



REGISTRATION

The following wireframes are provided for visual context of collected data elements and may not represent the final screen design within the care management system. Not all fields in screen shot will be identical to fields in batch flow. Some fields are dependent on the process.

Individual Registration

[ProviderConnect Home](#)

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

*Registration Start Date (MMDDYYYY)



Individual's CID

Medicaid ID

Medicare ID

*Are you registering an individual in order to provide **short-term, immediate** services? ☐ Yes ☐ No

If yes, do you know the individual's last name, first name AND Date of Birth? ☐ Yes ☐ No (if No selected, leave all unknown fields blank)

*Are you registering the individual for **state hospital** admission? ☐ Yes ☐ No

*Are you registering the individual for **CBAY**? ☐ Yes ☐ No

If yes, which CBAY fund: ☐ MFP ☐ BIP ☐ State Funds

*Are you registering an individual for a **Women's Treatment & Recovery Services** program? ☐ Yes ☐ No

Program end date
(MMDDYYYY)



If yes, select one: ☐ Residential ☐ Outpatient

*Are you registering an individual for **Treatment Court**? ☐ Yes ☐ No

If yes, select one: ☐ Mental Health ☐ Drug Court

Basic Demographic Information

Last Name

First Name

Middle Initial

Suffix

Maiden or Birth Surname

Preferred Name

Date of Birth (MMDDYYYY)



Social Security Number



SSN Not Available

*Gender

- ☐ Male
☐ Female
☐ Transgender Male to Female
☐ Transgender Female to Male
☐ Other/Unknown

*Race

*Hispanic/Latino Origin

Is the individual lawfully present in the United States? ☐ Yes ☐ No ☐ N/A (e.g. Individual is under 18)

Marital Status

Is the individual a veteran? ☒ Yes ☐ No ☐ Unknown/Refused

Additional Demographic Information

Street Address

Apt/Unit#/Other Addr Info

City

State

ZIP

ZIP Suffix

Select City,
State & Zip



Address Unknown



Homeless

*County of Residence

Individual's Phone Number (Primary)

Individual's Phone Number (Secondary)



No Phone

Individual's Email Address

Confirm Email Address

Medicaid Address (on file)

Street Address 1

Street Address 2

City

State

ZIP

Alternate Contact Person (use these fields if the individual indicates that another person, other than the guardian/representative in the Minor/Legal Guardian section, may assist in reaching the individual)

Last Name

First Name

Relationship to the Individual

Phone Number

Street Address

Apt/Unit#/Other Addr Info

City

State

ZIP

ZIP Suffix

Select City, State & Zip

Communication

English Proficiency

SELECT...

Does the individual prefer to speak or use a language other than English? ☒ Yes ☐ No ☐ Unknown/Refused

If yes, what is the language?

SELECT...

What mode(s) of communication does the individual utilize? (select all that apply)

☐

Communicates verbally (regardless of proficiency)

☐

American Sign Language (ASL)

☐

Other Manual Communication (cued speech; gestures; signed Exact English; other signed languages; etc.)

☐

Communication Aids (any type of device used for communication)

☐

Other Communication

What is the individual's preferred mode of communication?

SELECT...

Hearing/Vision

Is the individual deaf or have serious difficulty hearing?

☒ Yes ☐ No ☐ Unknown/Refused

Is there indication from sources other than the individual (e.g. third party report; interviewer's observation; medical records, etc.) that the individual has hearing loss?

☒ Yes ☐ No ☐ Unknown/Refused

Is the individual blind or have serious difficulty seeing, even when wearing glasses?

☒ Yes ☐ No ☐ Unknown/Refused

Is there indication from sources other than the individual (e.g. third party report; interviewer's observation; medical records, etc.) that the individual has serious difficulty seeing, even when wearing glasses?

☒ Yes ☐ No ☐ Unknown/Refused

Income/Household Size

Note: For Household Income, the value 99999 cannot be entered to denote Unknown income.

Individual's monthly income

☐

Unknown/Refused

Number of people living in the household, including the individual

SELECT...

Household monthly income

☐

Unknown/Refused

Minor/Legal Guardian Information

Is the individual a Minor or does s/he have a Legal Guardian/Representative? ☒ Yes ☐ No ☐ Unknown/Refused

Last Name

First Name

Phone Number

Email Address

Street Address

Apt/Unit#/Other Addr Info

City

State

SELECT...

ZIP

ZIP Suffix

Select City, State & Zip

Health Insurance (only applicable to individuals 18 and under)

Does the individual have Medicaid? ☐ Yes ☒ No ☐ Unknown/Refused

Does the individual have private health insurance? ☐ Yes ☒ No ☐ Unknown/Refused

If both of the above are no, select one:

☐

Parent/guardian has never applied to Peachcare

☐

Parent/guardian has applied for Peachcare and application is currently pending

☐

Parent/guardian has a denial letter for Peachcare/Medicaid that was issued more than 10 months ago

☐

Individual is in transition from foster care to parental custody

☐

Individual was granted an exception for 60 days of funds access and provider has documentation from DBHDD

☐

Other allowable situation for temporary funds access (requires explanation)

☐

Individual's status is undocumented (not considered lawfully present in the United States)

☐

Individual is 18-21 years old and not eligible for other benefits

☐

Parent/guardian has a denial letter for Peachcare/Medicaid within the past 10 months (for other than procedural reasons)

☐

Individual was granted an exception for 12 months of funds access and provider has documentation from DBHDD

☐

Parent/guardian has applied for Peachcare/Medicaid and has denial letter for procedural reasons (not following through on requirements for application completion, missed appts, etc.)

☐

Parent/guardian refused to provide additional required information

☐

DBHDD State Office has determined that individual is no longer eligible for C&A funds

☐

Unknown

Cancel

Next

Individual Registration

Registration Start Date (MMDDYYYY) 12/01/2014	Individual Name John Smith	Date of Birth (MMDDYYYY) 07/27/1967	Individual CID 965771512
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Assigned Funds

Please confirm the assignment of funding source(s):

Registered for:	Start Date	End Date
Behavioral Health – State Funded – Adult	12/01/14	11/30/15

Cancel

Back

Continue

Individual Registration Confirmation

Status: *****APPROVED*****

Provider ID	Provider Last Name	Provider First Name
123456789	Jones	Bill

Individual CID	Last Name	First Name	individual Address
123456789	Smith	John	12345 Leaf Ave, Reston VA 21999

Funding Source	Description	Eligibility Start Date (MM/DD/YYYY)	Eligibility End Date (MM/DD/YYYY)
BHADULT	Behavioral Health – State Funded - Adult	12/01/2014	11/30/2015

MESSAGE:
IF THE ELIGIBILTiy STATUS IS APPROVED, THE INDIVIDUAL HAS BEEN ENROLLED IN THE ELIGIBILTY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.

IF THE ELIGIBILITY STATUS IS PENDED, THE INDIVIDUAL NEEDS TO BE VERIFIED BY THE ELIGIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN TWO (2) BUSINESS DAYS. ONCE THE STATUS IS CHANGED TO APPROVED, THE INDIVIDUAL WILL BE ASSIGNED A NEW, PERMANENT CID.

Return



AUTHORIZATION

The following wireframes are provided for visual context of collected data elements and may not represent the final screen design within the care management system. Not all fields in screen shot will be identical to fields in batch flow. Some fields are dependent on the process.

Requested Services Header

*Auth Start Date (MMDDYYYY)

12052014



*Level of Service

INPATIENT/HLOC



*Type of Service

*Level of Care

*Type of Care

*Admit Date (MMDDYYYY)



*Has the individual already been admitted to the facility?



Yes



No

Admit Time (HHmm)

► Provider

Tax ID

0000001

Provider ID

123456

Provider Last Name

Turnnus

Vendor ID

A00003

Provider Alternate ID

[712345](#)

► Individual

Individual ID

987654321

Last Name

Smith

First Name

John

Date of Birth (MMDDYYYY)

12021979

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type:

Does this Document contain clinical information about the individual?



Yes



No

*Document Description

ADDITIONAL CLINICAL



UploadFile

Click to attach a document

Delete

Click to delete an attached document

Attached Document:

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Requested Services Header

*Auth Start Date (MMDDYYYY)

12052014



*Level of Service

OUTPATIENT

*Type of Service

*Level of Care

*Type of Care

Provider

Tax ID 0000001 Provider ID 123456 Provider Last Name Tumnus Vendor ID A00003 Provider Alternate ID 712345

Individual

Individual ID 987654321 Last Name Smith First Name John Date of Birth (MMDDYYYY) 12021979

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the individual? Yes No

*Document Description ADDITIONAL CLINICAL

UploadFile Click to attach a document Delete Click to delete an attached document

Attached Document:

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Requested Services Header

Requested Start Date 03/02/2011	Individual Name ASLAN, SUSAN	Provider Name TUMNUS, PETER	Vendor ID A00003	Save Request as Draft
Type of Request INITIAL	Individual ID 987654321	Provider ID 123456	Provider Alternate ID 712345	NPI # for Authorization SELECT...
Level of Service OUTPATIENT	Type of Service Mental Health	Level of Care Outpatient	Type of Care Case Management	Authorized User <input type="text"/>

All fields marked with an asterisk (*) are required.

Level of Care

*Referral Source

[SELECT...](#)

Aftercare follow-up contact information for individual – Please provide at least one method of contacting individual for follow-up. If not available – please clarify reason.

Phone #

Ext



Not Available

Email

Validate Email

*At least one contact name and phone number is required.

Admitting Physician

Phone #

Ext

Attending Physician

Phone #

Ext

Preparer

Phone #

Ext

Utilization Review Contact

Phone #

Ext

Fax #

Symptomatology

Please explain the reason for current admission or authorization request (describe symptoms) and include the precipitant (what stressor or situation led the individual to seek services at this time). If this is a concurrent review, please list both the progress that has been made to date and what symptoms still remain.

Narrative Entry (0 of 2000)

Diagnosis

Documentation in Diagnostic Category 1 is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **additional co-occurring** conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions of the benefit.

Diagnosis

Diagnosis (inclusive of MH, SU, and IDD).

*Diagnostic Category 1	*Diagnostic Code 1	*Description
FEEDING AND EATING DISORDERS – ANOREXIA & BULIMIA	307.51	Feeding / Eating Disorder - other

Additional Diagnosis

Diagnostic Category 2	Diagnostic Code 2	Description
SELECT...	SELECT...	SELECT...
Diagnostic Category 3	Diagnostic Code 3	Description
SELECT...	SELECT...	SELECT...
Diagnostic Category 4	Diagnostic Code 4	Description
SELECT...	SELECT...	SELECT...
Diagnostic Category 5	Diagnostic Code 5	Description
SELECT...	SELECT...	SELECT...

Primary Medical Diagnosis

Selection is required for Diagnostic Category 1, but you can select 'None' or 'Unknown' if applicable. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1	Diagnostic Code 1	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 2	Diagnostic Code 2	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 3	Diagnostic Code 3	Description
SELECT...	SELECT...	SELECT...

Social Elements Impacting Diagnosis

*Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Problems related to the social environment	<input type="checkbox"/> Unknown
<input type="checkbox"/> Educational Problems	<input type="checkbox"/> Problems related to interaction w/ legal system/crime	<input type="checkbox"/> Occupational problems	
<input type="checkbox"/> Financial Problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	

Serious and Persistent Mental Illness

Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?

☒ Yes ☐ No ☐ Unknown

To answer Yes, BOTH the following must be true:

- a) a mental, behavioral, or emotional disorder diagnosable currently or within the past year with sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders
- b) the mental illness leads to a serious functional impairment, which substantially interferes with or limits one or more major life activities

Serious Emotional Disorder

Does the child/youth have a have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?

☒ Yes ☐ No ☐ Unknown

To answer Yes, BOTH the following must be true:

- a) currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM
- b) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities

Medical Implications

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?

☒ Yes ☐ No ☐ Unknown

Is the individual receiving appropriate medical care for the comorbid medical conditions?

☒ Yes ☐ No ☐ Unknown

Is the individual currently pregnant?

☒ Yes ☐ No ☐ Unknown ☐ Not Applicable

Has the individual had a baby (live birth) during this episode of treatment?

☒ Yes ☐ No ☐ Unknown

What was the baby's status at birth?

*Does the individual have dependent children under the age of 19?

Metabolic Assessment Tool

Current Weight lbs Height ft in Waist Circumference in inches in BMI

BMI CATEGORIES: Underweight= <18.5 Normal Weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater

Results of BMI indicate that the individual may be

Recommendation

Additional information on Metabolic-Syndrome and assessment tools is available at ValueOptions/Providers/Protocols.com. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment



BMI Not Assessed

Please provide additional information on reason for not obtaining BMI or, if recommendation is to follow-up, details around the follow-up.

[Narrative Entry](#) (0 of 2000)

0 of 250

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

Assessment Score

If Other, please specify

Secondary Assessment Measure

Secondary Assessment Score

If Other, please specify

LIFE DOMAIN FUNCTIONING

0 = no evidence of need
2 = a need for action

1 = a need for watching
3 = a need for immediate/
intensive action

Family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Living Situation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Functioning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Developmental	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Recreational	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Legal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexual Development	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Achievement	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Attendance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CHILD RISK BEHAVIORS

0 = no evidence of need
2 = a need for action

1 = a need for watching
3 = a need for immediate/
intensive action

Suicide Risk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Non-Suicidal Self Injury	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Other Self Harm	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Danger to Others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexual Aggression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Runaway	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Delinquency	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Judgment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Fire Setting	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intentional Misbehavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexually Reactive Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

ACCULTURATION

0 = no evidence of need
2 = a need for action

1 = a need for watching
3 = a need for immediate/
intensive action

Language	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Identity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Ritual	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Cultural Stress	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0 = no evidence of need
2 = a need for action

1 = a need for watching
3 = a need for immediate/
intensive action

Psychosis	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Attention/Concentration	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Impulsivity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Depression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anxiety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Oppositional	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Conduct	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Attachment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Eating Disturbance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Behavioral Regression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Somatization	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anger Control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

TRAUMATIC STRESS SYMPTOMS

0 = no evidence of need
2 = a need for action

1 = a need for watching
3 = a need for immediate/
intensive action

Adjustment to Trauma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Traumatic Grief	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Re-experiencing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Hyper arousal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Avoidance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Numbing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Dissociation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Affective/Physiological Dysfunction	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

0 = no evidence
2 = moderate

1 = mild exposure
3 = severe

Sexual Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Emotional Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Neglect	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medical Trauma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Family Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Community Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Natural or Manmade Disasters	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
War Affected	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Terrorism Affected	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Witness to Criminal Activity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parental Criminal Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Disruption in Caregiving	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CHILD STRENGTHS					
0 = centerpiece strength 2 = identified strength		1 = useful strength 3 = none identified			
Family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Interpersonal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Education	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Vocational	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Coping and Savoring	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Optimism	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Talents/Interest	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Spiritual Religious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Community Life	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Relationship	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Permanence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Resilience	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

SUBSTANCE USE					
0 = no evidence 2 = recent, act		1 = history, watch/prevent 3 = acute, act immediately			
Substance Use	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Peer Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Environmental	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Severity of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Duration of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Recovery Support in the Community	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Stage of Recovery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

TRANSITION TO ADULthood

Required for 15 years and older

0 = no evidence
2 = moderate needs

1 = minimal needs
3 = severe needs

Independent Living Skills	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Transportation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parenting Roles	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intimate Relationships	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medication Compliance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Education Attainment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Victimization	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Functioning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

RATINGS OF CHILDREN 5 YRS AND YOUNGER

Required for 5 years and under

0 = no evidence
2 = moderate needs

1 = minimal needs
3 = severe needs

Motor	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sensory	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Communication	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Failure to Thrive	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Feeding/Elimination	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Birth Weight	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Prenatal Care	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Substance Exposure	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Labor & Delivery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parent/Sibling Problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Availability of Caregiver	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Curiosity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Playfulness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Temperament	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Day Care Preschool	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Optional CAREGIVER STRENGTHS & NEEDS

0 = no evidence
2 = moderate needs

1 = minimal needs
3 = severe needs

Physical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Mental Health	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Knowledge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Resources	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Posttraumatic Reactions	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Safety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Substance Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Developmental	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Supervision	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Organization	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Residential Stability	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Marital/Partner Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

Physical/Medical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Family Functioning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Employment ¹	<input type="radio"/> N/A	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2
Social Functioning	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Recreational	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intellectual/Developmental ²	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexuality	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Independent Living Skills	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Residential Stability	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Legal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Self Care	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Decision-making	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement in Recovery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Transportation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medication Adherence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parental/Caregiver Role ³	<input type="radio"/> N/A	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2

STRENGTHS

0 = centerpiece 1 = useful
2 = identified 3 = not yet identified

Family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Connectedness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Optimism	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Talents/Interest	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Educational	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Volunteering	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job History	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Spiritual/Religious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Community Connection	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Natural Supports	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Resiliency	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Resourcefulness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

ACCULTURATION

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

Language	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Cultural Identity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Ritual	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Cultural Stress	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

BEHAVIORAL HEALTH NEEDS

0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

Psychosis	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Impulse Control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Depression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anxiety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Interpersonal Problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Antisocial Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Adjustment to Trauma ⁴	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anger Control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Eating Disturbance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

Suicide Risk ⁵	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Danger to Others ⁶	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Self Injurious Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Other Self Harm	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Exploitation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Gambling	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexual Aggression ⁷	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3
Criminal Behavior ⁸	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SUBSTANCE USE

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

Substance Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Peer Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Environmental Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Severity of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Duration of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Recovery Support in the Community	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Stage of Recovery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Optional CAREGIVER STRENGTHS & NEEDS

☐ Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

Physical/Behavioral Health	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Knowledge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Resources	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Family Stress	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Safety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

MODULES

- ¹ go to Vocational/Career Module
- ² go to DD Module
- ³ go to Parenting/Caregiver Module
- ⁴ go to Trauma Module
- ⁵ go to Suicide Module
- ⁶ go to Dangerousness Module
- ⁷ go to Sex Offender Module
- ⁸ go to Crime Module

Shaded ratings trigger required
Extension Modules on next
page.

See Back for
Module Scoring

Extension Modules:

VOCATIONAL/CAREER					
0 = no evidence of problems 2 = moderate					
1 = history, mild 3 = severe					
Career Aspirations	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Time		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Attendance		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Performance		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Relations		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Skills		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

DEVELOPMENTAL NEEDS (DD)					
0 = no evidence of problems 2 = moderate					
1 = history, mild 3 = severe					
Cognitive		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Communication		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Developmental		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

PARENTING/CAREGIVER ROLE EXTENSION MODULE					
0 = no evidence of problems 2 = moderate					
1 = history, mild 3 = severe					
Knowledge of Needs		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Supervision		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement with Care		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Organization		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Marital/Partner Violence Home		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

TRAUMA <i>(Characteristics of the trauma experience)</i>					
0 = no evidence					
1 = history or sub-threshold, watch/prevent					
2 = causing problems, consistent with diagnosable disorder					
3 = causing severe/dangerous problems					
Sexual Abuse		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical Abuse		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Emotional Abuse		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medical Trauma		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Natural/Manmade Disaster		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Witness/Victim to Family Violence		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Witness/Victim to Community Violence		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Adjustment					
Affect Regulation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intrusions		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Attachment		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Dissociation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SUICIDE MODULE					
0 = no evidence					
2 = recent, act					
1 = history, watch/prevent					
3 = acute, act immediately					
Suicide Ideation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Suicide Intent		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Suicide Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Suicide History		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

DANGEROUSNESS MODULE					
0 = no evidence					
2 = recent, act					
1 = history, watch/prevent					
3 = acute, act immediately					
Intent		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Violence History		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Frustration Management		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Hostility		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Paranoid Thinking		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Secondary Gains from Anger		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Violent Thinking		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Resiliency Factors					
Aware of Violence Potential		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Response to Consequences		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Commitment to Self-Control		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Treatment Involvement		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SEXUALLY AGGRESSIVE BEHAVIOR (SAB)					
0 = no evidence					
2 = recent, act					
1 = history, watch/prevent					
3 = acute, act immediately					
Relationship		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical Force/Threat		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Age Differential		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Type of Sex Act		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Response to Accusation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CRIME					
0 = no evidence					
2 = recent, act					
1 = history, watch/prevent					
3 = acute, act immediately					
Seriousness		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
History		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Arrests		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Community Safety		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Legal Compliance		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Peer Influences		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Environmental Influences		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Medications

Expand All Medications

	Medication	Date Added	Start Date	Date Discontinued
▼	CLOZAR	12/03/2014	07/01/2012	

Medication

[Medication](#)

[Description](#)

Start Date (MM/DD/YYYY)

07012012

Date Discontinued (MM/DD/YYYY)

Date Added (MM/DD/YYYY)

12032014

For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider, and any specific target symptoms.

Narrative Entry (0 of 250)

Save Medication

▶	GEODON	11/09/2014	11/01/2014	
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Add Medication

Medication

[Medication](#)

[Description](#)

Start Date (MM/DD/YYYY)

Date Discontinued (MM/DD/YYYY)

Date Added (MM/DD/YYYY)

For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider, and any specific target symptoms.

Narrative Entry (0 of 250)

Save Medication

With respect to all medications above, please enter any additional details that would assist in coordinating care.

▶ Narrative Entry (0 of 2000)

Explanation of Exceptions:

Please document any additional information that may be beneficial for making the medical necessity decision. Attention to any information that clarifies a request for services that varies from the standard level of care based on the identified assessment tool is helpful.

Substance Use

*Type of substance(s) used: ☐ None ☐ Alcohol ☐ Drugs ☐ Both

Primary Substance

Substance
SELECT...

Route of Administration
SELECT...

Frequency of Use
SELECT...

Enter Age of First Use:

Secondary Substance

Substance
SELECT...

Route of Administration
SELECT...

Frequency of Use
SELECT...

Enter Age of First Use:

Tertiary Substance

Substance
SELECT...

Route of Administration
SELECT...

Frequency of Use
SELECT...

Enter Age of First Use:

How many previous treatment episodes has the person received in any substance abuse treatment program?
SELECT...

Will the use of opioid medications such as methadone or buprenorphine be part of the individual's recovery plan?
☒ Yes ☐ No ☐ Unknown

Has the individual participated in any self-help groups for recovery in the past 30 days?
SELECT...

How many times has the individual attended any self-help groups for recovery in the past 30 days?

Withdrawal Symptoms

Complete if requesting detox or if otherwise relevant. Check all that apply.

☐ None

☐ Nausea

☐ Sweating

☐ Tremors

☐ Past DTs

☐ Vomiting

☐ Agitation

☐ Blackouts

☐ Current Seizures

☐ Cramping

☐ Hallucinations

☐ Current DTs

☐ Past Seizures

Vitals

Complete if requesting detox or if otherwise relevant.

Blood Pressure
 / ☐ N/A

Temperature
☐ N/A

Pulse
☐ N/A

Respiration
☐ N/A

Blood Alcohol
☐ N/A

Urine drug screen (UDS)?
☒ Yes ☐ No ☐ Unknown

Outcome of UDS
☒ Positive ☐ Negative ☐ Pending

Positive For **(check all that apply)**

☐ Cannabis

☐ Benzodiazapines

☐ Opiates

☐ Barbiturates

☐ Cocaine

☐ Methamphetamines

☐ Amphetamines

☐ PCP (Phencyclidine)

☐ Tricyclic Antidepressants

☐ LSD (lysergic Acid Diethylamide)

☐ Phenylpropanol

☐ Methadone

☐ Other

Date of Urine Drug Screen (MMDDYYYY)
☐

Longest Period of Sobriety
SELECT...

Most Recent Relapse Date (MMDDYYYY)
☐

ASAM / Other Patient Placement Criteria

Dimension 1	Dimension 2	Dimension 3
Intoxication/Withdrawal Potential	Biomedical Conditions	Emot/Beh/Cogn Conditions
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High

Dimension 4	Dimension 5	Dimension 6
Readiness To Change	Relapse Potential	Recovery Environment
<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High

Back

Save Request as Draft

Next

Requested Services Header

Requested Start Date 03/02/2011	Individual Name ASLAN, SUSAN	Provider Name TUMNUS, PETER	Vendor ID A00003	Save Request as Draft
Type of Request INITIAL	Individual ID 987654321	Provider ID 123456	Provider Alternate ID 712345	NPI # for Authorization <div>SELECT... ▼</div>
Level of Service OUTPATIENT	Type of Service Mental Health	Level of Care Outpatient	Type of Care Behavioral	Authorized User <div></div>

All fields marked with an asterisk (*) are required.

Legal Information

*Legal Status

SELECT... ▼

*Legal Involvement

SELECT... ▼


*Legal Custody

SELECT... ▼

*Has individual been involved with criminal/juvenile justice system in past year? ☒ Yes ☐ No ☐ Unknown/Refused

*Number of arrests in past 30 days:

*Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?
☒ Currently in jail ☐ Released within 6 months ☐ No ☐ Unknown

What is the date the individual was released from jail/RYDC or prison/YDC? (MM/DD/YYYY) 

*How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?

*How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?

Income and Sources

*Does the individual have income from any source?

☒ Yes ☐ No ☐ Unknown

If income source is "Yes" indicate all sources and dollar amounts for the sources that apply. At least one value must be greater than zero:

	Monthly Amount:
Earned Income	<div>0.00</div>
Unemployment Insurance	<div>0.00</div>
Supplemental Security Income/ Social Security Disability Insurance	<div>0.00</div>
VA Service-Connected Disability	<div>0.00</div>
Temporary Assistance for Needy Families (TANF)	<div>0.00</div>
Trust Fund Payments	<div>0.00</div>
Pension or Retirement Income from a Former Job	<div>0.00</div>
Child Support	<div>0.00</div>
Alimony or Other Spousal Support	<div>0.00</div>
Other Source of Regular Income	<div>0.00</div>
Specify source:	<div></div>

Non-Cash Benefits

*Does the individual have Non-Cash Benefits? ☐ Yes ☐ No ☐ Unknown/Refused

If "Yes" indicate all sources that apply:

Source of Non-Cash Benefits

Supplemental Nutrition Assistance Program (SNAP)
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
TANF Child Care Services
TANF Transportation Services
Other TANF-Funded Services
Georgia Housing Voucher (DBHDD)
Section 8, Public Housing, or Other Ongoing Rental Assistance
Temporary Rental Assistance
Other Source

Add >>>

Remove <<

If "Other Source" specify source:

Health Insurance

*Is the individual covered by Health Insurance? ☐ Yes ☐ No ☐ Unknown

If "Yes" indicate all insurance types that apply:

Health Insurance Types

Medicaid
Medicare
State Children's Health Insurance Program
Veteran's Administration (VA) Medical Services
Employer-Provided Health Insurance
Health Insurance Obtained through COBRA
Private Pay Health Insurance
Other

Add >>>

Remove <<

If "Other" specify insurance type:

School

*Has the individual attended school at any time in the past 90 days? ☐ Yes ☐ No ☐ Not Applicable ☐ Unknown

For school-aged children and adolescents, indicate the number of days absent in past 30 days:

*For individuals in school, what is their current grade level? If not in school, what is their highest grade level completed?

Living Situation and Status

*What is the individual's living situation at the present time?

SELECT...



*How long has the individual been in this living situation?

SELECT...



*What is the individual's housing status/stability at the present time?

SELECT...



*Total days of homelessness in the past 90 days:

*Does the individual meet the federal definition of **chronically** homeless? (Note: this is not the same as being currently homeless.)

☒ Yes ☐ No ☐ Unknown

*Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in the 12 months prior to the authorization start date?

☒ Yes ☐ No ☐ Unknown

*Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date?

☒ Yes ☐ No ☐ Unknown

*How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days? (past 6 months for PRTF requests)

*What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days? (past 6 months for PRTF requests)

Employment

One of the following sections must be completed: Competitive Employment, Non-Competitive Employment or Unemployed status.

Competitive Employment

Competitive employment indicates a community based job which pays at least minimum wage and for which any person can apply. Any job meeting these criteria should be considered competitive work, regardless of whether paid supports (e.g., a job coach) are needed to maintain that employment.

Date Employed (MM/DD/YYYY)



Hours Worked Typical Week

Hourly Wage

Non-Competitive Employment

Non-Competitive Employment includes work that pays less than minimum wage OR is located in a segregated setting OR is a position only open to individuals with disabilities. (Non-competitive employment may be community or facility-based).

Date Employed (MM/DD/YYYY)



Hours Worked Typical Week

Type of Non-Competitive Employment

☐ Community-based

☐ Facility-based

Unemployed

Unemployed but available for work?

☒ Yes ☐ No

If answered "No" above, please indicate why individual is not available for work:

SELECT...



Enter the date of the individual's first contact with an employer following enrollment in ACT or SE services: (MM/DD/YYYY)



*What is the current status of the individual's enrollment in Vocational Rehabilitation services? ☒ Enrolled ☐ Not Enrolled

*Select the option that describes the individual status with respect to Vocational Rehabilitation services during the last authorization period:

☒ Enrolled but not Discharged ☐ No VR Enrollment ☐ Closed Successfully ☐ Discharged Unsuccessfully

*How many competitive jobs did the individual start during the last authorization period?

*How many competitive jobs did the individual leave during the last authorization period?

Discharge Planning

Discharge planning considerations should include obtaining releases to speak to and coordinate care with the providers that care will be transitioning to as well as confirming that appointments are scheduled timely. Discharge planning should be included as a component of the treatment throughout the entire stay.

*Highest Level of Charge Planned for Discharge

SELECT...

*Planned Discharge Residence

SELECT...

Describe Other Discharge Level of Care

Expected Discharge Date (MMDDYYYY)



Back

Save Request as Draft

Submit

Requested Services Header

Requested Start Date 03/02/2011	Individual Name ASLAN, SUSAN	Provider Name TUMNUS, PETER	Vendor ID A00003	<div>Save Request as Draft</div>
Type of Request INITIAL	Individual ID 987654321	Provider ID 123456	Provider Alternate ID 712345	NPI # for Authorization <div>SELECT... ▼</div>
Level of Service OUTPATIENT	Type of Service Mental Health	Level of Care Outpatient	Type of Care Behavioral	<div>Authorized User</div>

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero. Please indicate the service classes that are being requested. Units should remain as zero on request until this further clinical review is completed.

Click Here to Add or Modify Service Classes

Requested Services

*Place of Service	Service Class Code	Description	Visits/Units
AMBULATORY SURGICAL CENTER ▼			-----
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			
SELECT... ▼			

Total Visits/ Units

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.

¹ This request must include detailed information about service class code(s), place of service, and number of visits/units required for each procedure.

Note: TOTAL # OF UNITS CANNOT EXCEED 99999



DISCHARGE

The following wireframes are provided for visual context of collected data elements and may not represent the final screen design within the care management system. Not all fields in screen shot will be identical to fields in batch flow. Some fields are dependent on the process.

Requested Start Date 10/31/2012	Level of Service I - Inpatient	Individual Name SMITH, JOHN	Provider Name JOHNS HOPKINS BAYVIEW	Vendor ID 0100483
	Type of Request INITIAL	Individual CID 02233445501	Provider ID 129664	Provider Alternate ID 1007343

Initial

Additional Info

Aftercare

All fields marked with an asterisk (*) are required.

Discharge Information

*Actual Discharge Date (MMDDYYYY) <input type="text"/>	*Date of Last Service (MMDDYYYY) <input type="text"/>
*Discharge Reason SELECT...	Date of Death (MMDDYYYY) <input type="text"/>
	<input type="checkbox"/> Date of Death Unknown

Type of Service
P - MENTAL HEALTH

Level of Care Discharged From
I - INPATIENT

Diagnosis

Documentation in **Diagnostic Category 1** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **additional co-occurring** conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the individual's plan and/or summary plan description including covered diagnosis.

Diagnosis

Diagnosis (inclusive of MH, SU, and IDD).

*Diagnostic Category 1	*Diagnostic Code 1	*Description
FEEDING AND EATING DISORDERS - ANOREXIA & BULIMIA	307.51	Feeding / Eating Disorder - other

Additional Diagnosis

Diagnostic Category 2	Diagnostic Code 2	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 3	Diagnostic Code 3	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 4	Diagnostic Code 4	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 5	Diagnostic Code 5	Description
SELECT...	SELECT...	SELECT...

Primary Medical Diagnosis

Selection is required for Diagnostic Category 1, but you can select 'None' or 'Unknown' if applicable. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1	Diagnostic Code 1	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 2	Diagnostic Code 2	Description
SELECT...	SELECT...	SELECT...

Diagnostic Category 3	Diagnostic Code 3	Description
SELECT...	SELECT...	SELECT...

Social Elements Impacting Diagnosis

*Check all that apply

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Problems with access to health care services | <input type="checkbox"/> Problems related to the social environment | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Educational Problems | <input type="checkbox"/> Problems related to interaction w/ legal system/crime | <input type="checkbox"/> Occupational problems | |
| <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Other psychosocial and environmental problems | |

Serious and Persistent Mental Illness

Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?

☒ Yes ☐ No ☐ Unknown

To answer Yes, BOTH the following must be true:

- a) a mental, behavioral, or emotional disorder diagnosable currently or within the past year with sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders
- b) the mental illness leads to a serious functional impairment, which substantially interferes with or limits one or more major life activities

Serious Emotional Disorder

Does the child/youth have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?

☒ Yes ☐ No ☐ Unknown

To answer Yes, BOTH the following must be true:

- a) currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM.
- b) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Medical Implications

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions? ☒ Yes ☐ No ☐ Unknown

Is the individual receiving appropriate medical care for the comorbid medical conditions? ☒ Yes ☐ No ☐ Unknown

Is the individual currently pregnant?

☒ Yes ☐ No ☐ Unknown ☐ Not Applicable

Has the individual had a baby (live birth) during this episode of treatment?

☒ Yes ☐ No ☐ Unknown

What was the baby's status at birth?

*Does the individual have dependent children under the age of 19?

Metabolic Assessment Tools

Current Weight lbs Height ft in Waist Circumference in inches in BMI

BMI CATEGORIES: Underweight= <18.5 Normal Weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater

Results of BMI indicate that the individual may be

Recommendation

Additional information on Metabolic-Syndrome and assessment tools are available at ValueOptions/Providers/Protocols.com. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment

☐ BMI Not Assessed

Please provide additional information on reason for not obtaining BMI or, if recommendation is to follow-up, details around the follow-up.

(0 of 250)

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

Assessment Score

If Other, please specify

Secondary Assessment Measure

Secondary Assessment Score

If Other, please specify

LIFE DOMAIN FUNCTIONING				
	0 = no evidence of need	1 = a need for watching	2 = a need for action	3 = a need for immediate/intensive action
Family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Living Situation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Functioning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Developmental	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Recreational	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Legal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexual Development	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Achievement	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
School Attendance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CHILD RISK BEHAVIORS				
	0 = no evidence of need	1 = a need for watching	2 = a need for action	3 = a need for immediate/intensive action
Suicide Risk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Non-Suicidal Self Injury	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Other Self Harm	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Danger to Others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexual Aggression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Runaway	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Delinquency	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Judgment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Fire Setting	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intentional Misbehavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexually Reactive Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
	0 = no evidence of need	1 = a need for watching	2 = a need for action	3 = a need for immediate/intensive action
Psychosis	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Attention/Concentration	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Impulsivity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Depression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anxiety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Oppositional	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Conduct	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Attachment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Eating Disturbance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Behavioral Regression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Somatization	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anger Control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

TRAUMATIC STRESS SYMPTOMS				
	0 = no evidence of need	1 = a need for watching	2 = a need for action	3 = a need for immediate/intensive action
Adjustment to Trauma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Traumatic Grief	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Re-experiencing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Hyper arousal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Avoidance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Numbing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Dissociation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Affective/Physiological Dysfunction	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

ACCULTURATION					
0 = no evidence of need 2 = a need for action		1 = a need for watching 3 = a need for immediate/ intensive action			
Language	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Identity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Ritual	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Cultural Stress	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

CHILD STRENGTHS					
0 = centerpiece strength 2 = identified strength		1 = useful strength 3 = none identified			
Family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Interpersonal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Education	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Vocational	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Coping and Savoring	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Optimism	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Talents/Interest	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Spiritual Religious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Community Life	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Relationship	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Permanence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Resilience	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES					
0 = no evidence 2 = moderate		1 = mild exposure 3 = severe			
Sexual Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Physical Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Emotional Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Neglect	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Medical Trauma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Family Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Community Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
School Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Natural or Manmade Disasters	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
War Affected	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Terrorism Affected	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Witness to Criminal Activity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Parental Criminal Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Disruption in Caregiving	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

SUBSTANCE USE					
0 = no evidence 2 = recent, act		1 = history, watch/prevent 3 = acute, act immediately			
Substance Use	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Peer Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Environmental	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Severity of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Duration of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Recovery Support in the Community	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Stage of Recovery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

TRANSITION TO ADULthood

Required for 15 years and over

0 = no evidence
2 = moderate needs1 = minimal needs
3 = severe needs

Independent Living Skills	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Transportation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parenting Roles	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intimate Relationships	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medication Compliance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Education Attainment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Victimization	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Functioning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

RATINGS OF CHILDREN 5 YRS AND YOUNGER

Required for 5 years and under

0 = no evidence
2 = moderate needs1 = minimal needs
3 = severe needs

Motor	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sensory	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Communication	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Failure to Thrive	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Feeding/Elimination	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Birth Weight	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Prenatal Care	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Substance Exposure	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Labor & Delivery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parent/Sibling Problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Availability of Caregiver	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Curiosity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Playfulness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Temperament	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Day Care Preschool	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Optional**CAREGIVER STRENGTHS & NEEDS**0 = no evidence
2 = moderate needs1 = minimal needs
3 = severe needs

Physical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Mental Health	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Knowledge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Resources	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Posttraumatic Reactions	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Safety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Substance Abuse	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Developmental	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Supervision	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Organization	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Residential Stability	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Marital/Partner Violence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Substance Use

*Type of substance(s) used: ☐ None ☐ Alcohol ☐ Drugs ☐ Both

Primary Substance

Substance

SELECT...

▼

Route of Administration

SELECT...

▼

Frequency of Use

SELECT...

▼

Enter Age of 1st Use:

Secondary Substance

Substance

SELECT...

▼

Route of Administration

SELECT...

▼

Frequency of Use

SELECT...

▼

Enter Age of 1st Use:

Tertiary Substance

Substance

SELECT...

▼

Route of Administration

SELECT...

▼

Frequency of Use

SELECT...

▼

Enter Age of 1st Use:

Has the individual participated in any self-help groups for recovery in the past 30 days?

SELECT...

▼

How many times has the consumer attended any self-help groups for recovery in the past 30 days?

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

Physical/Medical	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Family Functioning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Employment ¹	<input type="radio"/> N/A	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2
Social Functioning	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Recreational	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intellectual/Developmental ²	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexuality	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Independent Living Skills	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Residential Stability	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Legal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Self Care	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Decision-making	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement in Recovery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Transportation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medication Adherence	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Parental/Caregiver Role ³	<input type="radio"/> N/A	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2

STRENGTHS

0 = centerpiece 1 = useful
2 = identified 3 = not yet identified

Family	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Connectedness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Optimism	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Talents/Interest	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Educational	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
Volunteering	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job History	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Spiritual/Religious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Community Connection	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Natural Supports	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Resiliency	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Resourcefulness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

ACCULTURATION

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

Language	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Cultural Identity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Ritual	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Cultural Stress	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

BEHAVIORAL HEALTH NEEDS

0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

Psychosis	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Impulse Control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Depression	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anxiety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Interpersonal Problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Antisocial Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Adjustment to Trauma ⁴	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Anger Control	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Eating Disturbance	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

RISK BEHAVIORS

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

Suicide Risk ⁵	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Danger to Others ⁶	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Self Injurious Behavior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Other Self Harm	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Exploitation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Gambling	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sexual Aggression ⁷	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3
Criminal Behavior ⁸	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SUBSTANCE USE

0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

Substance Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Peer Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Environmental Influences	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Severity of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Duration of Use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Recovery Support in the Community	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Stage of Recovery	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Optional CAREGIVER STRENGTHS & NEEDS

☐ Not applicable – no caregiver identified

0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

Physical/Behavioral Health	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Knowledge	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Social Resources	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Family Stress	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Safety	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

MODULES

¹ go to Vocational/Career Module

² go to DD Module

³ go to Parenting/Caregiver Module

⁴ go to Trauma Module

⁵ go to Suicide Module

⁶ go to Dangerousness Module

⁷ go to Sex Offender Module

⁸ go to Crime Module

See Back for
Module Scoring

**Shaded ratings trigger required
Extension Modules on next
page.**

Extension Modules:

VOCATIONAL/CAREER					
0 = no evidence of problems 2 = moderate					
1 = history, mild 3 = severe					
Career Aspirations	<input type="radio"/> N/A	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Time		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Attendance		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Performance		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Relations		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Job Skills		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

DEVELOPMENTAL NEEDS (DD)					
0 = no evidence of problems 2 = moderate					
1 = history, mild 3 = severe					
Cognitive		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Communication		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Developmental		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

PARENTING/CAREGIVER ROLE EXTENSION MODULE					
0 = no evidence of problems 2 = moderate					
1 = history, mild 3 = severe					
Knowledge of Needs		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Supervision		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Involvement with Care		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Organization		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Marital/Partner Violence Home		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

TRAUMA <i>(Characteristics of the trauma experience)</i>					
0 = no evidence					
1 = history or sub-threshold, watch/prevent					
2 = causing problems, consistent with diagnosable disorder					
3 = causing severe/dangerous problems					
Sexual Abuse		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical Abuse		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Emotional Abuse		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Medical Trauma		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Natural/Manmade Disaster		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Witness/Victim to Family Violence		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Witness/Victim to Community Violence		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Adjustment					
Affect Regulation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Intrusions		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Attachment		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Dissociation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SUICIDE MODULE					
0 = no evidence 2 = recent, act					
1 = history, watch/prevent 3 = acute, act immediately					
Suicide Ideation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Suicide Intent		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Suicide Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Suicide History		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

DANGEROUSNESS MODULE					
0 = no evidence 2 = recent, act					
1 = history, watch/prevent 3 = acute, act immediately					
Intent		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Violence History		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Frustration Management		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Hostility		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Paranoid Thinking		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Secondary Gains from Anger		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Violent Thinking		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Resiliency Factors					
Aware of Violence Potential		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Response to Consequences		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Commitment to Self-Control		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Treatment Involvement		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SEXUALLY AGGRESSIVE BEHAVIOR (SAB)					
0 = no evidence 2 = recent, act					
1 = history, watch/prevent 3 = acute, act immediately					
Relationship		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Physical Force/Threat		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Age Differential		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Type of Sex Act		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Response to Accusation		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

CRIME					
0 = no evidence 2 = recent, act					
1 = history, watch/prevent 3 = acute, act immediately					
Seriousness		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
History		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Arrests		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Planning		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Community Safety		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Legal Compliance		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Peer Influences		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Environmental Influences		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3