

Date of screen

(MM-DD-YYYY)

NYSID

Screener's name

Screen setting

- Office
- Jail

Name of potential participant

DOB

(MM-DD-YYYY)

Age

Gender

- Female
- Male
- Transgender
- Other _____
- Prefer not to say

Race/Ethnicity

- African American
- Caucasian
- Latino
- Native American
- Asian
- Other

If Latino, please specify

If other, please specify

Is defendant on Probation?

- Yes
- No

Is defendant on Parole?

- Yes
- No

Pending Charges

Pending Cases

Has defendant ever been convicted of a violent crime?

- Yes
- No
- Don't remember

Address

Living Situation

- Lives alone in own home or apartment
- Lives with others in their home or apartment
- Lives with others in my own home or apartment
- Lives in a community housing
- Is homeless or lives in a shelter
- Other

If other, please specify your living situation

Number of Children

Number of children living with you

House phone number (if none, put N/A)

(000-000-0000)

Cell phone number. If none, put N/A

(000-000-0000)

Attorney. If none, put N/A

Social Security Number

(000-000-0000)

Insurance

What type of insurance do you have?

- Medicaid
- Private insurance
- Managed care
- No insurance

What is your Medicaid number? (If you do not know it, put "don't know")

What is your private insurance number? If you do not know the number put "don't know")

What is your Managed Care number? (If you do not know the number, put "don't know")

County where your insurance is applied

Employment History

Current Employment

- Full-time
 Part-time
 Unemployed
 Retired
 Disabled

Name of employer

Hours

If you are unemployed, who is your previous employer?

Other Income

Do you receive income from the following: (Check all that apply)

- SSI/SSD
 Workers Comp
 Child Support
 Alimony
 Unemployment Benefits
 None

Please list any other form of income. (If there are no other forms to be listed, please type "none")

Education Information

Are you a student?

- Yes
 No

What is your highest education level?

- Some high school but no degree
 HS Diploma/GED
 Some college but no degree
 College Degree

What is the highest grade you completed in high school?

- Some 9th grade
 9th grade
 10th grade
 11th grade
 12th grade

What is the highest grade you completed in college?

- Some Freshman
 Freshman
 Sophomore
 Junior
 Senior

Did you receive a high school diploma or a GED?

- HS Diploma
 GED

What is the name of your school?

What grade are you in currently?

- HS Freshman
- HS Sophomore
- HS Junior
- HS Senior
- College Freshman
- College Sophomore
- College Junior
- College Senior
- Graduate School

Do you have a history of learning disability?

- Yes
- No

What learning disability were you diagnosed with?

Did you receive any special education in school?

- Yes
- No

Substance Use History/ Current Use

First Substance Second Substance Third Substance Fourth Substance Fifth Substance

Substance _____

Name of substance if not in the list above _____

First Use _____

Last Use _____

ROA _____

Frequency _____

Amount _____

Do you smoke cigarettes?

- Yes
- No

How often do you smoke cigarettes?

- Daily
- few times per week
- weekly
- a few times per month
- rarely

Are you a veteran?

- Yes
- No

Agency	Start Date	End Date	Type of treatment	Length of first treatment	Discharge status	Length of Abstinence
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever overdosed?

- Yes
- No

When was the last time you overdosed?

Psychiatric Treatment History

Ever diagnosed with a mental health problem Yes
 No

What was your diagnosis? _____

What past medication did you take for this diagnosis?
If no medication, please put "N/A" _____

Are you taking any present medication for this diagnosis? Yes
 No

What present medication do you take for this diagnosis? If no medication, please put "N/A" _____

Who is the prescribing physician/agency? _____

Do you have any current suicidal thoughts? Yes
 No

Do you have a plan of how you would commit suicide? Yes
 No

Have you tried to commit suicide in the past? Yes
 No

What method(s) did you use when you tried to commit suicide? _____

Were you hospitalized due to your suicide attempt? Yes
 No

For how long were you hospitalized (in days)? _____

Were you under the influence when you tried to commit suicide? Yes
 No

List all substances you were using when you tried to commit suicide? _____

Anything else the individual would like to share about their suicide attempt (If they do not have anything else to share, please put N/A). _____

Current Medical Condition

Do you have any health or medical conditions? Yes
 No

List any medical condition(s). _____

List any medication(s). _____

Date of last PPD. (If individual does not remember, please put, "don't remember") _____

Where was your last PPD? (If individual does not remember, please put, "don't remember") _____

Result of last PPD Negative
 Positive
 Don't remember

Do you have any documentation within last year that he/she is free from any signs and symptoms of TB? Yes
 No
 Don't remember

Diagnostic Impression

Diagnostic Impression

- Alcohol Mild (305.00)
- Alcohol Moderate/Severe (303.90)
- Alcohol Withdrawal (291.81)
- Cannabis Mild (305.20)
- Cannabis Moderate/Severe (304.30)
- Cannabis Withdrawal (292.0)
- Phencyclidine (Hallucinogen) Mild (305.90)
- Phencyclidine (Hallucinogen) Moderate/Severe (304.60)
- Other (Hallucinogen) Mild (305.30)
- Other (Hallucinogen) Moderate/Severe (305.50)
- Inhalants Mild (305.90)
- Inhalants Moderate/Severe (304.60)
- Opioids Mild (305.50)
- Opioids Moderate/Severe (304.00)
- Opioids Withdrawal (292.0)
- Sedatives, Hypnotics & Anxiolytics Mild (305.40)
- Sedatives, Hypnotics & Anxiolytics Moderate/Severe (304.10)
- Sedatives, Hypnotics & Anxiolytics Withdrawal (292.0)
- Amphetamine-type/Other Stimulants Mild (305.70)
- Amphetamine-type/Other Stimulants Moderate/Severe (304.40)
- Amphetamine-type/Other Stimulants Withdrawal (292.0)
- Cocaine Mild (305.60)
- Cocaine Moderate/Severe (304.20)
- Cocaine Withdrawal (292.0)
- Other/Unknown Substance Mild (305.90)
- Other/Unknown Substances Moderate/Severe (304.90)
- Other/Unknown Substances Withdrawal (292.0)

Additional Information

CARE Court Screening Results

Please provide screening results below.

Thank you!

Defendant's Name _____

Referral Source

- Law Enforcement
- Defense
- DA
- Treatment
- Probation
- Parole
- Other Court (eg. town and village court or other treatment courts)
- Pre-trial Services
- Self-referral
- Other

Date of Screening _____

(MM-DD-YYYY)

Drug(s) of choice _____

Defendant is

- Eligible and wants to participate
- Eligible and unsure of participation
- Eligible, but does not want to participate
- Not Eligible
- Refused to be Screened

Why is defendant not eligible? _____

Why is defendant eligible? _____

What is the reason for refusal? _____

Please add any other comments about eligibility of participants. Please put N/A if you have no other comments _____

Treatment Recommendations

- Detox
- Inpatient
- Outpatient
- None _____
- Other _____

MOUD Recommendations

- Suboxone
- Methadone
- Naltrexone
- None _____