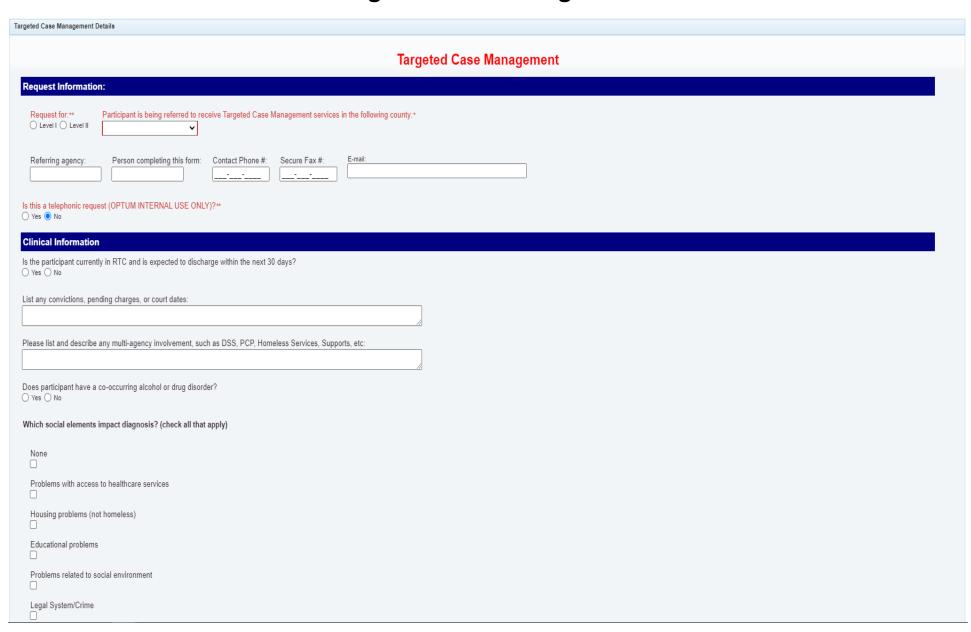
## **Targeted Case Management**



Occupational problems
Homelessness
Financial problems
Problems w/primary support group
Unknown
Other psychosocial and environmental problems
Does the participant have any medical diagnoses?  O Yes O No
Risk Assessment
Suicide attempts/ideation**  O Yes O No
Suicide attempts/ideation**
Suicide attempts/ideation**  Yes No  History of clinical deterioration:**
Suicide attempts/ideation**  Yes No  History of clinical deterioration:**  Yes No  Aggressive behavior/violence:**
Suicide attempts/ideation **

Request Information
Participant is an adult, age 18 or over, who has a serious and persistent mental health disorder:**  Yes No
Participant is at-risk of, or needs continued community treatment to prevent inpatient psychiatric treatment:**  Yes O No
Participant requires community treatment and support in order to prevent or address homelessness or housing instability, or otherwise lacking in permanent, safe housing: **  Yes No
Participant requires community treatment and support in order to prevent or address arrest or incarceration due to multiple behavioral health stressors:**  Yes No
Is the participant currently linked to mental health and medical services?**  Yes No
Does the participant lack basic supports for shelter, food and income?**  Yes No
Is the participant transitioning from one level of care to another level of care?**  Yes No
Does the participant need to maintain community-based treatment and services?**  Yes No
What service and/or benefits does the participant need the Targeted Case Management Program to assist with?*
Any additional clinical information not captured above:
Data Capture Required:    Yes