Adult Services Intake/Inquiry Information

Use for all adult services intakes except APS referals.

Client's Name: _____ Date: _____

If Assigned: Case#: _____ ID#: _____

Date of Birth: _____ Social Security Number: _____

Type of Contact:

- ☐ Office Visit
- ☐ Phone Call
- ☐ Home Intake
- ☐ Other:

Persons other than client involved in initial referral/contact:
(Check all that apply)

- ☐ Family Member(s): _____
- ☐ Neighbor(s)/Friend(s): _____
- ☐ Physician: _____
- ☐ Agency: _____
- ☐ Facility: _____
- ☐ Other: _____

Client's level of involvement in referral/contact:

- ☐ Client was present and participating.
- ☐ Client not present, but desires referral/contact.
- ☐ Client not present, but aware of referral/contact.
- ☐ Client was present but did not participate (explain):
- ☐ Client unaware of contact (explain):
- ☐ Uncertain (e.g., telephone contact):

Explain:

Presenting problem(s):

Additional history (duration/efforts/outcomes):

Expectation of person(s) at intake interview, including services requested. Urgent? ☐ Yes ☐ No

Preliminary Information in functional domains:
Social:

Environmental:

Mental Health:

Physical Health:

ADL/IADL:

Economic:

DISPOSITION (Check all that apply):

- ☐ Advised of Food Stamp Program
- ☐ Advised of Medicaid Application Procedure
- ☐ Application for Emergency Financial Assistance
- ☐ Application for Eye Exam
- ☐ Application for Fuel Assistance
- ☐ Application for Senior Nutrition/Home Delivered Meals
- ☐ Application for Transportation
- ☐ Bus Ticket Provided
- ☐ Closed/Handled at Intake
- ☐ Explained other DSS Services **(Specify)**
- ☐ Family Planning Information
- ☐ FL-2 Given
- ☐ Opened Case/Accepted Referral **(Specify)**
- ☐ Other **(Specify)**
- ☐ Unable to Assist Client **(Reason)**
- ☐ Wrote/Phoned Referral to Other Agency **(Specify)**

Did anything during the initial interview suggest that the client may live in an environment dangerous to the social worker visiting? **(Check all that apply and explain below.)** Be sure to note dangers in the directions to home section of the face sheet.

- ☐ Biting Dog/Other Dangerous Pets
- ☐ Dangerous Neighborhood
- ☐ Drug Use/Transactions in Home
- ☐ Guns/Weapons in Home
- ☐ Violence in Home
- ☐ Other

Explain:

Describe (include source of information and impression of the seriousness of the danger)

Additional comments (if needed)

Intake Social Worker's signature _____ Date: _____