

MARYLAND RECOVERYNET HOUSING INTAKE FORM (10/2014)

SMART Client ID# _____ Date of Assessment _____
Referring Care Coordinator: _____ Referring Agency: _____
Gender: Male Female Transgendered If female, pregnant: Yes No Smoker: 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? _____

Does client 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 Inpatient (i.e.	Other:
Prison/Jail	Homeless Shelter	Homeless (i.e. street)		

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? _____

Please Note: Housing is not guaranteed. The RAC must review the Housing Intake Form and approve the request in the VMS prior to the service recipient being placed with a housing provider.