THE ELEVATION PROJECT

CASE MANAGEMENT INTAKE INSTRUMENT

The Elevation Project is a supplemental service of UWYGPM

DATE											
DATE											
CASE NUMBER											
PHONE NUMBER											
EMAIL ADDRESS	ICATION.	6FD 🗆	Τ.				LICOAD [7 604	DUATE		NONE 🗆
CLIENT TRANSPORTATION		GED Own car		1.S. N	Α.5). [_]	UGRAD [ar service	DUATE		NONE
CASE MANAGER NAM		OWITEAL	1 1				mayaore	ai scivice			
100000000000000000000000000000000000000	<u>.</u>										
PHONE EMAIL ADDRESS											
EMAIL ADDRESS											
DEMOGRAPHICS											
RACE	BLACK	OR AFRICA	N AMER	RICAN 🗌		WHITE		MIXED	MIXED RACE		
	AMERIC	CAN INDIA	N/ALASI	AN NATIVE		ASIAN		NATIVE HAWAIIAN/PACIFIC ISLANDER		ACIFIC ISLANDER	
ETHNICITY	HISPAN	IIC ORIGIN				AFRIC	AFRICAN OTHER:				
PRIMARY LANGUAGE						SPANISH OTHER:					
CLIENT HOUSEHOLD (in	ncluding cl	ient)			60	UNTY					
NAME	AGE		GENDE	D		LATION	CHID	SCHO	201		GRADE
IVAIVIE	AGE		GENDE	N.	I NE	LATION	эпіг	3000	JOL		GRADE
					+						
CHENT INVOLVEMENT	WITH OTH	TD ACTNOIS									
CLIENT INVOLVEMENT				PHONE			SERVICE	: (5)		DATE	
CLIENT INVOLVEMENT AGENCY		ER AGENCIE		PHONE			SERVICE	: (S)		DATE	
				PHONE			SERVICE	E (S)		DATE	
				PHONE			SERVICE	E (S)		DATE	
				PHONE			SERVICE	E (S)		DATE	
AGENCY	CONT	TACT PERS	ON								
CLIENT SUPPORT (fam	CONT	, church, c	ommun	ity / SNAP, S							
AGENCY	CONT	TACT PERS	ommun	ity / SNAP, S		n 8, mec DNE			seling,		
CLIENT SUPPORT (fam	CONT	, church, c	ommun	ity / SNAP, S							
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CLIENT SUPPORT (fam NAME NEED(S) ADDRESSED	ily, friends	, church, c	ommun	ity / SNAP, S							
CLIENT SUPPORT (fam	ily, friends	, church, c	ommun	ity / SNAP, S							
CLIENT SUPPORT (fam NAME NEED(S) ADDRESSED	ily, friends	, church, c	ommun	ity / SNAP, S							
CLIENT SUPPORT (fam NAME NEED(S) ADDRESSED	ily, friends	, church, c	ommun	ity / SNAP, S							

CLIENT FEARS (related to accom	nplishing above goals)		
ARE YOU CURRENTLY HOMELESS	? - If yes, check the appropriat	e box for your level of need for as	ssistance.
0 – none 🗌	1 – mild 🗌	2 – moderate 🗌	3 – severe
Additional information:			
		e box for your level of need for as:	
0 – none 🗌	1 – mild 🗌	2 – moderate 🗌	3 – severe
Additional information:			
		e appropriate box for your level o	
0 – none	1 – mild 🗌	2 – moderate	3 – severe
Additional information:			
DO VOIL CHERENTLY CHEFTE TOO	M MATRICAL HEALTH DELLER 1441		
assistance.	M MENIAL HEALIH KELATED ISSU	IES? – If yes, check the appropriate	e box for your level of need for
0 – none	1:!		
Additional information:	1 – mild 🗌	2 – moderate	3 – severe
Additional information.			
ARE YOU CURRENTLY SUFFERING	FROM SURSTANCE ARUSE ADDIC	TION? – If yes, check the appropria	
for assistance.	THOM SOUSTAINEL ADOSE ADDIC	Tion: — If yes, check the appropria	ate box for your level of need
0 – none	1 – mild	2 – moderate	3 − severe □
Additional information:		2 moderate	2 – zevete 🔲
DO YOU CURRENTLY HAVE HEALT!	HCARE INSURANCE? - If no, che	ck the appropriate box for your le	vel of need for assistance
0 – none 🗌	1 – mild	2 – moderate	3 – severe
Additional information:			3 367616
DO YOU HAVE PROBLEMS/CONCE	RNS LIVING INDEPENDENTLY? -	If yes, check the appropriate box	for your level of pand for
assistance.		, co, check the appropriate box	your level of fleed for
0 – none 🔲	1 – mild	2 – moderate	3 – severe
Additional information:			2 – 364616 [

CHILD(REN)? – If yes, check the			
0 – none 🗌	1 – mild 🗌	2 – moderate 🔲	3 – severe
Additional information:			
ARE YOU CURRENTLY EXPERIENCE	NG DIFFICULTIES IN YOUR F	FAMILY RELATIONSHIPS? – If yes, check	k the appropriate box for your
evel of need for assistance.			
0 – none	1 – mild	2 – moderate	3 – severe
Additional information:			
DO YOU HAVE CONCERNS THAT Wassistance.	ARRANT CONFLICT MANAGI	EMENT? – If yes, check the appropriat	te box for your level of need fo
0 – none 🗌	1 – mild	2 – moderate	3 – severe
Additional information:			
O YOU HAVE TIME FOR RECREAT	IONAL/SOCIAL ACTIVITIES?	– If no, check the appropriate box fo	r vour level of need for
assistance.			,
0 – none 🗌	1 – mild 🔲	2 – moderate	3 – severe
Additional information:			
EXUALITY IOW DO YOU IDENTIFY? DOES YOUR SEXUAL IDENTITY CAU	ISE PROBLEMS/CONCERNS?	- If yes, check the appropriate box for	or your level of need for
assistance.			
0 – none	1 – mild	2 – moderate	3 – severe
duitional information:			
ITIZENSHIP STATUS			
O YOU HAVE PROBLEMS/CONCE	RNS RELATED TO YOUR CITIZ	ENSHIP STATUS?	
If yes, check the appropriate by 0 – none			
dditional information:	1 – mild	2 – moderate	3 – severe
aditional information:			
O YOU CURRENTLY HAVE PROBLE	MS SLEEPING? - If yes che	eck the appropriate box for your leve	Lof pand for assistance
0 – none	1 – mild [2 – moderate	3 – severe
dditional information:		2 moderate	2 – 26A6L6
O VOIL NEED HELD WITH LIFE CO.	IC DEVELOPMENT		
O DOUGLE MILH FILE 2KI	LLS DEVELOPMENT? - If yes,	, check the appropriate box for your	level of need for assistance.
0 – none	1 – mild 🗌	2 – moderate	3 – severe
dditional information:			

DO YOU HAVE PROBLEMS/DIFFICE	ULTIES ACCESSING YOUR MEDICA	$\Lambda TION(S)$? – If yes, check the approp	riate box for your level of			
need for assistance.						
0 – none 🗌	1 – mild 🗌	2 – moderate	3 – severe			
Additional information:						
DO YOU HAVE A FAMILY MEMBER CURRENTLY INCARCERATED? — If yes, do you have related problems/concerns? If yes, check the						
appropriate box for your level of need for assistance. How long? Facility and IDOC#? Last visit?						
0 – none 🗌	1 – mild 🗌	2 – moderate	3 – severe			
Additional information:						