

### EASA PROGRAM – INTAKE

(ONLY complete more than 1 time if the person is discharged and returns, complete INTAKE back to the date of discharge OR 3 months if discharge was longer than 3 months ago) **Update Complete or Update the Participant Details Event & Current Status**

**AGENCY IDENTIFIERS** – Entered at ‘Participant’ level – please update any ‘Unknown’ or ‘Missing’ values

**Client (Agency) ID #** \_\_\_\_\_ **Prime # (OHP/ Medicaid ID)** \_\_\_\_\_ **Client Initials** \_\_\_\_\_

**Participant’s Current Status** Only applicable options displayed below

- In Screening Process (Referral decision not made)
- Screened Out at Referral
- Screened In at Referral

### 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

**DEMOGRAPHICS** – Entered in ‘Participant Details- Demographics’ form – please update any ‘Unknown’ or ‘Missing’

**Race** (check all that apply)

- Alaska Native
- American Indian
- Black of African American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Other Race
- Unknown

**Ethnicity** (check all that apply)

- Not of Hispanic Origin
- Mexican
- Puerto Rican
- Cuban
- Other Specific Hispanic, specify \_\_\_\_\_
- Hispanic – Specific Origin Not Specified
- Unknown

**Gender at Birth**

- Female
- Male
- Non-binary

**Gender Identity** (client identified)

- Cisgender (gender identity that is consistent with the sex they were assigned at birth)
- Transgender (gender identity that does not match the sex they were assigned at birth)
- Non-binary/ Genderqueer (gender identity that does not identify strictly as a boy or a girl)
- Agender/ Neutrosis (gender identity that does not identify with any gender)
- Gender fluid (gender identity varies over time)
- A gender identity not represented above
- Unknown

**Age at Intake** \_\_\_\_\_

**CLIENT IDENTIFIERS**

Client (Agency) ID # \_\_\_\_\_ Prime # (OHP/ Medicaid ID) \_\_\_\_\_ Client Initials \_\_\_\_\_

**DEMOGRAPHICS – Entered in ‘Participant Details- Demographics’ form – please update any ‘Unknown’ or ‘Missing’**

|  |   |                                  |
|--|---|----------------------------------|
| <b>Preferred Language</b>                  | <b>Country of Origin</b>                    | <b>*Years in USA</b>             |
| <input type="radio"/> English              | <input type="radio"/> US                    | } Answer question to right _____ |
| <input type="radio"/> Spanish              | <input type="radio"/> Mexico*               |                                  |
| <input type="radio"/> Other, specify _____ | <input type="radio"/> Other, specify* _____ |                                  |
| <input type="radio"/> Unknown              | <input type="radio"/> Unknown               |                                  |

**LIVING SITUATION, SUPPORT, LEGAL & MISC.**

|   |   |
|---|---|
| <b>Does the client have natural supports (family or friends) who are willing to participate in treatment?</b> | <b>Does the client want natural supports (family or friends) to participate in treatment?</b> |
| <input type="radio"/> Yes   | <input type="radio"/> Yes   |
| <input type="radio"/> No  | <input type="radio"/> No  |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Transient/ Homeless  | <input type="checkbox"/> Alcohol and Drug Free Housing         |
| <input type="checkbox"/> Foster Home          | <input type="checkbox"/> Private Residence (lives alone)       |
| <input type="checkbox"/> Residential Facility | <input type="checkbox"/> Private Residence (with relative)     |
| <input type="checkbox"/> Jail                 | <input type="checkbox"/> Private Residence (with non-relative) |
| <input type="checkbox"/> Prison               | <input type="checkbox"/> Other, specify _____                  |
| <input type="checkbox"/> Supported Housing    | <input type="checkbox"/> Unknown                               |

**Legal Involvement for the last 3 months**

(check all that apply)

- None
- Probation/ Parole
- Incarcerated
- Arrested
- Unknown

**HEALTH**

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

- |   |   |
|---|---|
| <input type="checkbox"/> OHP/ Medicaid, update Prime ID in Identifiers form | <input type="checkbox"/> Private Insurance/ Managed Care Organization specify company _____ |
| <input type="checkbox"/> Medicare, specify no. _____                        | <input type="checkbox"/> Other, specify _____   |
| <input type="checkbox"/> None   | <input type="checkbox"/> Unknown  |

**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

|                            |                                  |                       |
|----------------------------|----------------------------------|-----------------------|
| <b>CLIENT IDENTIFIERS</b>  |                                  |                       |
| Client (Agency) ID # _____ | Prime # (OHP/ Medicaid ID) _____ | Client Initials _____ |

|   |   |
|---|---|
| <b>HEALTH</b>   |   |
| <b>Marijuana use in the past 3 months?</b>  |   |
| <input type="radio"/> No<br><input type="radio"/> Yes* } <small>Answer question to right 'Problems caused by drug use'</small><br><input type="radio"/> Unknown   |   |
| <b>Drug use (nonprescription psychoactive) during last 3 months?</b>  | <b>*Problems caused by drug use</b>   |
| <input type="radio"/> No<br><input type="radio"/> Yes* } <small>Answer question to right</small><br><input type="radio"/> Unknown   | <input type="radio"/> None<br><input type="radio"/> Some problems<br><input type="radio"/> Significant problems<br><input type="radio"/> Unknown  |
| <b>Current disability benefits status</b>   |   |
| <input type="radio"/> Not currently planning to apply for disability<br><input type="radio"/> Planning to apply – application not started<br><input type="radio"/> Application in process or waiting for notification<br><input type="radio"/> Applied and denied not appealing | <input type="radio"/> Denied but appealing<br><input type="radio"/> On Social Security Disability Insurance (SSDI)<br><input type="radio"/> On Supplemental Security Income (SSI)<br><input type="radio"/> On SSDI and SSI<br><input type="radio"/> Unknown |
| <b>Psychiatric Hospitalization (any overnight treatment related to symptoms) during the last 3 months (prior to intake)?</b>  |   |
| <input type="radio"/> Yes* } <small>Complete additional Hospitalization form</small><br><input type="radio"/> No<br><input type="radio"/> Unknown   |   |

|   |  |
|---|--|
| <b>EDUCATION &amp; EMPLOYMENT</b>   |  |
| Last grade completed _____ or <input type="checkbox"/> Unknown  |  |
| <b>Educational Milestones client has Completed</b> <i>(check all that apply)</i>  |  |
| <input type="checkbox"/> Middle school<br><input type="checkbox"/> Some high school<br><input type="checkbox"/> GED<br><input type="checkbox"/> High school graduate<br><input type="checkbox"/> Some college<br><input type="checkbox"/> AA or AS degree | <input type="checkbox"/> BA or BS degree<br><input type="checkbox"/> Voc/ Tech certificate/degree, specify _____<br><input type="checkbox"/> Other, specify _____<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> None |
| <b>School Status in the last 3 months</b>   |  |
| <input type="radio"/> Full time*<br><input type="radio"/> Part time* } <small>Answer question below</small><br><input type="radio"/> Not in school<br><input type="radio"/> Unknown   |  |

**CLIENT IDENTIFIERS**

Client (Agency) ID # \_\_\_\_\_ Prime # (OHP/ Medicaid ID) \_\_\_\_\_ Client Initials \_\_\_\_\_

**EDUCATION & EMPLOYMENT**

**\* 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               |

**Receiving School Accommodations?** *(check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> IEP                       | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> 504                       | <input type="checkbox"/> None                 |
| <input type="checkbox"/> College disability office | <input type="checkbox"/> Unknown              |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, school was discontinued                      | <input type="checkbox"/> Yes, grades lower than in the past   |
| <input type="checkbox"/> Yes, increased absences                           | <input type="checkbox"/> Yes, other difficulty, specify _____ |
| <input type="checkbox"/> Yes, course load reduced, classes dropped         | <input type="checkbox"/> No                                   |
| <input type="checkbox"/> Yes, negatively impacted school search activities | <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**

- |                                    |                            |
|------------------------------------|----------------------------|
| <input type="radio"/> Full time    | } Answer question to right |
| <input type="radio"/> Part time    |                            |
| <input type="radio"/> Not Employed |                            |
| <input type="radio"/> Unknown      |                            |

**Employment Type** *(check all that apply)*

- |                                      |
|--------------------------------------|
| <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Sheltered   |
| <input type="checkbox"/> Volunteer   |
| <input type="checkbox"/> Unknown     |