

INSTRUCTIONS: Adult Interview for Assessment & Referral for Specialized Services

When to Use This Form: The Interview for Assessment & Referral is intended to be conducted to assess the person's need for further services after the 3rd session of individual crisis counseling. If crisis counseling continues (CCS OR SCCS), the Assessment Questions (Page 2) should be re-administered after the next three visits.

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PROVIDER NUMBER	The five-character number assigned to your provider agency.
PROVIDER NAME	The name of the provider agency.
EMPLOYEE NUMBER	YOUR employee number.
EMPLOYEE NAME	YOUR first and last names.
RECIPIENT NUMBER	The unique recipient number assigned by the provider agency when case is approved for SCCS.
NAME OF HURRICANE(s)	Enter Katrina or Rita or both
DATE ADMINISTERED	The date the Assessment/ Referral Tool is given by month/day/year.
LOCATION OF SERVICES: (Check one)	Indicate the site where you are administering the assessment. If "Other" is checked, specify the site in the space provided.
SERVICE TYPE	Check only one type of service.
VISIT NUMBER	Enter the number of this CC or SCCS visit with this individual, i.e. 3 rd , 5 th . After referral to SCCS, begin a new series of numbers (The first SCCS visit = #1)
ZIP CODE OR SERVICE	The zip code of the location where the encounter occurred.
RISK CATEGORIES	These are factors that an individual may have experienced or may be present in their life that could increase their need for services. Review factors previously reported with individual; ask about unknown items. SELECT ALL CATEGORIES THAT APPLY.
DEMOGRAPHIC INFORMATION	Complete this section based on your observations. Do not ask these questions of the recipient. If information is unknown, ask only that which is unknown.
AGE	The age you perceive the person to be. SELECT ONLY ONE
SEX	Was the person male or female? SELECT ONLY ONE
ETHNICITY	Based on your observations and your conversations with the individual, what ethnicity do you think the individual was? SELECT ONLY ONE.
RACE	Based on your observations and your conversation with the individual, what race do you think the individual was? SELECT ONLY ONE.
PREFERRED LANGUAGE	What language did the individual prefer to talk to you in? Indicate the language preferred to be spoken by the individual. If "Other" is checked, list what other is.
LANGUAGE OF CONTACT	What language did you actually use to speak with this individual during the encounter? This may be different than the preferred language. If "Other" is checked, list what other is.

PAGE 2

Assessment of Event Reactions	
Introduction	Review and practice introduction prior to interview. Remind the individual with each question that you are referring to the PAST MONTH.
GIVE THE RESPONSE CARD TO THE INDIVIDUAL	Use the Assessment Rating Scale to help individuals rate their level of severity for each item.
ASSESSMENT QUESTIONS	For each question, circle the appropriate number based on the individual's responses.
COUNT THE NUMBER OF RESPONSES OF 4 or 5	At the end of the 11 questions, count the number of items that were answered with 4 or 5. This is the RECIPIENT'S SCORE. Enter the score in the box.

Now, ask the person if there is any possibility that he/she might hurt or kill him/herself or another. If the answer is yes, refer the person immediately for psychiatric intervention according to your local procedures. If no, continue.

Based on the Visit Number and Assessment Score, discuss the results of the assessment and options for continuing or referral.	
DID YOU OFFER A REFERRAL FOR SERVICES?	If "YES" indicate if your recommendation was based on the total score. If not based on total score, specify reason for recommendation
REFERRALS: CHECK ALL THAT APPLY	Indicate if referrals were made for SCCS, mental health, substance use. If other services were recommended, specify.
Did the individual accept the referral	For each recommended referral, indicate if the individual accepted the referral.
Provider Agency Name	If outside referral was made, enter name of provider agency.
IF REFERRAL WAS NOT ACCEPTED	1. Discuss specific goals of counseling with the individual. 2. Consult with supervisor. 3. Indicate Action(s) taken.
Please submit the completed form to the designated person in your agency who will review and sign the form.	

Thank you for taking the time to complete this form accurately and completely!