

THE ELEVATION PROJECT

CASE MANAGEMENT INTAKE INSTRUMENT

The Elevation Project is a supplemental service of UWYGPM

DATE						
CASE NUMBER						
CLIENT NAME						
PHONE NUMBER						
EMAIL ADDRESS						
HIGHEST LEVEL OF EDUCATION	GED <input type="checkbox"/>	H.S. <input type="checkbox"/>	A.S. <input type="checkbox"/>	UGRAD <input type="checkbox"/>	GRADUATE <input type="checkbox"/>	NONE <input type="checkbox"/>
CLIENT TRANSPORTATION	own car	Y <input type="checkbox"/>	N <input type="checkbox"/>	IndyGo/car service	<input type="checkbox"/>	
CASE MANAGER NAME						
PHONE						
EMAIL ADDRESS						

DEMOGRAPHICS			
RACE	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	WHITE <input type="checkbox"/>	MIXED RACE <input type="checkbox"/>
	AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/>
ETHNICITY	HISPANIC ORIGIN <input type="checkbox"/>	AFRICAN <input type="checkbox"/>	OTHER: <input type="text"/>
PRIMARY LANGUAGE	ENGLISH <input type="checkbox"/>	SPANISH <input type="checkbox"/>	OTHER: <input type="text"/>

CLIENT HOUSEHOLD (including client)					
ADDRESS			COUNTY		
NAME	AGE	GENDER	RELATIONSHIP	SCHOOL	GRADE

CLIENT INVOLVEMENT WITH OTHER AGENCIES				
AGENCY	CONTACT PERSON	PHONE	SERVICE (S)	DATE

CLIENT SUPPORT (family, friends, church, community / SNAP, Section 8, medical insurance, counseling)			
NAME	RELATIONSHIP/ORG	PHONE	EMAIL

NEED(S) ADDRESSED

CLIENT PERSONAL GOALS

CLIENT FEARS (related to accomplishing above goals)

ARE YOU CURRENTLY HOMELESS? – If yes, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

ARE YOU CURRENTLY EMPLOYED? – If no, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

DO YOU CURRENTLY HAVE HEALTH CONCERNS? – If yes, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

DO YOU CURRENTLY SUFFER FROM MENTAL HEALTH RELATED ISSUES? – If yes, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

ARE YOU CURRENTLY SUFFERING FROM SUBSTANCE ABUSE ADDICTION? – If yes, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

DO YOU CURRENTLY HAVE HEALTHCARE INSURANCE? – If no, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

DO YOU HAVE PROBLEMS/CONCERNS LIVING INDEPENDENTLY? – If yes, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			

ARE YOU CURRENTLY EXPERIENCING PROBLEMS/DIFFICULTIES ACCESSING EDUCATIONAL OPPORTUNITIES FOR YOURSELF OR YOUR CHILD(REN)? – If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

ARE YOU CURRENTLY EXPERIENCING DIFFICULTIES IN YOUR FAMILY RELATIONSHIPS? – If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

DO YOU HAVE CONCERNS THAT WARRANT CONFLICT MANAGEMENT? – If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

DO YOU HAVE TIME FOR RECREATIONAL/SOCIAL ACTIVITIES? – If no, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

**SEXUALITY
HOW DO YOU IDENTIFY?**

DOES YOUR SEXUAL IDENTITY CAUSE PROBLEMS/CONCERNS? – If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

CITIZENSHIP STATUS

DO YOU HAVE PROBLEMS/CONCERNS RELATED TO YOUR CITIZENSHIP STATUS?

– If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

DO YOU CURRENTLY HAVE PROBLEMS SLEEPING? – If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

DO YOU NEED HELP WITH LIFE SKILLS DEVELOPMENT? – If yes, check the appropriate box for your level of need for assistance.

0 – none ☐

1 – mild ☐

2 – moderate ☐

3 – severe ☐

Additional information:

DO YOU HAVE PROBLEMS/DIFFICULTIES ACCESSING YOUR MEDICATION(S)? – If yes, check the appropriate box for your level of need for assistance.			
0 – none <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
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 <input type="checkbox"/>	1 – mild <input type="checkbox"/>	2 – moderate <input type="checkbox"/>	3 – severe <input type="checkbox"/>
Additional information:			