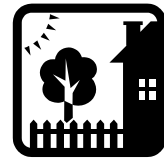


SCREENING FORM FOR MAPLEWOOD



Name of Client: _____

Record #: _____ Date: ____/____/____

Therapist: _____ Phone #: _____

Case Manager: _____ Phone #: _____

PRIMARY DISABILITY (only one)

a. SMI

b. SPMI

Other disabilities (specify below):

RACE

a. Asian/
Pacific
Islander

b. Black

c. Native
American /
Alaskan
Native

d. White

HISPANIC

a. Hispanic

b. Non-Hispanic

**CO-OCCURRING SUBSTANCE
ABUSE DISORDER**

a. Yes (may be ineligible)

b. No

**GROSS MONTHLY INCOME AT
ENTRY**

a. No income

b. \$ _____

From: _____

VETERAN

a. Yes

b. No

AGE:

a. 18 - 34 years

b. 35 - 49 years

c. 50 - 64 years

d. 65 - 74 years

e. 75 years and older

ANTICIPATED MONTHLY INCOME

a. Same as above (in b.)

b. \$ _____

From: _____

When: _____

**Will it be a problem to get
utilities in client's name?**

a. Yes

b. No

**How many contacts has the
Case Support worker had with
client in the last month?**

ACCEPTED;

Referred to: _____

Put on waiting list; Currently # _____

What is the Case Support Plan?

NOT ACCEPTED

Reasons for not entering:

a. Not homeless (if required)

b. Not SMI or SPMI as primary disability

c. Has co-occurring Substance Abuse Disorder

d. Poor chance to establish income in three months.

e. Did not meet eligibility requirements (specify below):

f. Other (specify below):

Notes:

Fill out below **ONLY** on Clients participating in Maplewood.

Referral Sources (on all applicants)

a. self

b. PATH Program

c. Jail Diversion Program

d. ACT Team

e. From waiting list from:

f. Institutional Release Program

g. Other social service staff:

h. Other: _____

ASSISTANCE SOURCES AT ENTRY

a. SSI

b. SSDI

c. Social Security

d. General Public Assistance

e. AFDC

f. Child Support

g. Veterans benefits

h. Employment income

i. Unemployment benefits

j. No financial resources

k. Medicare

l. Medicaid

m. Food Stamps

n. Other (Specify below):

CURRENT LIVING SITUATION

a. Streets

b. Emergency Shelter

c. Transitional housing

d. Psychiatric facility (> 30 days)

e. Substance abuse treatment facility (> 30 days)

f. Hospital (> 30 days)

g. Jail/prison (> 30 days)

h. Domestic violence situation

i. Living with relatives/friends

j. Rental Housing

k. ICF/MR

l. Group Home

m. Nursing Home

n. Family Care Home

o. Rest Home

p. MR Center

q. Other:

Fill out below **ONLY** on Clients leaving the Maplewood program.

REASON FOR LEAVING

a. Voluntary departure

b. Non-payment of rent

c. Non-compliance with supportive service requirements.

d. Unknown/disappeared

e. Criminal activity/destruction of property/violence

f. Death

g. Other (please specify below):

ASSISTANCE SOURCES AT EXIT

a. SSI

b. SSDI

c. Social Security

d. General Public Assistance

e. AFDC

f. Child Support

g. Veterans benefits

h. Employment income

i. Unemployment benefits

j. No financial resources

k. Medicare

l. Medicaid

m. Food Stamps

n. Other (Specify below):

DESTINATION

a. Alternate housing with support services

b. Other subsidized independent housing

c. Unsubsidized housing

d. Moved in with family or friends

e. Psychiatric hospital

f. Inpatient alcohol or other drug treatment facility

g. Other hospital

h. Jail/Prison

i. The streets

j. Emergency Shelter

k. Unknown

l. Other: _____

NOTES ON CLIENTS LEAVING:
