Data Field	Family/Personal Information
Relationships and contact with other family members. What was the quality of the relationship in the past and what is the quality of the relationship now?	Indicate family members and the type of contact, if any, that the Individual has with their family at this time. Indicate how the Individual got along with each of their family members in the past and with them at this time.
Do you have children?	Indicate either "No" or "Yes". If yes, indicate the total number of children and the number of children under age 18. Indicate what type of contact the Individual has with their children at this time. If they have minor children, indicate who is caring for the minor children at this time.
Does anyone in your family have a past or current history of mental illness in the family?	Identify anyone in the Individual's family who had or has a mental illness diagnosis. Indicate the relationship to the Individual and describe their mental illness symptoms or diagnosis if known.
Does anyone in your family have a past or current history of alcoholism or other drug use?	Identify anyone in the Individual's family who had or has used alcohol and/or other substances. Indicate their relationship to the Individual, the substances and frequency of use, and the impact of their substance use upon the Individual.
Did you experience any of the following traumas as a child or an adult?	Indicate "No" or "Yes" if the individual experienced head trauma (accident), physical abuse/neglect, emotional trauma, sexual trauma/abuse, or relationship violence. For any "Yes" responses, provide a description of the trauma experienced including when and if applicable, the perpetrator of the abuse.
Data Field	Education
Education History	Check all the items applicable for the Individual regarding their educational achievements and needs. Use the comments section to provide any additional details.
Data Field	Employment
Employment Status	Check whether the Individual is currently employed. If employed, enter the type of job and duration of employment at this job, and full or part time status.
Employment History	Provide information on previous jobs, duration of the job(s), and the reason for



	ending the job.
If not currently employed	Check off the applicable reason the Individual is not currently employed, the date they last worked, and their interest in working at this time.
Data Field	Military Service
None Reported	If the Individual or family/significant others have no history of military service, check the box and continue to the next section.
Have you ever served in the military?	Check the appropriate “No” or “Yes” response
Is someone in your family or a significant other in the military?	Check the appropriate “No” or “Yes” response
Military Service Assessment	Complete the appropriate assessment addendum (i.e. “Military Addendum” or “Military Addendum Family of Significant Other”) if either of the above responses is “Yes”; otherwise, continue to the next section.
Data Field	Substance Use Addictive Behavior History
None Reported	If the Individual has no history of substance use or addictive behavior, check the box and continue to the next section.
Does Individual report current use or a history of any of the following?	Check the box next to any of the 6 items listed if the Individual currently uses/is involved with or has used/been involved with the issue in the past. If any boxes are checked, complete and attach the “Substance Use/Addictive Behavior Addendum” before continuing with the Residential Intake Assessment.
How has the use of substances impacted you, your life, and your relationships with others?	Describe all the ways that substance use/addictive behaviors have affected the Individual and their relationships with others, (e.g. blackouts, loss of job, divorce, loss of contact with children, etc.)
Are you aware of people, places and things that tend to act as triggers for relapse?	Indicate “No” or “Yes” if the Individual can tell you triggers to their use/addictive behavior. Write in the triggers identified.
Self-Help Participation (12-Step)	Answer the questions about the Individual’s participation in self help/12-Step programs. Identify the programs in which the Individual currently participates or has participated in the past.
Data Field	Mental Health and Addiction Treatment Service History
Inpatient and Outpatient Treatment Services History	Enter information on all inpatient and outpatient treatment for mental health and/or substance use/addiction treatment that the Individual has received in the past 5 years. The information to be entered includes: Type of Services: specify if each was inpatient or outpatient, MH, SA, or other addiction service and the level of care, (e.g., MH OP CDT or IP SA Detox.) Dates of Service: to the best of the Individual’s ability indicate the beginning and ending dates each service was provided. Reason: State the precipitant to each episode of care Name of Provider/Agency: Enter the name of the hospital, agency, or provider, etc. responsible for this episode of care. Completed: Check either yes or no if the Individual completed the full course of treatment.
What is your understanding of your mental illness and diagnosis?	Indicate how the Individual’s awareness and understanding of their illness, diagnosis, and symptoms impacts on their functioning in day to day life.
Diagnosis	Using diagnostic information provided in referral information, enter the Individual’s five axis diagnosis
How could someone tell that	Identify the symptoms, precipitants, and triggers that are indications of a

you were getting ill? How do you handle these?	potential relapse for the individual. Also describe what the Individual does when these occur, (e.g., speak to a doctor, contact a family member or friend).
Symptoms and Behavior	For each of the symptoms/behaviors listed, check whether these have occurred within the past 3 months, prior to the past 3 months, never, or is unknown to have occurred.
Explanation of Current/History	For any of the symptoms and behaviors (item above) checked as “Current” or “History” provide an explanation of the behavior, precipitant, help received, etc.
Significant losses with the last 2 years or experience of anniversary reactions to losses over lifetime	Check whether the Individual has experienced any losses (e.g., death of family or significant others, divorce, loss of job/home) or whether they experience reactions at the anniversary of losses that have occurred over their lifetime. If “Yes” is checked, describe the type of loss, when it occurred, and type of reaction they have.
How do you manage anger? How do you behave when you get angry?	Enter the description from the Individual of how they handle anger and the way that they behave when they become angry.
Data Field	Medication Information
Current medication information	Check “None Reported” if the Individual does not currently take any prescribed, over-the-counter (OTC), or herbal medications. For those taking medications, provide information on the name of the medication, dosage, frequency, whether the Individual takes the medication as prescribed/according to usage instructions, and their understanding of the reason for taking the medication
Data Field	Medical History
Allergies	Check “No Known Allergies” if the Individual has no current or history of allergies. For those who have allergies specify the type of food, medication, environmental or other allergies that they have.
Date of last physical examination	Enter the date the Individual was last seen for a physical examination by a physician.
Date of last dental examination	Enter the date of the Individual’s last dental exam.
Doctor’s Name, Address, Phone Number	Enter the information about the Individual’s primary care physician.
Dentists Name, Address, Phone Number	Enter the information about the Individual’s dental provider.
Are you currently being treated for any of the following medical conditions?	Check all of the medical conditions listed that the Individual has been diagnosed with and is currently under the care of a physician for. If “Other” is checked, specify the condition.
Have you had any serious injuries of accidents?	Check either “No” or “Yes”. If “Yes” is selected, describe the type of injury/accident and when this occurred.
Do you have any physical restrictions?	Check either “No” or “Yes” if the Individual has any physical restrictions (e.g., unable to use stairs, unable to lift heavy items, etc.) If “Yes” is selected, specify the type of restriction.
Are there any issues with self-preserving/evacuating during emergencies?	Check either “No” or “Yes” if the Individual identifies any difficulty with self preservation / evacuating a facility/apartment in an emergency. If “Yes” is selected, describe the anticipated difficulties.
Name some ways that you would know if there was a fire/emergency?	Record the Individual’s responses to the question.

Data Field	Legal History
Legal History	Check "None reported" if the Individual has no legal history
Have you engaged in any criminal behavior/been arrested?	Check either "No" or "Yes". If "Yes" is checked, describe the type of behavior, reason for arrest, and when this occurred.
In which of the following are you currently or have you been involved?	Check any of the options (Assisted Outpatient Treatment or Formal Voluntary Agreement, Civil Court Involvement, Criminal Court Involvement, and/or Parole, probation or alternative incarceration program) applicable to the Individual's legal history. Provide details for any item checked about the type of involvement, any requirements, length of program commitments, etc.
Data Field	Assessment of Housing Readiness
Assessment of Housing Readiness Checklist	For the items in each of the 7 areas, indicate if the Individual is able to complete the task/action by checking off either "Yes," "With Assistance," or "No". Yes = the Individual can complete the task independently. With Assistance = the Individual can usually complete the task with some support/help of staff. No = the Individual is unable to complete this task at this time.
Data Field	Formulation – Interpretive Summary
This formulation is based upon information provided by	Check all applicable sources of information used in this formulation/interpretive summary
Interpretive Summary	Based upon the information about this Individual, identify his/her needs, and the factors that led to the needs. Indicate the supports and resources available to address the needs. Include the needs indicated by the family/caregiver.
Data Field	Disposition
Disposition	Check whether the Individual is recommended for admission, not recommended for admission, or if the application has been withdrawn. If recommended for admission check off the level of care recommended. If not recommended for admission check off the reason for ineligibility.
Comments	Use this section to record any information about the disposition decision, recommendations for a Individual not recommended for admission, reason the application was withdrawn, etc.
Recommended Services	Check off all of the areas of services to be provided by the residential program applicable to the needs identified for this Individual.
Data Field	Signatures
Individual Served Signature	Signature of the individual served (optional).
Guardian Signature	Signature of the parent/guardian of the individual served (optional).
Completed By – Print Name/Credential, Signature, and Date	Legibly print name, credential(s), and signature of individual completing the Residential Intake Assessment. Record the date of signature.
Team Leader/ Clinical Supervisor – Print Name/Credential, Signature, and Date (if needed)	Legibly print name, credential(s), and signature of the clinical Supervisor/Team Leader reviewing the Residential Intake Assessment and record the date of signature. (if needed)