# Direct Service Mini Screen

# Section C: HOUSING/LIVING SITUATION

Have you had any changes in your living situation, including number of people?❒ Yes ❒ No

**If yes, ask questions below. If no, move to section N.**

|  |  |  |
| --- | --- | --- |
| **Have you had any changes in the following affordable housing priority groups:** | **Yes** | **No** |
| Veteran? |  |  |
| 55+? |  |  |
| Serious mental illness (Schizophrenia, Bipolar, or Major Depression), or chronic substance use? |  |  |
| Chronic homelessness (see definition)? |  |  |

**HUD definition of chronic homelessness:**

Have you been living in a place unfit for human habitation such as a shelter, street, car, abandoned building: ❒ continuously for a year or more OR ❒ at least four episodes in the past three years?

**Current housing status (HRSA/RSR data requirements):**

[ ]  **Stable/Permanent (**❒ apartments, ❒ houses, ❒ foster homes, ❒ long-term residences, ❒ boarding homes)

[ ]  **Temporary** (❒ Transitional housing, ❒ temporary stay with family or friends, ❒ temporary placement in an institution (e.g., ❒ hospital, ❒ psychiatric facility, ❒ substance abuse treatment facility, or ❒ detoxification center), ❒ hotel or motel paid for without emergency shelter voucher.

[ ]  **Unstable** (❒ Emergency shelter, ❒ car, ❒ an abandoned building, ❒ a bus/train/subway station/airport, or ❒ outside, ❒ jail, prison, ❒ juvenile detention facility ❒ hotel or motel paid for with emergency shelter voucher.

If housed in an institution or non-permanently housed, will you need help with finding shelter or a place to live once discharged? ❒ Yes ❒ No ❒ NA

**Case Manager: Does client have any service need in this section?** ❒ **Yes**  ❒ **No** ❒ **Declined**

**If yes, please complete the full reassessment, acuity score and move in to case management.**

**If no or declined, please state the reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section N: MENTAL HEALTH AND PSYCHOSOCIAL STATUS

Are you **currently** receiving professional help for any mental health concerns? ❒ Yes ❒ No ❒ N/A

If yes, what kind of help? Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, are you on medications for any symptom above? ❒ Yes ❒ No

Prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please state reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anything changed in the way you cope with stress? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Manager: Does client have any service need in this section?** ❒ **Yes**  ❒ **No** ❒ **Declined**

**If yes, please complete the full reassessment, acuity score and move in to case management OR refer to external mental health care.**

**If no or declined, please state the reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section O: SUBSTANCE USE/ALCOHOL USE

Are you **currently** in recovery? ❒ Yes ❒ No If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you **currently** smoking cigarettes?

 If yes, how often do you smoke? ❒ Every day ❒ Some days ❒ Not at all

 If currently still smoking have you tried to quit in the last 12 months? ❒ Yes ❒ No

Do you use any other tobacco or nicotine products? ❒ Pipe ❒ Cigar ❒ Smokeless Tobacco products (snuff, chew)

**Case Manager: Does client have any service need in this section?** ❒ **Yes**  ❒ **No** ❒ **Declined**

**If yes, please complete the full reassessment, acuity score and move in to case management OR refer to external mental health care.**

**If no or declined, please state the reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Place additional notes below