Maniilaq Association/Behavioral Health Services
Intake and Admission Form

<table>
<tr><th colspan="4">Client Profile</th></tr>
<tr><td>Name (First Middle Last):</td><td colspan="2">Maiden or Other Name:</td><td>Preferred Name:</td></tr>
<tr><td>Social Security Number:</td><td colspan="2">Medicaid Number:</td><td>DOB: Age:</td></tr>
<tr><td colspan="3">Mailing Address: City: State: Zip:

Email Address:</td><td>Phone #(s):

Are we able to leave a message at this number: Yes No</td></tr>
<tr><td colspan="2">Alternate Contacts (Name, Phone #, Address):</td><td colspan="2">Collateral Contacts (Name, Phone #, Address) (Probation Officer, Attorney, OCS CS, etc.):</td></tr>
<tr><td colspan="4">Preferred Delivery of Treatment: ☐In Person ☐Telehealth (may require video access) ☐No Preference
☐ Home Based Family Therapeutic Services (HBFT) /In School (this service is for youth only, if this section is checked a BH staff needs to complete the HBFT section below)</td></tr>
<tr><td>Referral Source</td><td colspan="3">☐ Self- Referred ☐ Internal Referral MHC : Provider ____________________________
☐ External Referral (please specify):
☐ CAC (Children's Advocacy Center) ☐ School ☐ OCS (Office of Child Services)
☐ ASAP (Alcohol Safety Action Program) ☐ Division Of Juvenile Justice (DJJ)
☐ Other (Please Specify)__________________________________</td></tr>
<tr><td>Gender:</td><td colspan="3">☐Male ☐Female Becoming Male ☐Male Becoming Female
☐Female ☐Transgender Male ☐Transgender Female
☐Decline to Answer ☐Two-spirit/Gender Fluid ☐Non-binary/Non-Conforming</td></tr>
<tr><td>Ethnicity:</td><td colspan="3">☐Not Spanish/Hispanic/Latino/Mexican ☐Puerto Rican ☐Hispanic – Origin NOS
☐Spanish/Hispanic/Latino ☐Cuban ☐Chicano/Other Hispanic
☐Hispanic – Origin Unspecified ☐Mexican</td></tr>
<tr><td>Communities:</td><td colspan="3">☐Kotzebue ☐Kivalina ☐Ambler ☐Buckland
☐Noatak ☐Noorvik ☐Kiana ☐Deering
☐Point Hope ☐Shungnak ☐Kobuk ☐Selawik
☐Other___________________________</td></tr>
<tr><td>Race:</td><td colspan="3">☐Not Collected ☐Aleut ☐Native Hawaiian ☐Tsimshian
☐Caucasian ☐Asian ☐Pacific Islander ☐Black/African American
☐American Indian ☐Haida ☐Tlingit ☐Other Alaska Native
☐Athabascan ☐Yupik ☐Inupiat ☐Other (specify): ____________</td></tr>
</table>

Special Needs:	☐None ☐Autism ☐Intellectual Developmental Disability ☐Major Difficulty in Ambulating (mobility) ☐Moderate to Severe Medical Problems ☐Non-Ambulation ☐New Immigrant ☐ FASD (Fetal Alcohol Syndrome) ☐TBI (Traumatic Brain Injury) ☐Hearing Impaired or Deaf ☐Visual Impairment or Blind ☐Acquired Brain Injury ☐Other:_______________
Sexual Orientation:	☐Decline to Answer Asexual ☐Bi-Sexual ☐Heterosexual/Straight ☐Homosexual/Lesbian/Gay ☐Pansexual ☐Queer ☐Questioning ☐Another identity: _______________________
English Fluency:	☐Excellent ☐Good ☐Moderate ☐Poor ☐Not at All
Education:	☐No Schooling ☐Bachelor's Degree ☐Post-Secondary 1 Year ☐Current Student ☐Graduate Work ☐Post-Secondary 2 Years (AA Degree) ☐GED ☐Master's Degree ☐Post-Secondary 3 Years ☐HS Diploma ☐Doctorate Degree ☐Post-Secondary 4+ Years (No Degree) ☐Special Education ☐Vocational Training

Highest Grade Completed:		Number of Days Absent in the Past Month:	

Veteran Status:	☐Never in Military ☐Retired from Military ☐Military Dependent ☐Retired from Military; No Combat ☐On Active Duty; Combat ☐Vietnam Era Veteran; Combat ☐On Active Duty; No Combat ☐Vietnam Era Veteran; No Combat ☐Iraq War Veteran; Combat ☐In Reserves/National Guard; Combat ☐Afghan War Veteran; Combat ☐In Reserves/National Guard; No Combat ☐Separated, Non-Combat, Honorable Discharge ☐Separated, Non-Combat, Other Than Honorable Discharge

Intake Information

If Female, Are You pregnant?	☐Yes	☐No	Due Date?
Are You an Injection Drug User?	☐Yes	☐No	Last Injected?

Presenting Problem: (Please number your top 3 in the order of importance)	____Problems related to historical trauma ____Grief/Loss ____Eating Disorder ____Medical/Somatic ____Thought Disorder ____Psychological/Emotional ____Runaway Behavior ____Alcohol and Drugs ____Depression ____Financial ____Alcohol ____Social/Interpersonal ____Poverty ____Drugs ____Marital ____Child Abuse Perpetrator ____Suicide Attempt/Threat ____Coping with Daily Roles/Activities ____Sexual Abuse Perpetrator ____Child Abuse Survivor/Victim ____Family (non-marital) ____Sexual Abuse Survivor/Victim ____Domestic Violence ____Domestic Violence Survivor/Victim ____Legal ____Other: ____________________

Presenting Problems (Please describe the reason for this referral/why services are needed):

Admission Information

How many times have you been admitted for substance use treatment?	
How much substance use related hospitalizations have you had in the past six months?	
How many times have you been admitted for mental health treatment?	
How many times have you been hospitalized for mental health treatment?	
Do you take medication (psychotropic) for a mental health related problem?	

Rank your overall health:	☐Excellent	☐Very Good	☐Good	☐Fair	☐Poor

Number of times you have attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence:

☐No attendance in the past month	☐1-3 times in the last month	☐4-7 times in the last month
☐8-15 times in the last month	☐16-30 times in the last month	☐frequency unknown

Financial Information

Employment Status:	☐Employed Full-Time	☐Student	☐Not in Labor Force, Other
	☐Employed Part-Time	☐Retired	☐Seasonal, In Season
	☐Disabled	☐Unemployed, Looking	☐Seasonal, Out of Season
	☐Unemployed, Subsistence Lifestyle	☐Unemployed, Not Looking	☐Not Seeking Work
	☐In the Armed Forces	☐Homemaker	☐Resident/Inmate
	☐Other_______________		

Occupation:	☐Accommodation/Food Service	☐Health Care and Social Assistance
	☐Agriculture/Forestry/Fishing	☐Information
	☐Arts, Entertainment, Recreation	☐Management of Companies/Enterprises
	☐Construction	☐Manufacturing
	☐Utilities	☐Mining, Quarrying, Oil and Gas Extraction
	☐Educational Services	☐Other Services except Public Administration
	☐Finance and Insurance	☐Retail Trade
	☐Government	☐Administrative/Support Services
	☐Real Estate, Rental/Leasing	☐Professional, Scientific, Technical Services
	☐Transportation and Warehousing	☐Self-Employed
	☐Wholesale Trade	☐None
	Other (Please specify): ____	

Estimated Annual Household Income:	

Primary Income Source:	☐None	☐Parent's Income	☐SSI
	☐AK Native Dividend	☐Railroad Retirement	☐SSI/SSDI Never
	☐AK PFD	☐Unemployed Compensation	☐SSI/SSDI Previous
	☐Alimony	☐Self-Employment	☐Social Security
	☐Child Support	☐Tribal Assistance Program	☐SSDI
	☐Employment	☐Spouse/Significant Other's Income	☐Interest and Other
	☐Public Assistance/Welfare	☐Retired, Survivor, or Disability Pension	☐Other____________

Expected Payment Source:	☐Aetna	☐HIS	☐Other Native Health Care
	☐HMO	☐Medicaid	☐Other Private
	☐Blue Cross/Shield	☐Medicare	☐Sliding Fee Scale, Self-Pay
	☐Cigna	☐No Charge	☐Sliding Fee Scale, no Charge
	☐AK Native Health Care	☐Other Government Grant	☐VA Insurance
	☐HMO	☐Individual Policy	☐Personal Payment (cash)
	☐IHS	☐Other________________	

Household Composition

Marital Status:	☐Cohabitating	☐Married	☐Separated
	☐Divorced	☐Single (never married)	☐Widowed
Household Composition:	☐Lives Alone	☐Lives with Relatives	☐Lives with Non-Relatives
	☐Lives with Children	☐Lives with Adolescents	☐Lives with Significant other
	☐Other	☐Lives with Significant Others and Children	
Living Arrangement:	☐Private Residence without Supportive Services	☐Private Residence with Supportive Services	
	☐Assisted Living Facility	☐Group Home	☐Correctional Facility
	☐Foster Care	☐Hospital (non-psychiatric)	☐Halfway House
	☐Homeless	☐Hospital (psychiatric)	☐Therapeutic Foster Care
	☐Nursing Home	☐Transitional Housing	☐Crisis Residence
	☐Residential Treatment	☐Shelter	☐Other_____________________

Number of children in residential setting		Number of people living with client	
Number of children in residential setting receiving services		Number of children in household	

Legal History

Legal Status:	☐Court Ordered, Mental Health	☐Court Ordered, DJJ Custody	☐Court Ordered, parent's custody
	☐90 Day Commitment	☐Incarcerated	☐Informal Probation
	☐30 Day Commitment	☐180 Day Commitment	☐None/No Involvement
	☐Case Pending	☐Deferred Prosecution	☐OCS Custody
	☐Comm. Sentencing	☐Deferred Sentence	☐Probation/Parole
	☐Court Ordered Evaluation	☐Emer. Commitment	☐Protective Custody
	☐Court Ordered, Substance Abuse	☐Furlough/Rehab Leave	
	☐Title 12, Not Guilty by Reason of Insanity		

Number of arrests in the last 30 days:	

HBFT Section (to be completed by a BHS Staff Member):

If any of the following services are currently being received from Maniilaq or any other Behavioral Health Program please check the box for the applicable service. If any services are checked, this client does not qualify for HBFT Services and will need to be referred to a higher level of care and/or Outpatient Services.

Service Type

Home-Based Family Treatment Level 2 and Level3

Intensive Outpatient Program

Partial Hospitalization Program

Children's Residential Treatment Level 1 and Level 2

Adult Mental Health Residential Level 1 and Level 2

ASAM Level 1.0

ASAM Level 2.1

ASAM Level 2.5

ASAM Level 3.1

ASAM Level 3.3

ASAM Level 3.5 (adolescent)

ASAM Level 3.5 (adult)

ASAM Level 3.7 (adolescent)

ASAM Level 3.7 (adult)

By signing below, I certify all information is true and correct to the best of my knowledge.

Client Printed Name	**Client Signature**	**Date**
Guardian Printed Name	**Guardian Signature**	**Date**
BHS Staff Printed Name	**BHS Staff Signature**	**Date**