

<b>Organization Name:</b>		<b>Program Name:</b>	
<b>Individual's Name</b> (First MI Last):		<b>Record #:</b>	<b>DOB:</b>
<b>Date of Initial Contact:</b>			
<b>Immediate Needs-</b> Document below services planned or required to meet the individual's immediate needs in the following areas:			
<input type="checkbox"/> Does not require immediate assistance-Describe current status:			
<b>I. Safety and Dangerousness Issues: Check all that apply and explain all "YES" answers</b>			
Recent self-injurious behavior:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:	
Violent or aggressive behavior:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:	
Order of Protection/Restraining Order:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:	
Criminal Activity/Illegal Drugs:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:	
Weapons in the home	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:	
Pets or animals (type and number)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:	
<input type="checkbox"/> Does not require immediate assistance- Describe current status:			
<b>II. Medical:</b> Need for medication supply or other immediate health concerns:			
<input type="checkbox"/> Does not require immediate assistance- Describe current status:			
<b>III. Food:</b> Need for food, cooking facilities, ability to shop:			
<input type="checkbox"/> Does not require immediate assistance-- Describe current status:			
<b>IV. Clothing:</b> Need for adequate clothing (i.e. appropriate for season/conditions):			
<input type="checkbox"/> Does not require immediate assistance- Describe current status:			
<b>V. Shelter:</b> Need for current housing (i.e. individual homeless), utilities:			
<b>Completed By - Print Name/Credential:</b>		<b>Signature</b>	<b>Date Completed</b>