

Prior hospitalization for mental health reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know
If yes, about how much time in the hospital in the past two years? <input type="checkbox"/> No admissions in past year <input type="checkbox"/> Less than 3 months <input type="checkbox"/> Between 3 and 6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> More than 1 year

Rehabilitation and Recovery Service assists people to choose a meaningful environment in which to live, learn, work, or socialize. We assist the person to make personal changes, learn skills, and access resources needed to make the role in the environment a strong and successful one. Roles may include employee, tenant, community member, student or friend.

What is the applicant's current difficulty functioning in a role and how would Rehabilitation and Recovery Service be helpful in addressing this?

Please comment on the applicant's ability and/or experience with learning and remembering new things:

Are you aware of any trauma the applicant has experienced? Yes No

If yes, please describe the nature of the trauma. _____

Has the applicant ever used physical force to resolve a conflict? Yes No

If yes, please describe these situations and the applicant's actions. _____

Are there times when the applicant might physically hurt him/herself? Yes No

If yes, please explain why and when this would happen? _____

Does the applicant have a co-occurring disorder? (mental illness and substance use) Yes No

If yes, please describe. _____

_____ Date

_____ Signature