Department of Public Health and Human Services
MENTAL HEALTH SERVICES BUREAU

Risk Assessment Screening Tool

Consumer	Medicaid ID
Date of Screening	Screener

YES   NO

___   ___   1. Have you been involved with Adult Protective Service within the past 6 months?

___   ___   2a. Have you had problem relationships with any other adult within the past 6 months not including domestic violence?

___   ___   2b. Have you been involved in domestic violence within the past 6 months?

___   ___   3a. Do you control your own money?

___   ___   3b. Do you have enough money to last till the end of the month?

___   ___   4a. Have you been mistreated as an adult?

___   ___   4b. Do you have a history of self-neglect?

___   ___   5a. Have you had a problem with the misuse of drugs or medications in the past 6 months?

___   ___   5b. Have you had a problem with alcohol in the past 6 months?

____   6a. How many times have you been to the emergency room in the past 6 months?

____   6b. How many times have you been admitted to the hospital in the past 6 months?

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Screening Tool instructions

This screening tool will be completed at the time of intake to determine if the individual may have a past or current history of abuse, neglect or exploitation. This tool includes a screening tool question sheet along with a supplemental page to add follow up information from the screening questions.

When a question is followed up with on the supplemental page, please indicate the question that the response is for. I.e. 4b:

STEP 1: Complete questions 1a through 5b checking either YES or NO. If a question elicits a no response no follow up questions need to be asked. If a question elicits a YES response, you will need to ask follow up questions for that specific response. I.e. 3a (YES) "Who controls your money?" "Have you had problems with this arrangement?"

STEP 2: Complete questions 6a and 6b. For these two questions indicate the number of incidents that have taken place. If the answer is zero, no further questions are needed. If the consumer indicates that there have been incidents that have required hospitalization or an ER visit, try to gather information on the cause and date of the incident or incidents.