

New York State
Office of Alcoholism and Substance Abuse Services
Medicaid Re-Design Team Permanent Supportive Housing Intake Form

RESIDENT NAME:	RESIDENT ID #:	DATE OF ADMISSION:
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SUBSTANCE USE HISTORY

Include age of onset, duration/frequency of use, administration, patterns, increased tolerance, consequences of use, history of previous attempts to remain abstinent, patient's own perception of chemical use, self-help involvement, and prior treatment history.

FINDINGS:

CONCLUSIONS:

Axis I diagnosis:

HOUSING

Describe current housing status, including current or past homelessness.

FINDINGS:

CONCLUSIONS:

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MENTAL HEALTH

Include resident's lethality (current and past); history of hospitalizations, lengths of stay, current treatment(including medications), current mental status; and history of mental abuse or emotional abuse:

FINDINGS:

CONCLUSIONS:

Axis I diagnosis:

Axis II diagnosis:

MEDICAL

Include date of last physical examination, medical history, current medical problems/chronic medical conditions, and current medications.

FINDINGS:

CONCLUSIONS:

Axis III diagnosis:

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BENEFITS

Identify client's current benefits and entitlements (Medicaid, PA, SSD/SSI, VA, etc.) as well as those for which they are eligible.

FINDINGS:

CONCLUSIONS:

ACTIVITIES OF DAILY LIVING

Address personal hygiene and appearance, money and time management, managing medication, general responsibilities, i.e., paying bills, keeping home clean, keeping appointments, proper nutrition, transportation, accessing community services, etc.:

FINDINGS:

CONCLUSIONS:

LEGAL

Include conviction history, current & pending legal issues w/scheduled court appearances, and parole/probation status.

FINDINGS:

CONCLUSIONS:

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EDUCATION/VOCATION

Include assessment of literacy skills, highest grade completed, GED status, degrees obtained, and any learning disabilities. Describe any skills learned or desired.

FINDINGS:

CONCLUSIONS:

EMPLOYMENT

Include employment history:

FINDINGS:

CONCLUSIONS:

SOCIAL/LEISURE

Describe client's current social network and leisure activities.

FINDINGS:

CONCLUSIONS:

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OTHER

Indicate other relevant issues which may be included in developing a Service Plan, (e.g., victimization; veteran's status; history of domestic violence; physical or sexual abuse; and spirituality; etc.):

FINDINGS:

CONCLUSIONS:

PREPARED BY (IF OTHER THAN QHP):		
RESPONSIBLE Qualified Health Professional:		