

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 _____

Was the participant offered an appointment with an EASA psychiatric care provider within 7 business days of their intake? Yes No

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

LIVING SITUATION, SUPPORT, LEGAL & MISC.

<p>Does the client have natural supports (family or friends) who are willing to participate in treatment?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Does the client want natural supports (family or friends) to participate in treatment?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
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Living Situation for the last 3 months *(check all that apply)*

<p><input type="checkbox"/> Transient/ Homeless <input type="checkbox"/> Foster Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Jail <input type="checkbox"/> Prison <input type="checkbox"/> Supported Housing</p>	<p><input type="checkbox"/> Alcohol and Drug Free Housing <input type="checkbox"/> Private Residence (lives alone) <input type="checkbox"/> Private Residence (with relative) <input type="checkbox"/> Private Residence (with non-relative) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p>
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Legal Involvement for the last 3 months *(check all that apply)*

<p><input type="checkbox"/> None <input type="checkbox"/> Probation/ Parole* <input type="checkbox"/> Incarcerated* <input type="checkbox"/> Arrested* <input type="checkbox"/> Unknown</p>	<p>} * Answer question to right</p>	<p>* If arrested, incarcerated, or on probation was this due to <i>(check all that apply)</i></p> <p><input type="checkbox"/> Symptoms <input type="checkbox"/> Substance use <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown</p>
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IDENTIFIERS

Full Name _____

DOB _____

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