

Blair County Drug and Alcohol Program: Non-Treatment Needs Initial Screening Form

Client Name _____ SSN _____ Date _____

The purpose of this section is to determine the need for a referral for non treatment needs at time of assessment. The individual may be offered a referral for case management services through Blair County Drug and Alcohol Program (BDAP).

DOMAINS	Is the individual in need of assistance in the following areas? Check all that apply and add additional items:	If any areas are noted, check box
EDUCATION/ VOCATION	<input type="checkbox"/> Interested in GED <input type="checkbox"/> Need OVR referral <input type="checkbox"/> Interested in attending college <input type="checkbox"/> Interested in receiving tutoring	<input type="checkbox"/>
EMPLOYMENT	<input type="checkbox"/> Interested in help with job search <input type="checkbox"/> Need help with resume building <input type="checkbox"/> Need help with interviewing skills <input type="checkbox"/> Need help with job training	<input type="checkbox"/>
PHYSICAL HEALTH	<input type="checkbox"/> Need referral to physician <input type="checkbox"/> Interested in pregnancy testing <input type="checkbox"/> Need prenatal care management <input type="checkbox"/> Interested in TB/HIV/AIDS/Hepatitis testing <input type="checkbox"/> Need referral for eye/vision/dental care <input type="checkbox"/> Help finding support groups <input type="checkbox"/> Need assistance with medication management	<input type="checkbox"/>
EMOTIONAL/MENTAL HEALTH	<input type="checkbox"/> Interested in MH counseling referral <input type="checkbox"/> Need referral for psychotropic medication management	<input type="checkbox"/>
FAMILY/SOCIAL	<input type="checkbox"/> Interested in family counseling referral <input type="checkbox"/> Interested in self-help groups (family/social) Divorce/custody/child support/visitation assistance needed <input type="checkbox"/> Need help developing healthy leisure activities <input type="checkbox"/> Need childcare referral <input type="checkbox"/> Need to improve social skills <input type="checkbox"/> Needs help filing a PFA	<input type="checkbox"/>
LIVING ARRANGEMENT / HOUSING	<input type="checkbox"/> Rent is past due/eviction notice <input type="checkbox"/> Living situation is unstable <input type="checkbox"/> Need referral to various housing agencies <input type="checkbox"/> Need healthy recovery environment <input type="checkbox"/> Need furniture <input type="checkbox"/> Need Section 8 application	<input type="checkbox"/>
LEGAL STATUS	<input type="checkbox"/> Pending criminal charges <input type="checkbox"/> Need assistance communicating with probation/ parole officer <input type="checkbox"/> Facing collections/bankruptcy <input type="checkbox"/> Need referral for legal assistance	<input type="checkbox"/>
BASIC NEEDS (food, clothing, utilities)	<input type="checkbox"/> Need help obtaining clothing <input type="checkbox"/> Need transportation/driver's license <input type="checkbox"/> Need Medical Assistance or health insurance <input type="checkbox"/> Need food/food stamps <input type="checkbox"/> Need utility assistance	<input type="checkbox"/>
LIFE SKILLS	<input type="checkbox"/> Referral for nutrition/healthy eating <input type="checkbox"/> Need help establishing a budget/paying bills <input type="checkbox"/> Need assistance with cooking, cleaning, grocery shopping, etc. <input type="checkbox"/> Parenting classes	<input type="checkbox"/>
GAMBLING	<input type="checkbox"/> Need help with compulsive gambling <input type="checkbox"/> Interested in gambling support	<input type="checkbox"/>
OTHER	Note:	
DOMAINS: _____/10 REFERRED FOR CASE MANAGEMENT SERVICES TO BDAP: YES NO		

If the client was not referred for case management services, how will identified needs be addressed?

DAP Note:

Client signature _____ Assessment Staff signature _____ DATE _____

Date _____ Assessment Staff (print name) _____