

Demographic Information

1. **Date of Discharge from ACT/FACT (if applicable):**_____
2. **Reason for Discharge from ACT/FACT (if applicable):**
 - Completed Treatment
 - Moved to Lower level of Care
 - Moved to Higher Level of Care
 - Lost Contact
 - Other (please include text description of other reasons): _____
3. **Primary Psychiatric Diagnosis:**_____
4. **Secondary Psychiatric Diagnoses:**_____
5. **Gender Identity**
 - Woman
 - Man
 - Culturally Specific Identity (e.g. Two-Spirit)
 - Transgender Male
 - Transgender Female
 - Non-Binary
 - Questioning
 - Other/Different Identity
 - Client doesn't know
 - Client prefers not to answer

Client Code: _____

Assessor: _____

Date: _____

Work or School Involvement

In the past month, did the client engage in any of the following at any time:		
a. Have a paid, competitive job earning at least minimal wage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
[IF Yes] Estimate the average number of hours spent on this activity <i>in a typical week in the past month:</i>	(AVG HOURS/WEEK)	
b. Work toward a goal related to employment (e.g., look for or try to get a new job) or pursue an internship, apprenticeship, or volunteer work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
[IF Yes] Estimate the average number of hours spent on this activity <i>in a typical week in the past month:</i>	(AVG HOURS/WEEK)	
c. Attending school or classes, either full- or part-time, for enrichment, for credit, or to lead to a certificate or diploma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
[IF Yes] Estimate the average number of hours spent on this activity <i>in a typical week in the past month:</i>	(AVG HOURS/WEEK)	
d. Work toward a goal related to school (e.g., meet with educational counselor, determine degree status, take entrance exams, explore financial aid options, explore trade schools, research degree or certificate programs, apply to school)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
[IF Yes] Estimate the average number of hours spent on this activity <i>in a typical week in the past month:</i>	(AVG HOURS/WEEK)	

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Justice System and Legal Involvement

<p><i>At any time in the past 6 months, has the client been on an LPS, probate, or temporary conservatorship (T-Con)?</i></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Not counting minor traffic violations, has the client ever been arrested and booked, or convicted, for breaking the law? (Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>[IF Yes] Not counting minor traffic violations, how many times <i>during the past 6 months</i> has the client been arrested and booked, or convicted, for breaking a law?</p>	<p>(# TIMES ARRESTED OR BOOKED)</p>	
<p>[IF Yes] <i>In the past 6 months</i>, how many nights total did the client spend incarcerated in jail, prison, or juvenile detention center?</p>	<p>(TOTAL # NIGHTS INCARCERATED)</p>	
<p>Was the client on probation at any time <i>during the past 6 months</i>?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Was the client on parole, supervised release, or other conditional release from prison at any time <i>during the past 6 months</i>?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

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Living Arrangements

For the below table, please choose the category that best describes where the client has resided over the past 6 months.

Residential Type	In the past 6 months, how many days did the client spend living in (must TOTAL 180 days):
<p>Independent Living (e.g., Living alone or with spouse, family, friend or roommate in apartment or house, single room occupancy etc.)</p>	
<p>Minimally Structured (e.g., Board & care, assisted living, adult foster care, supervised individual or congregate placement, etc.)</p>	
<p>Moderately Structured (e.g., Residential treatment program, acute psychiatric facility, mental health rehabilitation center, etc.)</p>	
<p>Extremely Structured (e.g., State psychiatric hospital, institution for mental disease (IMD), skilled nursing facility, jail or prison, long term institutional care, etc.)</p>	
<p>Homeless (e.g., on the street, in a car or abandoned building, or outdoors; in a homeless shelter or emergency shelter, including hotel or motel paid with a shelter voucher; in a transitional or temporary location including couch surfing, hotel or motel, or temporarily living with family or friends; fleeing or attempting to flee domestic violence)</p>	
<p>TOTAL</p>	

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Is the client <i>currently</i> homeless (e.g., on the street, in a car or abandoned building, or outdoors; in a homeless shelter or emergency shelter, including hotel or motel paid with a shelter voucher; in a transitional or temporary location including couch surfing, hotel or motel, or temporarily living with family or friends; fleeing or attempting to flee domestic violence)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
[IF NO] Please indicate the client's <i>current</i> living situation (Select ONE box below).			
Independent Living <input type="checkbox"/>	Minimally Structured <input type="checkbox"/>	Moderately Structured <input type="checkbox"/>	Extremely Structured <input type="checkbox"/>
In your judgment, is the above living situation <i>permanent</i> or <i>non-permanent</i> ? (Permanent means the client's housing situation is stable for the foreseeable future)		Permanent <input type="checkbox"/>	Non-permanent <input type="checkbox"/>
Did the client exit an IMD <i>within the past 6 months</i> ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

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