

Safe Transitions  
**Application for Services**  
Person Served Information-CRS/IHS

<b>Person Information</b>		<b>Date form was completed/updated:</b>	
Full name:		Admission Date to Safe Transitions:	
Date of Birth:	Gender:	Social security number:	
Current Address:		Phone number:	Cell number:
Marital Status:	Race:	County of Residence:	Commitment Dates:
Price-Shephard Dates:		Jarvis Dates:	Probation Dates:
County, State, Country of birth:		Contact Info:	
Height:	Eye Color:	Outstanding Warrants: <input type="checkbox"/> N <input type="checkbox"/> Y	
Weight:	Hair Color:	Court Ordered Child Support: <input type="checkbox"/> N <input type="checkbox"/> Y	
Need Wheelchair Accessible Van: <input type="checkbox"/> Y <input type="checkbox"/> N			

**Legal status**

<input type="checkbox"/> Responsible for self	<input type="checkbox"/> Under guardianship	<input type="checkbox"/> Minor	<input type="checkbox"/> Under commitment	<input type="checkbox"/> Under Jarvis	<input type="checkbox"/> Price-Sheppard
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**Insurance Information**

Primary insurance number:		Medical Assistance number:	
Medicare number: Part A Start Date: Part B Start Date:		Prescription/Other insurance information:	
Waiver Type:	<input type="checkbox"/> CADI <input type="checkbox"/> DD <input type="checkbox"/> BI	<input type="checkbox"/> ARMHS Provider (request ITP): _____	

**Legal representative contact information-Coordination between: MHW, HS, PC, PD with Legal Rep**

Full name: Relationship:		Email:
Address:		Fax number:
Office number:		Cell number:

**County/MH Case Manager contact information-Coordination between: PC, PD with CM  Primary Case Manager**

Full name:		Email:
Address:		Fax number:
Office number:		Cell number:

**Waiver/CADI Case Manager contact information-Coordination between PC, PD with CM  Primary Case Manager**

Full name:		Email:
Address:		Fax number:
Office number:		Cell number:

**Financial Manager contact information**

**County of Financial Responsibility contact information**

County & Contact Name:		County Name:	
Address:		Address:	
Email:		Email:	
Office number:	Fax number:	Office number:	Fax number:

**Coordination between PC, PD with Financial Manager/Worker or County of Financial Responsibility**

**Representative Payee contact information-Coordination between PC, PD with Rep Payee**

Full name:	Relationship:	Email:
Address:		Fax number:
Office number:		Cell number:

**Primary Diagnosis and Code:**

Other Diagnoses:

**Type of Funding (enter amounts)**

RSDI:                      SSI:                      Other Income (Type & Amount):

**Employment Information-Coordination between MHW, HS, PC with Employment**

Employer:	Start Date:	Stop Date:
Phone number:		
Contact Name and Address:		
<b>For Office Use Only:</b>		
<b>Date of CSSP (attach copy):</b>		<b>If no CSSP, date Goal Area List completed:</b>
Date of Diagnostic Assessment/Psychiatric Evaluation (request copy):		
<b>CRS House Name:</b>	<b>Last Date in House</b> (Disregard if applying for services):	
<b>Admit Date to House</b> (if transferring locations. Disregard if applying for services):	<b>Discharged Date</b> (Disregard if applying for services):	
Placement 5 <sup>th</sup> Bed Date:	Permanent Placement Date (Transfer from 5 <sup>th</sup> Bed):	

**Discharge Information**

Emergency Discharge:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date:
Forwarding Address:	D/C with Safe Transitions IHS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone:	Contact Person:	ROI? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Update form as changes occur and each January and fax first 2 pages to the Finance Department (218) 389-9851**

**Primary emergency contact information-Coordination between MHW, HS, PC, PD and Emergency Contact**

Full name:	Email:
Address:	Fax number:
Office number:	Cell number:

**Important People to the Person-Coordination between MHW, HS, PC, PD and Important People to the Person**

Full name:	Email:
Address:	Fax number:
Office number:	Cell number:

Full name:	Email:
Address:	Fax number:
Office number:	Cell number:

**Health care provider contact information-Coordination between MHW, HS, PC, PD and Health care providers**

<b>Primary physician</b> name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Psychiatric</b> care provider name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Optometric</b> care provider name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Neurology</b> care provider name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Therapy</b> provider name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Dental</b> provider name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Other provider</b> name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

<b>Other provider</b> name:	
Clinic Name:	
Address:	
Phone number:	Fax number:

This program is responsible for assisting this person in setting up medical appointments:  Yes  No

Advance Directive?  Yes  No DNR/DNI  Yes  No Request copy, if applicable.

**Individual Abuse Prevention Plan (IAPP)**

**A. Sexual abuse** Is the person susceptible to abuse in this area?  No  Yes

Lack of understanding of sexuality  No  Yes, describe:

Likely to seek or cooperate in an abusive situation  No  Yes, describe:

Inability to be assertive  No  Yes, describe:

Other  No  Yes, describe:

**B. Physical Abuse** Is the person susceptible to abuse in this area?  No  Yes

Inability to identify potentially dangerous situations  No  Yes, describe:

Lack of community orientation skills  No  Yes, describe:

Inappropriate interactions with others  No  Yes, describe:

Inability to deal with verbally/physically aggressive persons  No  Yes, describe:

Verbally/physically abusive to others  No  Yes, describe:

“Victim” history exists  No  Yes, describe:

Other  No  Yes, describe:

**C. Self-Abuse** Is the person susceptible to abuse in this area?  No  Yes

Dresses inappropriately  No  Yes, describe:

Refuses to eat  No  Yes, describe:

Inability to care for self-help needs  No  Yes, describe:

Lack of self-preservation skills (ignores personal safety)  No  Yes, describe:

Engages in self-injurious behaviors  No  Yes, describe:

Neglects or refuses to take medications  No  Yes, describe:

Other  No  Yes, describe:

**D. Financial Exploitation** Is the person susceptible in this area?  No  Yes

Inability to handle financial matters  No  Yes, describe:

Other  No  Yes, describe:

**E. Is the program aware of this person committing a violent crime or act of physical aggression toward others?**

No  Yes, describe:

**Hopes and Dreams:**

What are your hopes and dreams for the future? What are some of the most important things you want to have in your life?

If you could change anything in your life right now what would it be?

**Strengths and Interests**

**Strengths:** My best qualities, things I am most proud of, people say they like..., times I am at most peace, things that help me make it through the day when I am down are:

**Interests:** Things I enjoy at home or in the community, am interested in or would like to learn about, like to show other people how to do, used to feel good about before you began to experience symptoms, care a lot about:

**Things that are Important to You**

What do you want to maintain, accomplish, or want help with now?

**Health information**

**Medical History** (Do you have any serious or persistent medical conditions we should be aware of (for example heart or respiratory problems, diabetes, seizures, etc.)

Do you have any communicable diseases?      N      Y

Do you take your medications as ordered? \*Have you ever said you took your meds when you really did not take them?

Staff administered injectables?

Assistive Devices (cane/walker/splints/ braces/glasses/hearing aids/orthotics/shower chair, etc)

Special dietary needs:
Allergies:

**Life Areas**

**Where you live (housing/neighborhood/CSP Supportive Services)**

What is your living situation, alone, roommates? How do you feel about your house/apartment, neighborhood?					
If you would like any changes, what are they? What kind of living situation would you like to be in (if different than where you are now)					
What are the barriers keeping you from being in the living situation you would like to be in? What kind of help would you like?					
Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Money/Finances**

What are your sources of income: What do you usually spend your money on? Do you have enough money to do the things you would like to do? Are you stressed about money? How do you manage your money? Do you have a budget?					
If you would like any changes, what are they? In terms of money, what would be your ideal situation (if different that it is now)?					
What are the barriers keeping you from being in the financial situation you would like to be in? What kind of help would you like?					
Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Employment/Volunteering/Education**

Are you working right now? Are you happy with this job? Have you worked in the past? Are you interested in going to school? What would you like to study? (GED, AA degree, Trade, etc.)
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Last Grade of School Completed:					
If you would like any changes, what are they? What kind of work situation would you like to be in (if different than where you are now)? What would be your ideal job? Are you interested in getting a new or different job? Going to school?					
What are the barriers keeping you from being in the work/volunteer/education situation you would like to be in (transportation, skills training, job availability)? What kind of help would you like?					
Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Relationships**

Who are the most important people in your life right now? Are there people you can turn to when things get difficult? How are your friendships going? How are your family relationships going? Do you have (or hope to have) a romantic relationship- how is it going? Are there people that depend on you (children, elderly relatives)? Who are the people you turn to in times of difficulty?					
If you would like any changes, what are they? Would you like to make new relationships or improve your current relationships?					
What are the barriers keeping you from forming or improving relationships (e.g. I am shy, I haven't talked with my family for years, I don't know how to meet people)? What kind of help would you like?					
Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Health**

Are you getting enough rest and exercise? Are you getting enough healthy food to eat? If you smoke, are you interested in trying to quit?					
If you would like any changes, what are they? What are your goals for staying healthy?					
What are the barriers keeping you from keeping you from being as healthy as possible (e.g. can't get to the doctor, difficulty quitting smoking)? What kind of help would you like?					



Person's Preference	Team Suggestion
Work on Now    Work on Later    Not a focus	Work on Now    Work on Later    Not a focus

**Daily Living and Routine**

How do you spend your time? What does a "typical" day look like? Is this satisfying/enjoyable for you? Are there places in the community where you feel comfortable and safe? How do you get to activities/appointments?

What kind of assistance would you like for Independent Living Skills (housekeeping, meal preparation, shopping, laundry)

Are you able to use the telephone to make calls? Are you able to answer the telephone? Do you have concerns with hearing, vision, communication, other?

If you would like any changes, what are they? What would your ideal day look like? How/where, with whom would you like to be spending your time? What kind of things do you like to do that you aren't doing now?

What are the barriers keeping you from spending your time the way you would want (e.g. get nervous around people, don't know where to go or find resources, transportation)? What kind of help would you like?

Person's Preference	Team Suggestion
Work on Now    Work on Later    Not a focus	Work on Now    Work on Later    Not a focus

**Spirituality**

How important is faith/spirituality in your life? What are some of your spiritual practices? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now? Do you belong to a spiritual community, would you like to?

If you would like any changes, what are they? What are your spiritual goals?

What are the barriers keeping you from meeting your spiritual goals (e.g. transportation to services, barriers to practicing my spiritual practices)? What kind of help would you like?

Person's Preference	Team Suggestion
Work on Now    Work on Later    Not a focus	Work on Now    Work on Later    Not a focus

**Mental Health/Symptoms**

How much are your psychiatric symptoms interfering with your life? Are they getting in the way of the things you would like to do? How much are your medications helping you? Are you being bothered by medication difficulties or side-effects? How do you cope with your symptoms? What do you do to stay well?

What is the risk of flight/elopement?

**BEHAVIORAL CONCERNS:**

Behavior

Mental Status Exam

Self-Preservation

Orientation

Have you encountered any problems such as losing your placement, being arrested or hospitalized due to your behavior? Please describe, if any.

Any history of assault (physical or sexual)?

Chemical Abuse?

Drug of preference-

Have you ever attempted suicide? (dates/attempts)

If you would like any changes, what are they? What are your goals for maintaining your mental health?

What are the barriers keeping you from being psychiatrically healthy as possible (e.g. don't like the side-effects of the medications)? What kind of help would you like?

Person's Preference

Team Suggestion

Work on Now    Work on Later    Not a focus

Work on Now    Work on Later    Not a focus

**Drugs/Alcohol**

Do drugs and/or alcohol influence your life right now? If so, how?

If you would like any changes, what are they? What are your goals for reducing or eliminating your use of drugs and alcohol and/or for decreasing the harmful effect they have on your life?

What are the barriers keeping you from being psychiatrically healthy as possible (e.g. don't like the side-effects of the medications)? What kind of help would you like?

Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Safety**

Do you ever feel that you are at risk to harm yourself or someone else? What do you do to control that risk? What makes you feel more safe? What is the most important safety concerns in your life? Are you concerned for your own safety for any reason, e.g. do you feel personally safe in your neighborhood/home?

If you would like any changes, what are they? What are your goals for being safe?

What are the barriers keeping you from being safe (e.g. there is a lot of crime in my neighborhood, when I drink I tend to lose my temper)? What kind of help would you like?

Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Legal Issues**

What, if any, legal issues are you dealing with right now? (e.g. court appearance, probation, child support)

If you would like any changes, what are they? What are your goals for reducing or eliminating legal problems?

What are the barriers to reducing or eliminating your legal problems? What kind of help would you like?

Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

**Leisure/Recreation/Socialization**

What leisure/recreational/social activities are you interested in?

If you would like any changes, what are they? What are your goals in this area?

What are the barriers for reaching this goal? What kind of help would you like?

Person's Preference			Team Suggestion		
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Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus
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**Other Issues**

Are there other things that are important in your life that we have not covered so far? Are there any other issues or areas in your life where you'd like to make changes?					
If you would like any changes, what are they? What are your goals in this area?					
What are the barriers for reaching this goal? What kind of help would you like?					
Person's Preference			Team Suggestion		
Work on Now	Work on Later	Not a focus	Work on Now	Work on Later	Not a focus

What would you do if you were in your room and you smelled smoke? (fire)					
What is your preferred Learning Style? (Talking, Printed Material, Hands-On)					
Do you have your cards for:	MA	Medicare	Social Security	State ID/Driver's License	
Transportation Explanation/Questions					
Many of our homes have pets. Would this be a problem for you? Any Pet Allergies? <b>Review Pet Policy and Sign if there is a pet in the home.</b>					
What are your Cultural wishes? (food, holiday celebrations, etc.)					
Do you like to swim? Have you taken swimming lessons? How well can you swim without a life jacket?					
Refusal to admit a person is based on an evaluation of the person's assessed needs and the license holder's lack of capacity to meet the needs of the person.					

**SEE CONSOLIDATED SIGNATURE PAGE FOR SUPPORT TEAM SIGNATURES**