

Locations:  HRH  Forest Manor  Southeast  Hawthorn  CAFE

# Indy's Rapid Response Team (IRRT)

## Confidential Client Screening Form # 101

916 E. Michigan St., Indianapolis, IN 46202 | 317-635-0500 Voice | 317-631-0500 Fax

**Support Coach: Please read the below statement to the client before interview (Screening).**

IRRT's goal is to help you get back on your feet as soon as possible. Our Information and Referral Support Coaches will help you build a "Support Team" of people and organizations that can provide you with what will need. The questions you will be asked will help us determine what goods and/or services you may or may not need. This form is for in-house tracking purposes only. Your name, address, and personal information will not be shared or distributed to anyone outside of IRRT.

<b>Support Coach</b>		Date of this Screening:
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**Current Status** (Check all that apply):  Offender  ExOffender  Veteran  Homeless  Senior

Client Name:	Cell Phone:
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Mailing Address, City, ST, Zip:	Home Phone:
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Email Address (if any):	Alternate Phone:
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Recommended By (How did you hear about IRRT's Support Coaches): <input type="checkbox"/> Prison/Jail <input type="checkbox"/> Flyer <input type="checkbox"/> Video <input type="checkbox"/> Called-In <input type="checkbox"/> Walked-In	SS # (last four only):
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<input type="checkbox"/> Male <input type="checkbox"/> Female   <input type="checkbox"/> Juvenile   Adult: <input type="checkbox"/> 19-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> Senior-65 & over	DOB:	Age:
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Caucasian  African American  Latino American  Native American  Asian American

<b>V</b>	Served in the Armed Forces - Y N   Honorably Discharged - Y N   Has DD 214 - Y N
<b>E</b>	Other Than Honorable - Y N N/A   Discharged under other than Dishonorable - Y N N/A
<b>T</b>	Disabled in Military - Y N   Receiving Service Connected Disability - Y N   On VA Pension - Y N

<b>R</b>	<input type="checkbox"/> Offender   How long till Out: _____   County Returning To: _____   From: _____
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<b>E</b>	<input type="checkbox"/> ExOffender <input type="checkbox"/> DOC <input type="checkbox"/> Jail   DOC #: _____   Gallery #: _____
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<b>E</b>	How Long have you been Out: _____ years _____ months   Total Time Served: _____ years _____ months
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<b>N</b>	On Probation – Y N   On Parole – Y N   Till When: _____
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<b>T</b>	Has a pending case - Y N NA   In Work Release - Y N NA   Community Corrections - Y N NA
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<b>R</b>	On Home Detention - Y N NA   On a GPS - Y N NA
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<b>R</b>	Sex Offender - Y N   Have you registered as a S/O - Y N NA
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<b>Y</b>	Violent Offender - Y N   Have you registered as a V/O - Y N NA
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<b>Y</b>	Mandatory (Court Ordered) Services Required - Y N   What Ordered?
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Mentor - Y N Name & Phone:	
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Parole / Probation - (if any) Officers Name & Phone: NA	
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Attending Church - Y N Are they Helping You - Y N	
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Family References (Relationship):	
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Resources Has, Needs or Wants (Y=yes N=no N/A Not Applicable)	Tracking Codes			
	Has, Needs (Wants)	Resource Needs Code	Provider Referred to Date / Code	Follow-up Status Date / Code
<b>1-Education</b> – Has a High School Diploma - Y N HSE (GED) - Y N N/A   Trade School   Some College Associates   Bachelors   Masters   PhD <u>Wants</u> Additional Schooling - Y N   HSE (GED)   Trade   College	HS-Has NN-Needs Nothing NS-Needs Something	ED		
<b>2-Employment</b> - <u>Currently Working</u> - Y N   Full-Time   Part-Time <u>Needs Work</u> - Y N   Full-Time   Part-Time Has a Resume - Y N   Needs Help with a Resume - Y N Disabled   No Manual labor   Will accept any labor Any hours   Limited hours   Has Skills (see below) Have his/her own tools - Y N   Some - Y N	HS-Has NN-Needs Nothing NS-Needs Something	EM		
<b>3-Housing</b> - <u>Currently Housed</u> : No   Shelter   Camp Apartment   House   Hotel / Motel   On Friends Couch Transitional Housing   Supportive Housing <u>Needs Housing</u> - Y N   Shelter   Camp   Apartment   House Transitional (Short-Term)   Supportive (Long-Term) Has or can get monies for housing and/or for a deposit - Y N	HS-Has NN-Needs Nothing NS-Needs Something	HO		
<b>4-Medical</b> - <u>Currently being treated for</u> : <b>Needs Medical Treatment ASAP - Y N</b> <b>Needs Medication ASAP - Y N</b>   <u>Wants AIDS/HIV Testing</u> - Y N Has Health Insurance - Y N   <u>Needs Health Insurance</u> - Y N <u>Needs Long-Term Care</u> - Y N   <u>Needs Short-Term Care</u> - Y N <u>Needs</u> to apply for Disability - Y N	HS-Has NN-Needs Nothing NS-Needs Something	ME		
<b>5-Mental Health</b> - <u>Currently</u> : In or <u>Wants</u> Mental Health Treatment - Y N N/A In or <u>Wants</u> Anger Management Treatment - Y N N/A <u>Suffering from</u> : Depression   Schizophrenia   Anxiety (PTSD)	HS-Has NN-Needs Nothing NS-Needs Something	MH		
<b>6-Substance Abuse</b> - <u>Currently</u> : In or <u>Wants</u> a Drug Counseling / Treatment - Y N N/A In or <u>Wants</u> a Alcohol Counseling / Treatment - Y N N/A In or <u>Wants</u> a Recovery Group - Y N N/A In or <u>Wants</u> a Drug-Alcohol Counseling Mentor - Y N N/A	HS-Has NN-Needs Nothing NS-Needs Something	SA		
<b>7-Supportive Services Needed</b> - Faith / Community Based Family   Legal (child support, pending case, etc.   Mentor Support Coach   Restorative Justice   SS (Card)   SSI   SDI Birth Certificate   State ID   Email Address   Mailing Address Driver's License   Cell Phone   Information/Referrals Has a valid driver's license - Y N   Has Auto Insurance - Y N	HS-Has NN-Needs Nothing NS-Needs Something	SS		
<b>8-Supportive Goods Needed</b> - Clothing   Food   Bus Passes Meals   Personal Hygiene Items   Household   Food Stamps  <u>Transportation</u> : Has or can get own transportation, car, truck, van - Y N	HS-Has NN-Needs Nothing NS-Needs Something	SG		

IRRT's Eight Major Components Needs or Wants (Topic / Service / Program)	Resource Needs Code	Current & Follow-Up Status Codes
<b>1 - Education</b>		SA - Set Appointment MA - Made Appointment SW - Still Waiting GWN - Got What Needed
Education - Adult (Continuing Education)	ED-01	SPA - Still on Parole OPA - Off Parole
Education - Financial Literacy (Management)	ED-02	SPR - Still on Probation OPR - Off Probation
Education - HSE (GED)	ED-03	SWM - Still Working w/ Mentor NWM - Not Working w/ Mentor Anymore CMP - Completed Mentoring Program
Education - Languages	ED-04	ACL - Attending Class ACO - Attending Counseling ATR - Attending Treatment APR - Attending Program
Education - Life Skills (Character Building, Self-Esteem)	ED-05	CCL - Completed Class CCO - Completed Counseling CTR - Completed Treatment CPR - Completed Program
Education - Training & Re-Training (Trade & Technical)	ED-06	NCL - <b>Did Not</b> Complete Class NCO - <b>Did Not</b> Complete Counseling NCT - <b>Did Not</b> Complete Treatment NCP - <b>Did Not</b> Complete Program
Education - Entrepreneurship	ED-07	FTE - Full Time Employed PTE - Part Time Employed SLE - Still looking for Employment
Education - Other	ED-99	CIH - Currently is Homeless CIS - Currently in Shelter CIH - Currently in Housing SLH - Still looking for Housing
<b>2 - Employment</b>		AS - Asked for Services RS - Received Service
Employment - Placement	EM-01	<b>Supportive Services (Cont.)</b> SS-90 Social Security Card (SS) SS-91 Supplemental Security Income (SSI) SS-92 State Disability Insurance (SDI) SS-93 Mailing Address SS-94 Birth Certificate SS-95 Email Address SS-96 State ID SS-97 Cell Phone SS-98 Drivers License
Employment - Resume Preparation	EM-02	AI - Asked for Information/Referral RI - Received Information/Referral
Employment - Transitional	EM-03	AG - Asked for Goods RG - Received Goods
Employment - Other	EM-99	<b>Supportive Goods (Cont.)</b> SG-90 Meals SG-91 Food Stamps SG-92 Personal Hygiene Items SG-93 Bus Passes SG-94
<b>3 - Housing</b>		
Housing - Shelter, Safe Havens to get off the Street	HO-01	
Housing - Halfway (w/ Supportive Treatment)	HO-02	
Housing - Transitional	HO-03	
Housing - Permanent	HO-04	
Housing - Other	HO-99	
<b>4 - Medical</b>		
Medical - AIDS/HIV Testing	ME-01	
Medical - Long Term Treatment	ME-02	
Medical - Short Term Treatment	ME-03	
Medical - Medicine	ME-04	
Medical - Immediate Treatment	ME-05	
Medical - Insurance	ME-06	
Medical - Other	ME-99	
<b>5 - Mental Health</b>		
Mental Health - Inpatient	MH-01	
Mental Health - Outpatient	MH-02	
Mental Health - Other	MH-99	
<b>6 - Substance Abuse</b>		
Substance Abuse - Coaching/Mentoring	SA-01	
Substance Abuse - Counseling	SA-02	
Substance Abuse - Recovery Group	SA-03	
Substance Abuse - Other	SA-99	
<b>7 - Supportive Services</b>		
Supportive Services - Support Coach	SS-01	
Supportive Services - Community/Faith Based	SS-02	
Supportive Services - Information/Referrals	SS-03	
Supportive Services - Family (Relationships/Reunification)	SS-04	
Supportive Services - Legal (Cases, Fees, Support)	SS-05	
Supportive Services - Mentor	SS-06	
Supportive Services - Restorative Justice	SS-07	
Supportive Services - Other	SS-99	
<b>8 - Supportive Goods</b>		
Supportive Goods - Clothing	SG-01	
Supportive Goods - Food	SG-02	
Supportive Goods - Household	SG-03	
Supportive Goods - Transportation	SG-04	
Supportive Goods - Other	SG-99	

## IRRT’s Resource Center Locations:

HRH   
  Forest Manor   
  Southeast   
  Hawthorn   
  CAFE

### Client Referral Work Sheet # 102

916 E. Michigan St., Indianapolis, IN 46202 | 317-635-0500 *Voice* | 317-631-0500 *Fax*

Client Name

**The below information is the results of your Confidential Client Screening Interview.**

Your IRRT Support Coach is providing you with the below Service Providers that will help you get back on your feet as soon as possible. Our goal is to help you build a “Support Team” of people and organizations that will provide you with what will need to help you succeed.

**Your Support Coach is:**

**Support Coach:**

Phone Number:

Email Address:

**Instructions / Contact Information:**

Please contact or follow up with the below Services Providers and they will further assist you.

**1 – Education –** Suggestions Y N NA

**2 – Employment –** Suggestions Y N NA

**3 – Housing –** Suggestions Y N NA

**4 – Medical –** Suggestions Y N NA

**5 – Mental Health –** Suggestions Y N NA

**6 – Substance Abuse –** Suggestions Y N NA

**7 – Supportive Services –** Suggestions Y N NA

**8 – Supportive Goods –** Suggestions Y N NA