

MY ASSESSMENT

11/8/2017, v.2.7

NAME:	
AGENCY / PROGRAM:	
STAFF NAME:	ASSESSMENT DATE:
	UPDATE DATE:
MY RECOVERY TEAM	
NAME	ROLE
	Me
	Service Facilitator/Staff Worker
	Mental Health Professional

LIFE AREA / DOMAIN: LIFE SATISFACTION

What happens in a typical day for you? What do you like to do for fun? Hobbies/Interests? What is going well in your life? What would you change if you could?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: CULTURE

We are interested in honoring your values and beliefs. What are the most important aspects of your identity? Are there any values or beliefs that you would want us to know about to help you in your recovery? Describe any holidays or traditions that you observe? If so, how? What ethnic/cultural group do you identify with? What language is spoken in your home? Are there any language barriers you experience in your life? Many people have things and/or activities they do regularly---a routine. Do you have any routines that you want to share? Are there times you experience barriers or discomfort based on your race, religion, gender, sexual orientation, etc.?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: RELIGION/SPIRITUALITY

Do you have spiritual beliefs that provide comfort? Are you involved with a religious and/or spiritual community? What do these terms mean to you? Do you currently practice/participate in any specific religious/spiritual traditions? Are there any barriers to participating in religious/spiritual activities that interest you?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: SOCIAL NETWORK AND FAMILY INVOLVEMENT

Who do you spend your time with and how often? Where do they live? How do you stay in contact? Who are your biggest supports? When you need help, who do you ask? (Please give names). How do you feel about your relationship with your family? Positive? Negative? Neutral? How is your past and present relationship with Parents/Siblings/Extended Family/Family of choice?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: COMMUNITY LIVING SKILLS

How do you get around town? Car, bus, MTM, rides, caregiver? How are you doing with home activities like showering, laundry, cooking, cleaning, shopping, getting to and from appointments, budgeting? What routines do you have? How do you manage these? Do you need reminders or help with any of these activities? How do you stay connected? Do you use telephone? Cell? Computer/email? What is the best way for your team members to reach you?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: HOUSING

Describe your current living situation (own home/apartment, supported environment, live alone or with others?) Do you like where you live? Are there any significant issues with your current housing (safety, neighbors, landlord)? Do you consider your housing stable? If not, are there any barriers to finding alternative housing? What is your rental history like? What helps you remain living independently successfully? Do you receive any housing assistance such as CDA, Section 8, Housing Initiatives?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: FINANCES AND BENEFITS

How are you/your family financially supported? Identify sources of income such as: employment, SSDI/SSI, child support, etc.? Do you receive other benefits such as FoodShare, WIC, energy or housing assistance, etc.? What kind of Medicaid do you have (SSI, HMO, MAPP, BadgerCare)? How often does your Medicaid have to be renewed? Do you need support to accomplish this? How do you access your money (savings account? checking? debit card?) Do you feel like you have enough money to meet your needs? Do they have a Rep Payee? If so, who is it? Do they manage all of your income or only a portion like rent, medical bills, etc.? Do you like having a payee? If not, do you know what the steps are to start managing your money independently?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: OTHER BASIC NEEDS

Basic needs include things like food, shelter, clothing, and safety. Do you feel your basic needs are being met? Are there other things that you consider to be your basic needs? Do you need any additional support to meet your basic needs?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: EMPLOYMENT

Are you currently employed/volunteering? If yes, where and how many hours? If not, are you interested in finding employment or other ways to contribute? What setting would you like to work in? Tell about your work history. Which jobs did you enjoy and why? (Please give examples.) Any military service? What is/was the impact of work on your physical and/or mental health? Do you feel there are any barriers to employment for you? What type of assistance would be helpful? Have you ever worked with DVR or any other supportive employment services? What was helpful about these services? What was not? How can your team help support your employment goals?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: EDUCATION

What was the highest grade you completed: high school, GED, college, etc.? Do you have any interest in furthering your education (credit or non-credit classes for enjoyment)? Do you feel you need some support to continue schooling? Did you feel supported in past schooling? What did you enjoy about school? What didn't you enjoy? Did you find it easy or challenging? If still in school, what is your school attendance like? How are your grades? Relationship with peers and teachers? Any disciplinary issues? What type of support do you receive in school if any (IEP, 504, school social worker, etc.)? What education needs are not being met?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: PHYSICAL HEALTH

Do you feel your (and your family's) health/medical needs are being met? Do you have access to the medical care you need? Do you have any current physical health concerns or diagnoses? Do you currently take medications related to your physical health? Are you connected to a PCP? Dentist? Eye doctor? When is the last time you saw these providers? Do you feel you can effectively communicate with your providers? Do they listen to you? Do you have any ongoing health issues, illnesses you see a specialist or PCP for regularly? Any past health concerns, surgeries or hospitalizations? Are you happy with your current physical well-being? If anything, what would be helpful in increasing your physical well-being? How is your appetite/diet? What do you do for physical activity?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: MENTAL HEALTH

Do you have any current mental health diagnosis? Do you agree with this diagnosis? Age of onset/first diagnosed? Are you currently experiencing symptoms of a mental health issue? What is helpful in dealing with your mental health symptoms (medications, community activities, yoga, etc.)? Do you have a prescribing psychiatrist? What medications do you take? Do you currently receive or need help obtaining, taking or remembering to take your medications? Have you ever been hospitalized? If you remember, please put dates and reasons. Was it voluntary or involuntary? Have you ever utilized a hospital diversion center? Care center? Recovery House? RCC? Detention? etc.? What outpatient services do you use now or have you used in the past (therapy, day treatment, peer specialist, mentoring, etc.)? Have you had any types of testing or evaluations (such as IQ, neuropsychological, behavioral, competency, etc.)? What are some signs that things are going well for you? How would we know that things are not going so well? When things aren't going so well, what coping skills and resources help you manage these times?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: SUBSTANCE USE

Do you or anyone close to you have concerns with your use (or misuse) of prescription medication, drugs (which?), or alcohol? What substances do you currently use or did you use in the past (such as alcohol, marijuana, synthetics, cocaine, meth, heroin, ecstasy, opiates, amphetamines or stimulants, benzodiazepines, etc.)? How often/much are you currently using? How old were you when you first used? Do you use tobacco? If so, how often and how much? Do you drink caffeine? How much and how often? Do you have any substance abuse history in your family? Do you use by yourself or with others? Have you ever been in trouble as a result of your substance use (arrested, missed work, relationship difficulties, etc.)? Have you ever utilized inpatient/outpatient substance abuse treatment services? If so, please explain. Are you currently seeking or utilizing substance abuse treatment services or other supports (counseling, day treatment, AA, NA, support groups, sponsor, church) that assist you in your sobriety?

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: TRAUMA AND SIGNIFICANT LIFE STRESSORS

*We understand this topic can often be very difficult to talk about and if at any point you would like to stop, please let me know and we will move on. But please know the option is always there to discuss this at a later date and time when you feel more comfortable.
Are there events in your life you would consider traumatic? Have you experienced any past or current physical, sexual, emotional, or psychological trauma? Have you recently experienced any major changes, losses (divorce, death, job loss, relocation, etc.)?*

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: CRISIS PREVENTION AND MANAGEMENT

Have you ever experienced thoughts or feelings of wanting to hurt yourself or others? Details/plan? How often? Have you ever acted on these thoughts/feelings? When did this most recently happen? What coping skills are helpful in dealing with these thoughts/feelings? What are some of your triggers that have or could result in a potential crisis situation? Who are the people you can turn to in a crisis? Are there any individuals or groups that are particularly helpful (i.e., therapist)? If so, please list the names and contact information of all of these people.

Has a Crisis Plan:

Activated: Yes No

Narrative:

Strengths:

Needs/Barriers:

Goals:

LIFE AREA / DOMAIN: LEGAL STATUS

Please include history regarding criminal/juvenile charges (overview of charges). Do you have a Chapter 51? What happened? Is there an order to treat? Or a protective placement order? Are there any legal custody arrangements to be aware of for minor children? to treat? Or a protective placement order? Are there any legal custody arrangements to be aware of for minor children? Do you have any of the following: Guardian, Power of Attorney for Health Care, Power of Attorney for Finances, Probation/Parole Officer?

Narrative:

Strengths:

Needs/Barriers:

Goals:

CURRENT MEDICATION LIST

Medication	Dosage	Frequency	Route	Duration	Purpose	Prescribing Physician

CURRENT DIAGNOSES

Code	Description	Date	Person Making Diagnosis	Title