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| **Individual History and Needs Assessment** | | | |
| Region: | | Date of Assessment: | |
| Name (LAST, FIRST, MI): | | | |
| DOB: | **SSN:** | | DCN: |
| Sex:  Male  Female  Intersex (Male and Female)  Male to Female  Female to Male  Unknown/Refused | | Ethnicity:  Cuban  Mexican  Not of Hispanic  Puerto Rican  Other  Unknown/Refused | |
| Race:  African American/Black  Asian  Caucasian  Native American  Other  Unknown/Refused | | Military Status:  Currently in Military  Veteran  Never in Military  Unknown/Refused | |
| Housing Status:  Homeless  Not Homeless  Shelter Housing  Transitional Housing  Unknown | | Employment Status:  Full Time  Not in Workforce  Part Time  Supported Employment  Unemployed, actively looking  Unknown/Refused | |
| Payer Source:  Medicaid  Medicare  Medicare and Medicaid VA Benefits  Uninsured  Other  Unknown/Refused  Private Insurance | | Is individual currently on probation or parole?  No  Yes, Parole  Yes, Probation  Unknown/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 Methamphetamine  Prescription Opioids Prescription Sedatives Prescription Stimulants Synthetic Drugs  Other 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 Services  Region Specific, Ineligible  Services Unavailable, Ineligible  Ineligible, other reasons  Refused ERE Services |
| MHCPP Eligibility after IHNA:  Yes No Unknown |
| Notes: |