

EASA PROGRAM – INTAKE

(Only 1 intake needed for per participant per program. Unless otherwise noted, all questions refer to events over the past 3 months)

AGENCY IDENTIFIERS – Entered at 'Participant' level – please update any 'Unknown' or 'Missing' values

Full Name _____ DOB ____/____/____

FORM DETAILS

Year _____ Quarter ☐ 1 Jan-Mar ☐ 2 Apr-Jun ☐ 3 Jul-Sep ☐ 4 Oct-Dec

Date Admitted ____/____/____ Completed Form Staff Name _____

Did the Participant Fail to Engage/ Receive Any Services After Intake was Completed? Only answer 'Yes' if client didn't complete any quarterly outcomes AND an intake visit was completed

- ☐ Yes, failed to engage after intake
☐ No

REALD Demographics – Entered in 'Participant Details- REALD Demographics' form – please update any 'Unknown' or 'Missing'

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Which of the following describes your racial or ethnic identity? Please check all that apply.

Hispanic and Latino/a/x

- ☐ Central American
☐ Mexican
☐ South American
☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- ☐ Chamoru (Chamorro)
☐ Marshallese
☐ Communities of the Micronesian Region
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

White

- ☐ Eastern European
☐ Slavic
☐ Western European
☐ Other White

American Indian and Alaska Native

- ☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis, or First Nation
☐ Indigenous Mexican, Central American, or South American

Black and African American

- ☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
☐ Other Black

Middle Eastern/North African

- ☐ Middle Eastern
☐ North African

Asian

- ☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Communities of Myanmar
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian

Other categories

- ☐ Other (please list) _____
☐ I don't know my racial or ethnic identity
☐ I decline to answer

Country of Origin (birth or citizenship)

- ☐ US
☐ Mexico
☐ Other, specify _____
☐ I don't know which country I was born in or my citizenship

Do you speak a language other than English at home?

- ☐ Yes
☐ No, only English

IDENTIFIERS

Full Name _____

DOB ____/____/____

1.Are you deaf or have serious difficulty hearing?☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know ☐ I don't understand what this is asking**2.Are you blind or do you have serious difficulty seeing even when wearing glasses?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know ☐ I don't understand what this is asking**3.Do you have serious difficulty walking or climbing stairs?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know**4.Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know**5.Do you have difficulty dressing or bathing?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know**6.Using your usual or customary language, do you have serious difficulty communicating?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know ☐ I don't understand what this is asking*Please stop now if you/the person is under age 15***7.Because of physical, mental, or emotional conditions, do you have serious difficulty doing errands alone, such as visiting a doctor's office or shopping?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know**8.Do you have serious difficulty with mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?**☐ No ☐ Yes *at what age____ ☐ Don't want to answer ☐ Don't know ☐ I don't understand what this is asking**Which of these most closely describes your gender identity?**☐ Cisgender (same as sex assigned at birth) ☐ Transgender ☐ Non-binary ☐ Agender or No gender
☐ Gender fluid ☐ Something else: _____ ☐ I don't understand this question ☐ Decline to answer**Sex assigned at birth:**☐ Male ☐ Female ☐ Intersex**LIVING SITUATION, SUPPORT, LEGAL & MISC.****Does the client have natural supports (family or friends) who are willing to participate in treatment?**

- ☐ Yes
☐ No
☐ Unknown

Does the client want natural supports (family or friends) to participate in treatment?

- ☐ Yes
☐ No
☐ Unknown

Living Situation for the last 3 months (check all that apply)

- ☐ Transient/ Homeless
☐ Foster Home
☐ Residential Facility
☐ Jail
☐ Prison
☐ Supported Housing

- ☐ Alcohol and Drug Free Housing
☐ Private Residence (lives alone)
☐ Private Residence (with relative)
☐ Private Residence (with non-relative)
☐ Other, specify _____
☐ Unknown

IDENTIFIERS

Full Name _____

DOB ____/____/____

Legal Involvement for the last 3 months

(check all that apply)

- ☐ None
☐ Probation/ Parole*
☐ Incarcerated*
☐ Arrested*
☐ Unknown
- } * Answer question to right

*** If arrested, incarcerated, or on probation was this due to**

(check all that apply)

- ☐ Symptoms
☐ Substance use
☐ Other _____
☐ Unknown

HEALTH**Insurance Status** (check all that apply)

- ☐ OHP/ Medicaid, *update Prime ID in Identifiers form*
☐ Medicare, specify no. _____
☐ None
- ☐ Private Insurance/ Managed Care Organization specify company _____
☐ Other, specify _____

Alcohol use in the past 3 months?

- ☐ No
☐ Yes* } Answer question to right
☐ Unknown

***Problems caused by alcohol use**

- ☐ None
☐ Some problems
☐ Significant problems
☐ Unknown

Marijuana use in the past 3 months?

- ☐ No
☐ Yes* } Answer question to right
 'Problems caused by drug use'
☐ Unknown

Drug use (nonprescription psychoactive) during last 3 months?

- ☐ No
☐ Yes* } Answer question to right
☐ Unknown

***Problems caused by drug use**

- ☐ None
☐ Some problems
☐ Significant problems
☐ Unknown

Current disability benefits status

- ☐ Not currently planning to apply for disability
☐ Planning to apply – application not started
☐ Application in process or waiting for notification
☐ Applied and denied not appealing
- ☐ Denied but appealing
☐ On Social Security Disability Insurance (SSDI)
☐ On Supplemental Security Income (SSI)
☐ On SSDI and SSI
☐ Unknown

Psychiatric Hospitalization (any overnight treatment related to symptoms) during the last 3 months (prior to intake)?

- ☐ Yes* } Complete additional Hospitalization form
☐ No
☐ Unknown

IDENTIFIERS – Entered at 'Participant' level – please update any 'Unknown' or 'Missing' values

Full Name _____

DOB ____/____/____

EDUCATION & EMPLOYMENT

Last grade completed _____

Most Recent Educational Milestones (check one)

- | | |
|---|--|
| <input type="checkbox"/> Middle school | <input type="checkbox"/> BA or BS degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Voc/ Tech certificate/degree, specify _____ |
| <input type="checkbox"/> GED | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Some college | <input type="checkbox"/> None |
| <input type="checkbox"/> AA or AS degree | |

School Status in the last 3 months

- ☐ Full time*
☐ Part time*
☐ Not in school
☐ Unknown
- } Answer question below

If NOT in school, does the client convey desire to go to school (now/future)?

- ☐ Yes ☐ No ☐ Unknown

*** Type of School Attending** (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Middle school | <input type="checkbox"/> University |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Voc/ Tech cert/degree |
| <input type="checkbox"/> High school | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Unknown |

How Much Job Experience (competitive, sheltered, or volunteer) does this client have?

- | | |
|--|------------------------------------|
| <input type="radio"/> None | <input type="radio"/> 1 to 2 years |
| <input type="radio"/> Less than 6 months | <input type="radio"/> Over 2 years |
| <input type="radio"/> 6 months to 1 year | <input type="radio"/> Unknown |
| <input type="radio"/> 1 year | |

Employment Status in the last 3 months

- ☐ Full time
☐ Part time
☐ Not Employed
☐ Unknown
- } Answer question to right

Employment Type (check all that apply)

- ☐ Competitive
☐ Sheltered
☐ Volunteer
☐ Unknown