

NEW YORK STATE

Office of Mental Health
Office of Alcoholism and
Substance Abuse Services

Eligibility Assessment For use with scoring worksheet

PARTICIPANT INFORMATION	
Name (First, Middle Initial, Last)	Medicaid ID (CIN) <input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	Social Security Number <input type="text"/>
REFERENCE DATE	
Eligibility Assessment interview date <input type="text"/>	Health Home where person is enrolled
Reason for Assessment <input type="checkbox"/> First assessment <input type="checkbox"/> Routine reassessment <input type="checkbox"/> Significant change in status <input type="checkbox"/> Exit assessment <input type="checkbox"/> SCA-1 (to be selected by TSI NY ONLY) <input type="checkbox"/> Eligibility denial/appeal <input type="checkbox"/> Research If reason is "Eligibility denial/appeal", please describe briefly:	Health Home Local Case Record Number <input type="text"/> Name of Plan (if Health Home is not applicable) The Assessor has verified in eMedNY/ePACES that the individual has one of the following HARP-specific restriction exception (RE) codes: (H1, H2, H3, H4, H5, H6) <input type="radio"/> No <input type="radio"/> Yes
IDENTIFICATION INFORMATION	
Sex at birth -What was the individual's sex at birth (on original birth certificate)? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Residential/Living status at time of assessment <input type="radio"/> Private home/apartment/rented room <input type="radio"/> DOH adult home <input type="radio"/> Homeless - shelter * <input type="radio"/> Homeless - street * <input type="radio"/> Mental Health supported/supportive housing (all types) <input type="radio"/> OASAS/SUD community residence <input type="radio"/> OCFS/ACS/DSS community residential program (Family Foster Care Group Home, Therapeutic Foster Care) <input type="radio"/> OPWDD community residence <input type="radio"/> Long-term care facility (nursing home) <input type="radio"/> Rehabilitation hospital/unit <input type="radio"/> Hospice facility/palliative care unit <input type="radio"/> Acute care hospital [* Transfer to Engagement] <input type="radio"/> Correctional facility <input type="radio"/> Other
Gender Identity <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Could not (would not) answer	
Sexual Orientation Does the individual think of him/herself as? <input type="radio"/> Heterosexual or straight <input type="radio"/> Homosexual, gay, or lesbian <input type="radio"/> Bisexual <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Could not (would not) answer	
Religion <input type="radio"/> Roman Catholic <input type="radio"/> Mainline Protestant <input type="radio"/> Evangelical Protestant <input type="radio"/> Non-denominational Protestant <input type="radio"/> Historically Black Protestant <input type="radio"/> Eastern Orthodox <input type="radio"/> Latter-Day Saints (Mormon) <input type="radio"/> Unspecified Christian <input type="radio"/> Jewish <input type="radio"/> Muslim <input type="radio"/> Buddhist <input type="radio"/> Hindu <input type="radio"/> Other <input type="radio"/> No religion <input type="radio"/> Unknown	
Marital Status <input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Partner/Significant Other <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Unknown	Living Arrangement <input type="radio"/> Alone <input type="radio"/> With spouse/partner only <input type="radio"/> With spouse/partner and other(s) <input type="radio"/> With child (not spouse/partner) <input type="radio"/> With parent(s) or guardian(s) <input type="radio"/> With sibling(s) <input type="radio"/> With other relative(s) <input type="radio"/> With non-relative(s) Individual receives housing supports <input type="radio"/> No <input type="radio"/> Yes

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Residential Instability Residential instability over LAST 2 YEARS (e.g., evicted from home, 3 or more moves, no permanent address, homeless, living in shelter) <input type="radio"/> No <input type="radio"/> Yes	Self-Identified Race/Ethnicity (Check (2) two most important racial/ethnic group identities) <input type="radio"/> White <input type="radio"/> Eastern European <input type="radio"/> Other European <input type="radio"/> Middle Eastern <input type="radio"/> Other white <input type="radio"/> Black <input type="radio"/> African-American <input type="radio"/> African Continent <input type="radio"/> Afro-Caribbean <input type="radio"/> Other black <input type="radio"/> Unknown black <input type="radio"/> American Indian / Alaska Native <input type="radio"/> Unknown American Indian or Alaska Native tribe <input type="radio"/> Asian <input type="radio"/> Chinese <input type="radio"/> Japanese <input type="radio"/> Asian Indian <input type="radio"/> Pakistani <input type="radio"/> Filipino <input type="radio"/> Vietnamese <input type="radio"/> Korean <input type="radio"/> Other Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Other Pacific Islander <input type="radio"/> Unknown Native Hawaiian or Other Pacific Islander <input type="radio"/> Other race not listed <input type="radio"/> Race/Ethnicity Unknown
Cultural/Ethnic Information Hispanic If Hispanic is "Yes": Cuban <input type="radio"/> No <input type="radio"/> Yes Mexican <input type="radio"/> No <input type="radio"/> Yes Puerto Rican <input type="radio"/> No <input type="radio"/> Yes Dominican <input type="radio"/> No <input type="radio"/> Yes Ecuadorian <input type="radio"/> No <input type="radio"/> Yes Other Hispanic <input type="radio"/> No <input type="radio"/> Yes Unknown <input type="radio"/> No <input type="radio"/> Yes	
Preferred Language <input type="radio"/> English <input type="radio"/> Hindi <input type="radio"/> Spanish <input type="radio"/> Italian <input type="radio"/> American Sign Language <input type="radio"/> Japanese <input type="radio"/> Arabic <input type="radio"/> Korean <input type="radio"/> Cantonese <input type="radio"/> Polish <input type="radio"/> Fujianese <input type="radio"/> Russian <input type="radio"/> Mandarin <input type="radio"/> Tagalog <input type="radio"/> Other Chinese <input type="radio"/> Urdu <input type="radio"/> French <input type="radio"/> Vietnamese <input type="radio"/> German <input type="radio"/> Yiddish <input type="radio"/> Greek <input type="radio"/> Other language not listed: <input type="radio"/> Haitian/French Creole <input type="radio"/> Unknown <input type="radio"/> Hebrew If other language, Specify:	
ASSESSMENT INFORMATION	
Mental Health Services Time since last contact with community mental health agency or professional in LAST YEAR e.g., psychiatrist, social worker (exclude this contact) <input type="radio"/> No contact in past year <input type="radio"/> 31 days or more <input type="radio"/> 30 days or less	Addiction Treatment History Code for time since last discharge from addiction treatment program or service <input type="radio"/> 30 days or less (from this program)* <input type="radio"/> 30 days or less (from another program) * <input type="radio"/> 31 - 90 days* <input type="radio"/> 91 days to 1 year* <input type="radio"/> More than 1 year <input type="radio"/> Not applicable (no prior admission or service) [* Transfer to Substance Use]
Time since last psychiatric hospital discharge Code for most recent instance in PAST 90 DAYS <input type="radio"/> No hospitalization within last 90 days <input type="radio"/> More than 30 days ago <input type="radio"/> 15 - 30 days ago <input type="radio"/> 8 - 14 days ago <input type="radio"/> Within in last 7 days <input type="radio"/> Not applicable (no prior admissions) <input type="radio"/> Now in hospital	
Number Psychiatric Admissions in LAST 2 YEARS <input type="radio"/> None <input type="radio"/> 1 to 2 <input type="radio"/> 3 or more	Inpatient stay for substance use disorder Number of inpatient rehabilitation admissions for substance use disorder in the past 6 months <input type="radio"/> None <input type="radio"/> 1 - 2 * <input type="radio"/> 3 or more* Number of inpatient detoxification admissions for substance use disorder in the past 6 months <input type="radio"/> None <input type="radio"/> 1 - 2 * <input type="radio"/> 3 or more * [* Transfer to Substance Use]
Number Lifetime Psychiatric Admissions <input type="radio"/> None <input type="radio"/> 1 to 3 <input type="radio"/> 4 to 5 <input type="radio"/> 6 or more	

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Alcohol	Uses tobacco or e-cigarettes daily
Highest number of drinks in any "single sitting" in LAST 14 DAYS ○ None ○ 1 ○ 2 - 4 ○ 5 or more *	○ No Selection ○ No ○ Not in last 3 days, but is usually a daily user ○ Not a daily user, but used in the last month ○ Yes
Number of days in last 30 days consumed alcohol to point of intoxication ○ None ○ 1 day ○ 2 to 8 days * ○ 9 or more days, but not daily * ○ Daily *	Self-injurious ideation or attempt - Code for most recent instance Considered performing self-injurious act ○ Never ○ More than 1 year ago ○ 31 days - 1 year ago * ○ 8 - 30 days ago * ○ 4 - 7 days ago * ○ In last 3 days *
[* Transfer to Substance Use]	[* Transfer to Risk of Harm]
Time since use of the following substances 0 = Never 3 = 8 to 30 days ago 1 = More than 1 year ago 4 = 4 to 7 days ago 2 = 31 days to 1 year ago 5 = In last 3 days	Most recent self-injurious attempt ○ Never ○ More than 1 year ago ○ 31 days - 1 year ago * ○ 8 - 30 days ago * ○ 4 - 7 days ago * ○ In last 3 days *
Inhalants (e.g., glue, gasoline, paint thinners, solvents)	[* Transfer to Risk of Harm]
Hallucinogens (e.g., phencyclidine or "angel dust", LSD or "acid", "magic mushrooms", "ecstasy")	Intent of any self-injurious attempt was to kill him/herself ○ No ○ Yes *
Cocaine or crack	○ No attempt
Stimulants (e.g., amphetamines, "uppers", "speed", methamphetamine, prescription stimulant not prescribed)	Other indicators of self-injurious behavior Family, caregiver, friend, or staff expresses concern that the individual is at risk for self-injury ○ No ○ Yes *
Heroin	[* Transfer to Risk of Harm]
Other opiates (including synthetics) (e.g., oxycodone, hydrocodone, or methadone not prescribed)	Suicide plan - in LAST 30 DAYS, formulated a scheme to end own life ○ No ○ Yes
Marijuana not prescribed	Violence: Code for most recent instance
Sedatives or anti-anxiety not prescribed	Violent ideation - (e.g., reports of pre-meditated thoughts, statements, plans to commit violence) ○ Never ○ More than 1 year ago ○ 31 days - 1 year ago * ○ 8 - 30 days ago * ○ 4 - 7 days ago * ○ In last 3 days *
[* Transfer to Substance Use]	Intimidation of others or threatened violence - (e.g., threatening gestures or stance with no physical contact, shouting angrily, throwing furniture, explicit threats of violence) ○ Never ○ More than 1 year ago ○ 31 days - 1 year ago * ○ 8 - 30 days ago * ○ 4 - 7 days ago * ○ In last 3 days *
Intentional misuse of prescription or over-the-counter medication in LAST 90 DAYS (e.g., used medication such as benzodiazepines or analgesics for purpose other than intended) [* Transfer to Substance Use] ○ No ○ Yes *	Violence to others - Acts with purposeful, malicious, or vicious intent, resulting in physical harm to another (e.g., stabbing, choking, beating) ○ Never ○ More than 1 year ago ○ 31 days - 1 year ago * ○ 8 - 30 days ago * ○ 4 - 7 days ago * ○ In last 3 days *
Injection drug use - (Exclude prescription medications) ○ Never used injection drugs ○ Used injection drugs more than 30 days ago * ○ Used injection drugs in last 30 days; did not share needles * ○ Used injection drugs in last 30 days; did share needles *	[* Transfer to Risk of Harm]
[* Transfer to Substance Use]	
Overdose (ingestion of drugs or alcohol in an amount exceeding what the body can metabolize or excrete before toxicity) ○ Never ○ More than 1 year ago ○ 31 days - 1 year ago * ○ 8 - 30 days ago * Code for most recent time of event ○ 4 - 7 days ago * ○ In last 3 days *	
[* Transfer to Risk of Harm]	

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Police Intervention <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><p>Arrested with charges</p><p>Incarcerated (i.e., jail or prison with overnight stay)</p></div><div style="width: 50%;"><p><input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p><p><input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago * <input type="radio"/> 8 - 30 days ago * <input type="radio"/> 4 - 7 days ago * <input type="radio"/> In last 3 days *</p></div></div> <p>[* Transfer to Engagement]</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><p>Currently on probation or parole</p><p>Currently in court diversion/support program</p></div><div style="width: 50%;"><p><input type="radio"/> No <input type="radio"/> Yes *</p><p><input type="radio"/> No <input type="radio"/> Yes *</p></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Restraining order(s) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><p><input type="radio"/> Never present <input type="radio"/> Previous order(s), but none present now <input type="radio"/> Order(s) present *</p></div></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Community treatment order(s) (AOT) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><p><input type="radio"/> Not present <input type="radio"/> Present</p></div></div></div> <p style="text-align: center;">[* Transfer to Engagement]</p>
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Cognitive Skills for Daily Decision Making
Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

☐ Independent - decisions consistent, reasonable and safe
☐ Modified independence - some difficulty in new situations only *
☐ Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times *
☐ Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times **
☐ Severely impaired - never / rarely makes decisions **
☐ No discernible consciousness, coma

[* mark "Moderate Need" in Cognitive Skills
**** mark "Extensive Need" in Cognitive Skills]**

Acute Change in Mental Status from Person's Usual Functioning
(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)

☐ No ☐ Yes *

[* mark "Moderate Need" in Cognitive Skills]

Independent Living Skills (IADLs)

Code for PERFORMANCE in routine activities around the home or in the community during the LAST 3 DAYS

Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor.

0 = Independent - no help, setup, or supervision
1 = Setup help only
2 = Supervision - oversight/cuing
3 = Limited assistance - help on some occasions
4 = Extensive assistance - help throughout task, but performs 50% or more of task on own
5 = Maximal assistance - help throughout task, but performs less than 50% of task on own
6 = Total dependence - full performance by others during entire period
8 = Activity did not occur - during entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)

	PERFORMANCE								CAPACITY *							
	0	1	2	3	4	5	6	8	0	1	2	3	4	5	6	
Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Managing finances - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Managing medications - How medications are obtained and organized (e.g. refilling medication, obtaining new prescriptions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<hr/>																
Phone use - How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<hr/>																
Transportation - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out of vehicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

[* Update code in IADL's]

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Life Events								Treatment Modalities						
Code for most recent time of event								Code for treatment modalities used in LAST 30 DAYS						
Codes: 0 = Never 1 = More than 1 year ago 2 = 31 days - 1 year ago 3 = 8 - 30 days ago 4 = 4 - 7 days ago 5 = In last 3 days														
	0	1	2*	3*	4*	5*		0	1	2	3	4		
Serious accident or physical impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Individual	<input type="radio"/>	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Distressed about health of another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Group	<input type="radio"/>	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Death of close family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Family or couple	<input type="radio"/>	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child custody issues, birth or adoption of child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Self-help/consumer group (e.g., Double Trouble, Alcoholics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conflict-laden or severed relationship, including divorce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Complementary therapy or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Failed or dropped out of education program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Day Hospital/Outpatient Program	<input type="radio"/>	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Major loss of income or serious economic hardship due to poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		[* transfer to Engagement]						
Review hearing (e.g., forensic, certification, capacity hearing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Strengths						
Immigration, including refuge status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Reports having a confidant	<input type="radio"/>	No	<input type="radio"/>	Yes		
Lived in war zone or area of violent conflict (combatant or civilian)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Consistent positive outlook	<input type="radio"/>	No	<input type="radio"/>	Yes		
Witnessed severe accident, disaster, terrorism, violence, or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Strong and supportive relationship with family	<input type="radio"/>	No	<input type="radio"/>	Yes		
Victim of crime (e.g., robbery) - exclude assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Reports strong sense of involvement in community	<input type="radio"/>	No	<input type="radio"/>	Yes		
Victim of sexual assault or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Social Relationships						
Victim of physical assault or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		[Note: Whenever possible, ask person]						
Victim of emotional abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Codes:						
Parental abuse of alcohol and/or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		0 = Never 3 = 4 to 7 days ago						
								1 = More than 30 days ago 4 = In last 3 days						
								2 = 8 to 30 days ago 8 = Unable to determine						
									0	1	2	3	4	8
								Participation in social activities of long-standing interest	<input checked="" type="radio"/> *	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Visit with a long-standing social relation or family member	<input checked="" type="radio"/> *	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
								Other interaction with long-standing social relation or family member (e.g., telephone, email, text, social media)	<input checked="" type="radio"/> *	<input checked="" type="radio"/> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[* transfer to Stress/Trauma]								[* transfer to Social Relations]						
Person prefers change (when asked)								Person prefers change (when asked)						
Peer supports (e.g., programs, staff) <input type="radio"/> No <input type="radio"/> Yes* <input type="radio"/> Could/would not respond								Recreational activities (e.g., type, number, or level of participation) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond						
[* transfer to HCBS Tier 1 services]								Relationships (e.g., establishing friendships, improving existing relationships) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond						

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Employment Status <input type="radio"/> Employed <input type="radio"/> Unemployed, seeking employment* <input type="radio"/> Unemployed, not seeking employment [* transfer to Employment/Education]	Risk of unemployment or disrupted education Increase in lateness or absenteeism over LAST 6 MONTHS <input type="radio"/> No <input type="radio"/> Yes * <input type="radio"/> Not applicable Poor productivity or disruptiveness at work or school <input type="radio"/> No <input type="radio"/> Yes * <input type="radio"/> Not applicable Expresses intent to quit work or school <input type="radio"/> No <input type="radio"/> Yes * <input type="radio"/> Not applicable Persistent unemployment or fluctuating work history over LAST 2 YEARS <input type="radio"/> No <input type="radio"/> Yes * <input type="radio"/> Not applicable [* transfer to Employment/Education]
Employment Arrangements - Exclude volunteering <input type="radio"/> Integrated (competitive) without supports <input type="radio"/> Integrated (competitive) with supports (e.g., Transitional employment, intensive supportive employment, ongoing supported employment) <input type="radio"/> Non-integrated (non-competitive) <input type="radio"/> Not employed	Person prefers change (when asked) Paid employment (e.g., type, hours, pay) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond Employment support services (e.g., pre-vocational services, transitional employment, intensive supported employment, ongoing supported employment) <input type="radio"/> No <input type="radio"/> Yes * <input type="radio"/> Could/would not respond Education/training <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond Educational support services <input type="radio"/> No <input type="radio"/> Yes * <input type="radio"/> Could/would not respond [* transfer to HCBS Tier 1 services]
Compensation for work - Exclude volunteer work <input type="radio"/> At or above minimum wage <input type="radio"/> Below minimum wage <input type="radio"/> No pay <input type="radio"/> Not employed	Finances Because of limited funds, during the last 30 days made trade offs among purchasing any of the following: adequate food, shelter, clothing; prescribed medications; sufficient home heat or cooling; necessary health care <input type="radio"/> No <input type="radio"/> Yes
Volunteers Works as a volunteer (e.g., for <input type="radio"/> No <input type="radio"/> Yes community services)	Psychiatric Diagnoses (Mental Health and Substance Use Disorder) DSM-IV and/or DSM-5 diagnosis/diagnoses (patient-or medical-record reported) List top four diagnoses/disorders 1. _____ 2. _____ 3. _____ 4. _____
Highest level of education completed <input type="radio"/> No schooling <input type="radio"/> 8th grade or less <input type="radio"/> 9-11 grades <input type="radio"/> High school or GED <input type="radio"/> Business or technical school <input type="radio"/> Some college, no degree <input type="radio"/> Associate's degree <input type="radio"/> Bachelor's degree <input type="radio"/> Graduate degree	
Enrolled in formal education program <input type="radio"/> No <input type="radio"/> Part-time <input type="radio"/> Full-time	
Average hours worked per week in the past month - Exclude volunteer work <input type="radio"/> At least 35 hours <input type="radio"/> 10 - 34 hours <input type="radio"/> 1 - 9 hours <input type="radio"/> None <input type="radio"/> Not employed	

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Intellectual disability
(e.g., Down Syndrome)

☐ No ☐ Yes

Medical Diagnoses

Disease code

0 = Not present

2 = Diagnosis present, receiving active treatment

3 = Diagnosis present, not receiving no active treatment

	0	2*	3*
Asthma	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Diabetes mellitus	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic brain injury	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Heart disease	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
HIV/AIDS	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Chronic Obstructive Pulmonary Disease (COPD)	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Hypertension	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Tuberculosis (either active or newly confirmed inactive infection)	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *
Hepatitis C	<input type="radio"/>	<input type="radio"/> *	<input type="radio"/> *

[* Transfer to Co-morbid Conditions]

Assessment Notes: Comment on additional information that is pertinent to this individual or contributors to the assessment process: