

# EASA PROGRAM - INTAKE FORM

County of Residence:	Agency Name:	Prime#:
Staff Name:		Client ID #:
Client Name:		DOB:
Date Admitted to Tx:		Intake form completed Date:

## Client Demographics

Country of Origin:

- USA
- Mexico
- Other (specify        )
- Unknown

If Country of Origin is not USA how many years has client lived in USA?

- Under 5 years
- Over 5 years
- Unknown

## Natural Supports

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 on admit date:

- Transient/Homeless (no permanent address)
- 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

Living Situation Funded by:

- Client (+partner) responsible for all housing costs (their portion if roommates)
- Client contributes to housing costs and family provides the rest
- Family provides housing: lives apart from family (family pays client's housing costs)
- Family provides housing: lives with family
- State/Other Institution funded housing
- Other (specify \_\_\_\_\_)

Insurance Status (check all that apply):

- None  OHP  Medicare
- Private Insurance/Managed Care Organization ( Company \_\_\_\_\_ )
- Other (e.g., TRICARE - VA, CHAMPUS) (specify \_\_\_\_\_)
- Unknown

**Educational History**

Last grade completed? \_\_\_\_\_ (count each year of post-high school as a grade)  Unknown

Educational Milestones client has completed (check all that apply):

- Middle School
- GED
- High School
- AA or AS degree
- BA or BS degree
- Voc/Tech cert/degree (specify \_\_\_\_\_)
- Other (specify \_\_\_\_\_)
- Unknown
- None

**Educational Current**

School Status in the last 3 months:

- Full time
- Part time
- Not in School If Not in School Skip to Symptoms Impact on School Situation Question
- Unknown

Type of School Attending:

- Middle School
- GED classes
- High School
- Community College
- University
- Voc/Tech cert/degree (specify \_\_\_\_\_)
- Other (specify \_\_\_\_\_)
- Unknown

Receiving School Accommodations? (check all that apply)

- IEP
- 504
- College disability office
- Other (specify \_\_\_\_\_)
- None
- Unknown

Did Symptoms Impact School Situation in the last 3 months? (check all that apply)

- Yes, school was discontinued
- Yes, increased absences
- Yes, course load reduced, classes dropped
- Yes, grades lower than in the past
- Yes, negatively impacted school search activities
- Yes, other difficulty (specify      \_)
- No
- Unknown

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

- Yes
- No
- Unknown

### Employment History

How much job experience (competitive, sheltered or volunteer) does this client have?

- None
- Less than 6 months
- 6 months to 1 year
- 1 year
- 1-2 years
- Over 2 years
- Unknown

### Employment Current

How many weeks did the client work in the last 3 months?       Unknown

Employment Status in the last 3 months:  Full time  Part time  Not employed  Unknown

Employment Type:  Competitive  Sheltered  Volunteer  Not employed  Unknown

Did symptoms impact employment situation in the last 3 months? (check all that apply)

- Yes, work was discontinued
- Yes, increased absences
- Yes, negatively impacted employment procurement activities
- Yes, other difficulty (specify      )
- No
- Unknown

Legal involvement during the in the last 3 months? (check all that apply):

- None
  - Probation / Parole
  - Incarcerated
  - Arrested
  - Unknown
- If None Skip to Hospitalization Questions on Next Page

If arrested or incarcerated was this due to (check all that apply):

- Symptoms
- Substance use
- Other (specify      )
- Unknown

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

- Yes
- No            If No form is Complete
- Unknown

Hospitalization 1 : Hospital Name

Type Of Admit:

- Voluntary
- Involuntary
- Unknown

Type Of Hospital:

- State Hospital
- Acute Hospitalization
- Emergency Room Extended Stay (over 1 day)
- Substance Abuse Residential Treatment
- Sub Acute Care
- Other (specify        )
- Unknown

Admit Date:                             In this hospital stay in previous quarter

Discharge Date:                     Still in the hospital

If Dates Unknown Number of Days in Hospital:

Hospitalization 2 : Hospital Name:

Type Of Admit:

- Voluntary
- Involuntary
- Unknown

Type Of Hospital:

- State Hospital
- Acute Hospitalization
- Emergency Room Extended Stay (over 1 day)
- Substance Abuse Residential Treatment
- Sub Acute Care
- Other (specify        )
- Unknown

Admit Date:                             In this hospital stay in previous quarter

Discharge Date:                     Still in the hospital

If Dates Unknown Number of Days in Hospital:

**Place information about any other Hospitalizations in the prior 3 months/this quarter on the Back of this Form**