CLIENT INTAKE FORM – *AKAIMS MINIMAL DATA SET FORMS*

Instructions: The Client Intake Form is to be completed at the time of initial assessment. Entry of this form in the AKAIMS establishes the individual as a client. Fill in the blanks or check the boxes for each question. Do not leave anything blank. These are all required fields ("minimal data set") for the State of Alaska and continued funding is contingent upon compliance with this State requirement.

CLIENT NAME	DATE OF BIRTH	SOCIAL SECURITY #
(First) (MI) (Last)	/ /	- -
GENDER	**MARITAL STATUS**	**LIVING SITUATION**
☐ Male ☐ Female If Female, Pregnant? ☐ No ☐ Yes Due Date: ___/____/_____	☐ Single ☐ Married ☐ Divorced ☐ Widowed **Maiden Name** (**Required** if applicable)	☐ Own home ☐ Rent home ☐ Rent room ☐ Homeless ☐ Live with family/friends
MEDICAID ID #	**DRIVERS LICENSE #**	**STATE ID #**
PHONE #	**CURRENT ADDRESS**	
Cell Home Other	Mailing Address Street / Apartment City, State and Zip	

RACE *(Check all that apply)*		**ETHNICITY** *(Check one)*	**ENGLISH FLUENCY** *(Check one)*
☐ American Indian	**Alaska Native:**	☐ Not Spanish/Hispanic/Latino	☐ Excellent
☐ Asian	☐ Aleut	☐ Chicano	☐ Good
☐ Black/African American	☐ Athabascan (Other than American Indian)	☐ Cuban	☐ Moderate
☐ Caucasian	☐ Haida	☐ Hispanic-not otherwise specified	☐ Poor
☐ Native Hawaiian	☐ Inupiat	☐ Mexican American	☐ Not at all
☐ Pacific Islander	☐ Tlingit	☐ Puerto Rican	☐ No Response
☐ Other	☐ Tsimshian	☐ Spanish/Hispanic/Latino	
☐ Unknown	☐ Yupik	☐ Unknown	
☐ Not Collected	☐ Other Alaska Native	☐ Not Collected	

SPECIAL NEEDS *(Check all that apply)*	**EDUCATION** *(Check one)*	**VETERAN STATUS** *(Check one)*
☐ None	☐ No Schooling	☐ Never in Military
☐ Autism	☐ If K-11, how many years _____	☐ Vietnam Vet; Combat
☐ Developmentally Disabled	☐ General Education Degree (GED)	☐ Vietnam Vet; No Combat
☐ Fetal Alcohol Spectrum Disorder (FASD)	☐ High School Diploma	☐ Gulf War Vet; Combat
☐ Major Difficulty in Ambulating or non-ambulation	☐ Vocational Training	☐ Iraq War Vet; Combat
☐ Moderate to Severe Medical problems	☐ Special Ed Ungraded classes	☐ Afghan War Vet; Combat
☐ Organically based problem	☐ Associates Degree (AA, AAS)	☐ Active Duty Combat
☐ Severe Hearing loss or Deaf	☐ Baccalaureate Degree (BA, BS)	☐ Active Duty; No Combat
☐ Traumatic Brain Injury (TBI)	☐ Graduate work (no degree)	☐ Reserves/National Guard; Combat
☐ Visual Impairment or Blind	☐ Master's Degree	☐ Reserves/National Guard; Non-Combat
☐ Other	☐ Doctorate/Professional Degree	☐ Retired from Military; Combat
☐ Unknown	☐ Post-Secondary 1 year	☐ Retired from Military; No Combat
☐ No Response	☐ Post-Secondary 2 years	☐ Veteran Other Eras
	☐ Post-Secondary 3 years	☐ Military Dependent
	☐ Post-Secondary 4+ years (no degree)	☐ Not applicable
	☐ Other	☐ Not Collected
	☐ Unknown	☐ Unknown

INTAKE INFORMATION	INITIAL CONTACT *(Check one)*	INTAKE STAFF
File Located (Where will client be admitted?):	☐ Phone ☐ Drop In (Orientation) ☐ Hospital/On-Call Intervention ☐ Emergency Outreach Intervention ☐ Community Service Patrol ☐ By Appointment ☐ Mail or Fax ☐ Other (Specify)	**Staff:**
Village (where client currently lives):		**Intake Date:**
		Source of Referral:

PRESENTING PROBLEMS

INJECTION DRUG USER: ☐ No ☐ Yes ☐ Unknown
(Within the past 6 months?)

Primary:

Secondary:

Tertiary:

Specify from the list below:

Alcohol and Drugs; Alcohol only; Drugs only; Suicide attempt/threat; Child Abuse victim; Sexual Abuse victim; Domestic Violence victim; Runaway behavior; Eating disorder; Thought Disorder; Depression; Social/interpersonal (not family); Copying with daily roles/activities; Marital; Family (non-marital); Legal; Medical/somatic; Psychological/emotional; Financial; Poverty; Child Abuse perpetrator; Sexual Abuse perpetrator; Domestic Violence perpetrator; None; Other; Unknown; No Response

PRESENTING PROBLEM (S) IN CLIENT'S OWN WORDS *(Why is the client seeking services?)*

SPECIAL INITIATIVE: *(Check all that apply)*

- ☐ None
- ☐ Anchorage Coordinated Resource Project
- ☐ Anchorage Family Dependency Court
- ☐ Anchorage Municipal Wellness Court
- ☐ Anchorage Veteran's Court
- ☐ APIC (Assess, Plan, Identify, and Coordinate)
- ☐ Bethel Therapeutic Court
- ☐ BTKH – Parenting with Love and Limits
- ☐ BTKH – Transition to Independence Process
- ☐ CASII – Matrix
- ☐ CASII – PLL
- ☐ CASII – TIP
- ☐ Disasters
- ☐ DVSA – Victim Services
- ☐ Anchorage Felony Drug Court
- ☐ Anchorage DUI Court
- ☐ Fairbanks Juvenile Treatment Court
- ☐ Fairbanks Wellness Court
- ☐ Juneau Coordinated Resource Project
- ☐ Juneau DUI Court
- ☐ Ketchikan Therapeutic Court
- ☐ Methadone
- ☐ Palmer Coordinated Resource Project
- ☐ Psychiatric Emergency Services
- ☐ Traumatic Brain Injury (TBI)
- ☐ Therapeutic Courts
- ☐ Women with Children

BRISTOL BAY REENTRY PROGRAM ADDENDUM

CLIENT NAME	DATE OF BIRTH	SOCIAL SECURITY #
(First) (MI) (Last)	/ /	- -

GENDER	MARITAL STATUS	LIVING SITUATION
☐ Male ☐ Female If Female, Pregnant? ☐ No ☐ Yes Due Date: ___/_____/_____	☐ Single ☐ Married ☐ Divorced ☐ Widowed Maiden Name (if applicable)	☐ Own home ☐ Rent home ☐ Rent room ☐ Homeless ☐ Live with family/friends

TRIBAL ENROLLMENT	VILLAGE CORPORATION/S	REGIONAL CORPORATION/S

MONTHLY INCOME	OTHER INCOME	MONTHLY EXPENSES
WAGES	SEASONAL	RENT
SELF EMPLOYMENT	NATIVE DIVIDEND	ELECTRIC
SSI	NATIVE DIVIDEND	OIL
SSA	NATIVE DIVIDEND	PHONE
VETERAN BENEFIT	NATIVE DIVIDEND	FOOD
UNEMPLOYMENT BENEFIT	PERMANEND FUND DIVIDEND	CHILD CARE
CHILD SUPPORT	OTHER	OTHER
OTHER	OTHER	OTHER

PUBLIC ASSISTANCE?	MEDICAID?	FOOD STAMPS?
☐ Yes ☐ No If yes, TANF or GA? _____ If no, have you applied? ☐ Yes ☐ No	☐ Yes ☐ No If no, have you applied? ☐ Yes ☐ No	☐ Yes ☐ No If yes, list amount _____ If no, have you applied? ☐ Yes ☐ No

SERVICES SEEKING	AMOUNT NEEDED	COMMENTS
Assessment/s		
Housing		
Utilities		
Transportation		
Education/Training		
Employment		
Other (Describe)		
Other (Describe)		

_____ _____
Client Signature Date

_____ _____
Caseworker signature Date

Name	**ACOMs / OPSIS #**	**Location**
Case Manager Name	**Date of Contract**	
☐ **DOC supervised felony conviction** ☐ **Informal supervision, misdemeanant**		

_____ I agree to follow all institutional rules and/or probation/parole conditions.

_____I understand that the following rules broken may result in immediate discharge from the Reentry Case Management Program:

- Committing a new crime or probation/parole violation
- Violence, assaults, or threats of violence
- Weapons

_____ I will attend all groups, classes, and individual sessions as required and outlined in my Reentry Transition Plans.

_____ I will complete all program assignments in a timely manner. If I do not understand the assignment, it is my responsibility to ask for help.

_____ I agree to leave all gang or other group affiliations and loyalties at the door for the time I am in the Reentry Case Management Program.

_____ I understand that staff will discuss my presenting Reentry Transition Plan issues/problems with me and my progress or lack of progress of applying my Plan Goals.

_____ I understand that change is an ongoing process and that sometimes change may be challenging.

_____ I understand that if I am not progressing in Reentry Case Management Program, my Case Manager may schedule a wrap-around meeting to discuss behavioral issues. The meeting may include my supervising agent (if DOC assigned) and current providers, depending on the circumstances. At the end of the wrap-around meeting I will be asked to sign an updated behavioral contract form that outlines goals, current circumstances, solutions, plans, and responses as discussed at the wrap-around meeting.

_____ I understand that staff will consult with DOC staff including, but not limited to probation officers and correctional officers about my behaviors and/or issues effecting my Reentry Case Management Program participation and progress.

_____ I agree to sign releases of information as requested by Reentry Case Management Program and/or DOC staff.

_____ I understand that I am responsible for keeping confidentiality of my peers that I may encounter at reentry program events, group, gatherings, or support service meetings.

_____ I understand that staff are responsible for maintaining confidentiality per state and federal laws, but also I am aware that in certain cases, confidentiality cannot be kept. I also understand that because I am in the Reentry Case Management Program, designated community reentry case management staff and Department of Corrections/Department of Health and Social Services staff will communicate about my behaviors/issues impacting my participation and progress. Confidentiality does not apply to the following situations:

- Child abuse or neglect
- Harm or assault to a vulnerable adult
- Harm to self (verbal threats or physical acts)
- Harm to others (verbal threats or physical acts)
- Court Order
- Criminal activity (past or present)

I, _____acknowledge that I have read and received a copy of my Reentry Case Management Program Behavioral Contract. Furthermore, I understand and agree to follow the above conditions.

_____ _____

Reentrant signature Date

_____ _____

Reentry Case Manager signature Date

Bristol Bay Reentry Program
AUTHORIZATION
FOR RELEASE OF INFORMATION

I,_____ , DOB _____ authorize the BBNA Bristol Bay Reentry Program to disclose ____and/or obtain ____ information with the following organization(s) for the purpose of assisting in successful reentry to community from correctional facility or prison.

____ Substance Abuse Program
(Name) _____
____ Mental Health Treatment
(Name)_____
____ Alaska Parole Board
____ Anchorage Alcohol Safety Action Program
____ Alaska Court System
____ Department of Corrections
____ District Attorney's Office
____ Defense Attorney
____ Dillingham/or/Bristol Bay/or/Lake & Peninsula School District
____ Housing Provider/Landlord
(Name) _____
____ Other_____
____ Other_____

I understand that the purpose of this exchange is to assist monitoring of substance abuse treatment/education, compliance with release of conditions from probation/parole and/or CRC.

____ Intake summary
____ Assessment information
____ Compliance information
____ Treatment plans
____ Progress notes
____ Correspondence
____ Chronological notes
____ Psychological evaluation
____ Discharge/completion summaries
____ Housing information
____ Education information
____ AKHMIS
(Alaska Housing Management Information System)
____ Other _____
_____

I understand that my alcohol and/or drug treatment records are protected under federal law (42 CFR Part 2; HIPAA, 45 CFR Parts 160 and 164) and cannot be disclosed without my written consent unless otherwise provided for in regulations. I also understand that I may revoke this consent in writing at any time. This consent will terminate within 1 year, or upon completion or discharge from the Bristol Bay Reentry program.

_____ _____
Client signature Date

_____ _____
Staff signature Date

NOTICE TO RECIPIENT: This information has been disclosed to you from records whose confidentiality is protected by Federal Regulation (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose.

P.O. Box 310 Dillingham, Alaska 99576 Phone: 907-842-5257 Fax: 907-842-5862