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| **Individual History and Needs Assessment** |
| Region: | Date of Assessment: |
| Name (LAST, FIRST, MI):  |
| DOB:  | **SSN:**  | DCN:  |
| Sex:MaleFemaleIntersex (Male and Female)Male to FemaleFemale to MaleUnknown/Refused | Ethnicity:CubanMexicanNot of Hispanic Puerto RicanOther Unknown/Refused |
| Race:African American/BlackAsianCaucasianNative AmericanOtherUnknown/Refused | Military Status:Currently in MilitaryVeteranNever in MilitaryUnknown/Refused |
| Housing Status: HomelessNot HomelessShelter HousingTransitional HousingUnknown | Employment Status:Full TimeNot in WorkforcePart TimeSupported EmploymentUnemployed, actively lookingUnknown/Refused |
| Payer Source:MedicaidMedicareMedicare and Medicaid VA BenefitsUninsuredOtherUnknown/RefusedPrivate Insurance | Is individual currently on probation or parole? NoYes, ParoleYes, ProbationUnknown/Refused |

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| **Mental Health History – check all that apply**:ADD/ADHD Alzheimer’s Antisocial Personality Disorder Autism Spectrum Disorder Bipolar Disorders Borderline Personality Disorder DD/Intellectual Disability Delusional Dementia Depression Eating Disorder OCD Panic/Anxiety PTSD Schizophrenia/Schizoaffective Disorder Sleep Disorder Other – Psychotic Disorder Other Unknown/Refused None |
| **Substance Use History – check all that apply:** Alcohol Cocaine Hallucinogens Heroin Inhalants Marijuana MethamphetaminePrescription Opioids Prescription Sedatives Prescription Stimulants Synthetic DrugsOther Unknown/Refused None |

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| **Physical Health History Primary:** BMI>25 Chronic Pain Congestive Heart Failure COPD/Asthma Dental Pain Diabetes Hepatitis C Tobacco Use Other Unknown/Refused None |

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| Program | Need Identified |
| Community-based Assistance |  |
| Crisis Services |  |
| Dental Care |  |
| Developmental Disabilities Services |  |
| Employment Services |  |
| Food Assistance |  |
| Housing |  |
| Mental Health Services |  |
| Payer assistance |  |
| Physical Health Service |  |
| Psychiatry |  |
| Substance Use Services |  |
| Transportation Assistance |  |
| Medication Assistance |  |
| Basic Needs Assistance |  |
|  Legal Services |  |

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| Number of: Emergency Room in the past 3 months |  |
|  Hospitalizations in the past 3 months |  |
|  Law enforcement contact in the past 3 months |  |

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| DLA-20© mGAF score at time of IHNA: |  | Date: |  |

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| Program Eligibility after IHNA: Eligible for ERE ServicesRegion Specific, IneligibleServices Unavailable, IneligibleIneligible, other reasonsRefused ERE Services |
| MHCPP Eligibility after IHNA:Yes No Unknown |
| Notes: |