

Addictive and Mental Disorders Division (AMDD)
Severe and Disabling Mental Illness (SDMI)
Home and Community Based Services (HCBS) Waiver

Assessing Members Risks and Experiences

Form Instructions: Form must be completed at initial intake as part of the PCRCP development process. If the member has significant changes in their situation and the need arises for a Life Coach that was not initially approved in the member's PCRCP, another form may be completed.

**Form is to be uploaded into File Uploads when completed*

Housing	<p>Are you currently worried about losing your housing?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is your concern?</p>
Food	<p>In the past six months, have you been unable to get food when it was really needed?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, why were you unable to get food?</p>
Transportation	<p>Has the lack of transportation kept you from medical appointments or from getting things needed for daily living? Check all that apply.</p> <p style="text-align: center;"><input type="checkbox"/> Yes, it has kept me from (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> medical appointments <input type="checkbox"/> getting my medications <input type="checkbox"/> non-medical meetings or appointments <input type="checkbox"/> recreational activities <p>or</p> <p style="text-align: center;"><input type="checkbox"/> No</p>
Employment	<p>What is your current work situation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employed <input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) <input type="checkbox"/> Seeking employment

	<p>If employed, do you wish to change your current work situation?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Education</p>	<p>Are you interested in taking a class or learning something new?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, what are you interested in learning?</p>

<p>Social and Emotional Health and Safety</p>	<p>How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> Once a month</p> <p>Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very much</p> <p>Do you feel physically and emotionally safe where you currently live?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p>
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