HOME Choice Mental Health Screening Form

Complete prior to identifying needed HOME Choice Demonstration Services with the Consumer's Social Worker present for verification of information.

Yes	No	Unknown	Mental Health History / Identified Risk
☐	☐	☐	**1. Does the individual have a diagnosis of a mental health disorder?** If Yes, please list Axis I and II diagnosis in the space provided below: Axis I:_____ Axis II:_____
☐	☐	☐	**2. Does the individual have a history of psychiatric hospitalizations?** If Yes, how many psychiatric hospitalizations have occurred in the last 2 years? _____
☐	☐	☐	**3. Has the individual received case management services from a mental health agency in the past?** If Please provide the name of the agency: _____
☐	☐	☐	**4. Has the individual been a danger to him/herself or to others in the last 90 days?** *Attempted suicide; made suicidal gesture; expressed suicidal ideation; assaultive to other children or adults; reckless and puts self in dangerous situation; attempts to or has sexually assaulted another individuals.*
☐	☐	☐	**5. Has the individual experienced severe physical or sexual abuse or has s/he been exposed to extreme violent behavior in the past?** *Subject to or witnessed extreme physical abuse, domestic violence or sexual abuse, e.g., severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder?*
☐	☐	☐	**6. Has the individual exhibited bizarre or unusual behavior in the last 90 days?** *History or pattern of fire-setting; cruelty to animal; excessive, compulsive or public masturbation; appears to hear voices or respond to other internal stimuli (including alcohol or drug induced); repetitive body motions (e.g., head banging) or vocalizations (e.g., echolalia); smears feces; etc.*
☐	☐	☐	**7. Does the individual have problems with social adjustment?** *Regularly involved in physical fights with others; verbally threatens people; damages possessions of self or other; runs away; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehavior, etc.*
☐	☐	☐	**8. Does the individual have problems making and maintaining healthy relationships**? *Unable to form positive relationships with peers; provokes and victimizes others; does not form bond with caregiver, etc.*
☐	☐	☐	**9. Does the individual have problems with personal care?** *Significantly limits intake of nutritional food intentionally; extremely poor personal hygiene*
☐	☐	☐	**10. Does the individual have significant functional impairment?** *Known history of developmental disorder; "not socialized"; incapable of managing basic age appropriate self-care skills.*
☐	☐	☐	**11. Does the individual have significant problems managing his/her feelings?** *Severe temper; screams uncontrollably; cries inconsolably; withdrawn and uninvolved with others, regularly expresses strong emotions (such as the feeling that others are out to get them); excessive preoccupation, etc.*

ANY CHECKED "YES" BOXES SHOULD RESULT IN A REFERRAL TO MENTAL HEALTH ASSESSMENT SERVICES.