

Resource Connect Solano



Case Management Intake Assessment

Name: _____ Date: _____

HMIS#: _____ VI-SPDAT Score: _____ Case Manager: _____

DOB: _____ Gender: _____ Race: _____ Language: _____

Circle: Hispanic/Latino(a) or Non-Hispanic/Non-Latino(a) Veteran: _____

Highest Level of Education: _____ Sexual Orientation: _____

Phone Number: _____ Email: _____

SSC#: _____ I.D. or DL#: _____

Assessment City Location: _____ City slept in last night _____

City Last Housed: _____ Current living situation: _____

Date Client Became Homeless: _____ How many times Client was homeless in the past 3 Years: _____

How many months have you been Homeless: _____

Reason for becoming Homeless: _____

Diagnosed w/HIV and/or AIDS _____ Issues or Concerns w/Alcohol and/or Drugs: _____

Alcohol Abuse

Drug Abuse

Both drug and alcohol abuse

Physical Disabilities – Diagnosed or Undiagnosed

Yes

No

Developmental Disabilities – Diagnosed or Undiagnosed

Yes

No

Chronic Disabilities – Diagnosed or Undiagnosed

Yes

No

Mental Health issues or concerns – Diagnosed or Undiagnosed

Yes

No

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Would you like to be connected to MH Services - Check: Yes No

Connected to SOAR - Check: Yes No

Source(s) of Income: _____ Monthly Income: _____

Non-Cash Benefits

Cal-Fresh (Food Stamps) Check: Yes No Amount \$ _____

Medical Insurance - Check: Yes No

Please select: Medical Medicare Partnership Employer Provided Other: _____

Well-Being Questions:

1.Strong Disagree 2.Somewhat Disagree 3.Neither Agree nor Disagree 4.Somewhat Agree 5.Strongly Agree

6.Client Doesn't Know 7.Client Refused 8.Data Not Collected

Client perceives their life has value and worth: _____

Client perceives they have support from others who will listen to problems: _____

Client perceives they have a tendency to bounce back after hard times: _____

Check One:

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

Not at All Once a Month Several Times a Month Several Times a Week At Least Every Day

Client Doesn't Know Client Refused Data Not Collected

Domestic Violence:

Victim/Survivor: Yes No

How Long ago: 3 months 3-6 months 6-12 months More than a year ago

Currently Fleeing (Check One): Yes No

Criminal History: _____

Evictions: _____

Open to Shared Housing: _____

Vaccinated (Check One): Yes No

