

MARYLAND RECOVERYNET HOUSING INTAKE FORM (4/2014)

SMART Client ID# _____ Date of Assessment _____

Referring Care Coordinator: _____ Referring Agency: _____

Gender Identity: Male Female Transgender If female, pregnant: Yes No

Veteran Status: Yes No

Marital Status: Married Civil Union Divorced Separated Widowed Never Married

Other: _____

Legal Information/History

Pending Case(s): Yes No Previous Involvement with the Criminal Justice System: Yes No

Currently on probation? Yes No Parole? Yes No Number of arrests in last 30 days: _____

Mental/Physical Health

Does the client have co-occurring behavioral or somatic health issues? Yes No Diagnosis: _____

Explain _____

- a. What is the plan for addressing physical health issues? _____
- b. Is the client currently on any psychotropic medications? Yes No
- c. What medication/dosage? _____
- d. What is the plan for on-going mental health counseling? _____

Is the client seeing a psychiatrist or MH therapist? Yes No

Who? _____ Where? _____ Date of last visit _____

Does the client have a history of self injurious behavior? (suicidal, self inflicted injury, etc.) Yes No

Explain _____

Does the client have PTSD diagnosis? Yes No Has the client been treated for PTSD? Yes No

What is the plan for managing the PTSD in recovery? _____

Does the client have history of violent behavior expressed towards others? Yes No

Explain _____

Other State/Provider Agency Involvement

Where is the client going for outpatient SUD treatment? _____

Name of program/contact info _____

Date of intake appointment _____

Are there any obstacles to participation in outpatient treatment? Yes No

Explain _____

Family and Support

Social Support (i.e. family, friends, etc.): Yes No

How would you describe your current relationship with your family members? _____

Do you currently have a sponsor? Yes No Not sure Does the client have a Recovery Plan? Yes No

Housing Status

Living situation immediately prior to enrollment into State Care Coordination/ATR:

Private Residence	Single Room Occupancy	Residential Care/treatment	Hospital	Other:
Prison/Jail	Homeless Shelter	Homeless (i.e. street)	Inpatient (i.e. SA/MH)	

Reason for leaving the last housing situation: _____

Have you been homeless within the last six months? Yes No

Are you at risk of homelessness? Yes No Not sure

What is the client's housing goal in the recovery plan? _____

What is the plan for paying for housing when RecoveryNet Services expire? _____

Has the client ever lived in supportive or recovery housing? Yes No

When? _____ Where? _____ How Long? _____ How many times? _____