

DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
HEALTH INTEGRATION AND SOCIAL DETERMINANTS  
BUREAU

ELIGIBILITY DETERMINATION REVIEW

*ENROLLMENT APPLICATION  
FORM*

DSAMH ELIGIBILITY AND ENROLLMENT UNIT  
1901 North DuPont Highway  
New Castle, DE 19720

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**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Substance Abuse and Mental Health**

1901 North DuPont Highway, New Castle, Delaware 19720

Please initial next to the applicable boxes below and include this form with the application to ensure that the necessary items are included for proper processing.

If the necessary information is not included, EEU staff will return this form indicating what is missing and a timeframe to return the missing item(s). If the information is not received within that time, the application will be rejected and a new application will need to be submitted for processing.

Done	Necessary Documents for Completion	EEU Comments
	Page 1 of the application with the demographic information completed including release date if client is not in the community.	
	All sections of the ASAM are completed including all applicable boxes being checked and supporting comments.	
	A release of information signed by the client (even if the client is < 18 years old).	
	If the client has a legal guardian, a copy of the guardianship paperwork is included. The legal guardian can sign the release in lieu of the client if the guardianship paperwork is included for processing.	
	If the client is court ordered to treatment, a copy of the court order is necessary for completion. A release of information is not necessary if the court order is included.	
	A recent psychiatric evaluation within the past 12 months and signed by a psychiatrist or psychiatric NP. Three psychiatric notes are acceptable that meet the criteria above with a diagnosis provided on the documentation.	

EEU APPLICATION FOR SERVICES

(Section 1) Demographics and Status Request

Today's Date: \_\_\_\_\_

Consumer Last name (print): \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Expression:  (M)  (F) Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

TASC Client: Yes No Unknown Probation Officer: \_\_\_\_\_

MCI # \_\_\_\_\_ (if known) Insurance (specify): \_\_\_\_\_

Current Residence (type): \_\_\_\_\_  
Indicate whether the applicant lives in a private residence (supervised or unsupervised), Adult Foster Care, Boarding House, Group Setting (supervised or unsupervised), psychiatric inpatient facility (provide name), Nursing Home (specify), other Institutional Setting (specify), homeless or other (explain)

Current Location/Facility Name (if not home): \_\_\_\_\_ Unit \_\_\_\_\_

(if applicable): \_\_\_\_\_ Discharge/Release Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Person to Contact in Case of an Emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Language:  English  Spanish  American Sign Language  Other: \_\_\_\_\_

Primary Service Requested:  Mental Health  Substance Use

Current LOC and Provider: \_\_\_\_\_

Application completed by: (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Phone/ext.: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR MH SERVICES ATTACH A RECENT (within last year) PSYCHIATRIC EVALUATION\* WHICH INCLUDES THE INDIVIDUALS DIAGNOSTIC PROFILE**

\* Psychiatric evaluation must be signed by the individual completing the evaluation

Psychiatrist or Psychiatric Prescriber who performed the evaluation and formulated the diagnosis:

\_\_\_\_\_  
(Print Name)

Phone #: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

(Section 2)

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A. What is the most important thing the client wants or made the client decide to call or come in for help right now? "What is most important to you that you would like help with right now?" Document what the client wants, not what you as the clinician believes the client should be working on.

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B. ASAM Dimensions: Provide a brief narrative for each dimension that explains your Rating of Severity/Function. Focus on brief relevant history information and relevant here and now information. CHECK ALL ITEMS THAT APPLY

**Dimension 1: Acute Intoxication and/or Withdrawal Potential - Substance Use: Include Amount, Duration and Last Use for each substance (except "no known risk," explain any item checked)**

- No known risk
- Adequate ability to tolerate/cope with intoxication or withdrawal symptoms
- Some difficulty tolerating/ coping with intoxication or withdrawal discomfort
- Past history of complicated withdrawal needing medical intervention
- Current potential for complicated withdrawal needing medical intervention
- Use is current and complicated withdrawal needing medical intervention is imminent

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**Dimension 2: Biomedical conditions/complications (except "no known," explain any item checked)**

- No known biomedical conditions/complications
- Current physical illnesses exist, and are:    stable            unstable            acute (circle as appropriate)
- There is a history of chronic conditions

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**Dimension 3: Emotional/Behavioral/Cognitive Conditions or Complications:**

**SUICIDALITY (except "no history," explain any item checked)**

- No history or current suicidal ideation
- Has frequent passive thoughts of being better off dead
- Exhibits suicidal ideation without a plan
- Exhibits suicidal ideation with a plan
- Has recently attempted suicide or made credible threats with a plan and means
- Has a history of suicidal gestures or threats

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SELF-CONTROL/IMPULSIVITY (except "no history," explain any item checked)

- D Has no history of self-control/impulsivity issues
  - D Is involved with the judicial or legal system
  - D Has been arrested for alcohol- or drug-related crimes, or for use/possession/distribution of drugs, for minor theft, destruction of property, vagrancy/loitering, disturbing the peace, or public intoxication within the past 6 months
  - D Currently experiencing problems related to gambling
  - D Has a history of arrests for illegal or unsafe activities
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DANGEROUSNESS (except "no known history," explain any item checked)

- D Has no known history of dangerousness
  - D Lacks impulse control/control of violent behavior
  - D Has a history of violent or dangerous social behavior
  - D - Exhibits inappropriate or dangerous social behavior dangerous to others, e.g. physical or sexual assault, fire setting
  - D Engages in behavior dangerous to himself/herself
  - D Engages in behavior dangerous to property
  - D Engages in behavior that leads to victimization
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SELF-CARE (except "no self-care deficits," explain any item checked)

- D No self-care deficits noted
  - D Does not seek appropriate treatment/supportive services without assistance or requires significant oversight to do so; needs services to prevent relapse
  - D Requires assistance in basic life and survival skills (i.e. locating food, finding shelter)
  - D Requires assistance in basic hygiene, grooming and care of personal environment
  - D Engages in impulsive, illegal or reckless behavior
  - D Experiences frequent crisis contacts (\_\_\_\_(number) within\_(number) months)
  - D Experiences frequent detoxification admissions (\_\_\_\_(number) within\_\_\_\_(number) months)
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PSYCHIATRIC/EMOTIONAL HEALTH (except "does not exhibit signs/symptoms," explain any item checked)

- D Does not exhibit signs/symptoms of psychiatric or emotional illness
- O Psychiatric symptoms are well managed with medication/treatment
- D Symptoms persist in spite of medication adherence
- D Psychiatric symptoms and signs are present and debilitating
- D Experiences delusions and/or hallucinations which interfere with client's ability to function
- D Acute or severe psychiatric symptoms are present which seriously impair client's ability to function
- D Currently taking medications for these symptoms (list below)
- D Medication adherence is inconsistent
- D Experiences mood abnormality (depression, mania)
- D Is frequently very anxious or tense
- D Is unable to appropriately express emotions
- D Experiences hopelessness, apathy, lack of interest in life
- O Experiences physical symptoms related to their psychiatric illness or addiction (e.g. sleeplessness, stomach aches)
- D Lacks any sense of emotional well-being

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PSYCHIATRIC/EMOTIONAL HEALTH/continued

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Current medications and dosages. You may attach a copy of your Medication Administration Record (MAR) or order sheet if it is legible.

Medication	Dosage	Effectiveness
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Allergies: -----

Dimension 4: Readiness to Change:

UNDERSTANDING OF ILLNESS AND RECOVERY (explain any item checked)

- Exhibits understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
- Exhibits some understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
- Little or no understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
- Limited understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
- Does not have an understanding of his/her illness(es) and recovery

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DESIRE TO CHANGE (explain any item checked)

- States desire to change
- Indicates some desire to change
- Limited desire or commitment to change
- Doesn't understand the need to change
- Relates to treatment with some difficulty and establishes few, if any trusting relationships
- Does not use available resources independently or only in cases of extreme need
- Does not have a commitment to recovery

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Dimension 5: Relapse, Continued Use, Continued Problem Potential:

CURRENT AND PREVIOUS TREATMENT HISTORY AND RESPONSE (explain any item checked)

- Takes medication with good response/complete remission of symptoms
- Takes medications (with or without assistance) as prescribed with continued symptoms/partial remission of symptoms
- Not using but no behavioral changes to support recovery
- Not taking prescribed medications with a history of violence
- Previous or current treatment has not achieved remission of symptoms
- Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved
- Attempts to maintain treatment gains have had limited success
- Has had extensive and intensive treatment
- Has had some treatment
- This is the first treatment
- Court ordered to treatment \_\_\_\_ (civil)      \_\_\_\_ (criminal)

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Treatment Service history. Include all inpatient and outpatient treatment. We are particularly interested in the past 24 months or since last placement summary. If more space is needed, attach additional page(s).

DATES		PROVIDER	Effectiveness (treatment goals met, premature discharge before goals met; problems encountered)
FROM	TO		

RELAPSE PREVENTION, ILLNESS MANAGEMENT AND COPING (explain any item checked)

- Has awareness of relapse triggers and ways to cope with MH breakthrough symptoms and/or substance use cravings
- Has some awareness of relapse triggers and ways to cope with MH breakthrough symptoms and/or substance use cravings
- Is unaware of relapse triggers and ways to cope with mental health breakthrough symptoms and/or substance use cravings
- Lacks skills to control impulses to use or harm self or others
- Doesn't follow medication regimen
- Requires assistance and/or support to actively manage relapse prevention
- Tolerates organized daily activities or environmental changes
- Exhibits some tolerance for organized daily activities or environmental changes
- Has little tolerance for organized daily activities or environmental changes
- Is unable to tolerate organized daily activities or environmental changes (e.g. activities or changes cause agitation, exacerbation of symptoms or withdrawal)
- Is unable to cope with stressful circumstances associated with work, school, family or social interaction
- Lack of resilience in response to stress

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**Dimension 6: Recovery Environment:**

RECOVERY ENVIRONMENT: (except "safe affordable housing ofown choosing," explain any item checked)

- D Resides in safe affordable housing of own choosing
- D Resides in safe affordable housing but is not of own choosing
- D Resides in licensed Adult Foster Care
- D Resides in unlicensed Adult Foster Care
- D Resides in a Group Home
- D Resides in Supervised Housing/Apartment
- D Living arrangement puts client at risk of harm
- D Living environment increases client's stress
- D Unable to or only marginally able to support themselves in independent housing
- D At risk of eviction due to behavioral health problems
- D At risk of homelessness for other reasons (e.g. family refuses to allow a return to the home, community complaints ...)
- D Homeless
- D There is serious disruption of family or social milieu due to illness, death, severe conflict, etc.
- D Estranged from their family
- D Significant difficulties in interacting with family members
- D Lacks ability to provide food for self or dependent children
- D No transportation
- D No child care presenting a barrier to participate in treatment
- D Language barriers interfere with full participation in treatment
- D Resides in environment where easily victimized
- D Other

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INTERPERSONAL/SOCIAL FUNCTIONING (explain any item checked)

- D Has several close relationships or group affiliations
- D Has one or two close relationships or group affiliations
- D Lacks connections to supportive social systems in the community
- D Unable to form close friendships or group affiliations
- D Unable to interact appropriately with family and/or the community
- D Unable to engage in meaningful activities
- D Is socially isolated
- D Is in abusive relationship(s)

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Client Strengths that will help him/her be successful at this level of care:

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Possible Ba rriers to treatment:

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**EEU APPLICATION FOR SERVICES**

**D. Rating of Severity/Function:** Using assessment protocols that address all six dimensions, assign a severity rating of 0 to 4 for each dimension that best reflects the client's functioning and severity. Place a check mark or rating in the appropriate box for each dimension. If applicable, for dimensions 4 and 5, rate mental health, substance use and physical health separately.

Risk Ratings	Intensity of Service Need	Dimensions					
		1.	2.	3.	4.	5.	6.
(0) No Risk or Stable – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed.						
(1) Mild - Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this Dimension. Treatment strategies usually able to be delivered in outpatient settings						
(2) Moderate - Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training, or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.						
(3) Significant – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderately high intensity of services, skills training, or supports needed. May be in, or near imminent danger.						
(4) Severe - Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater						

*(Section 4)*

**E. Placement Decisions:** Indicate for each dimension, the least intensive level consistent with sound clinical judgment, based on the client's functioning/severity and service needs

ASAM PPC-2R Level of Detoxification Service	Level	Dimen. 1 Intoxic/ Withdr.	Dimeo. 2 Biomed.	Dimeo. 3 Emot/ Behav/ Cognitive	Dimeo. 4 Readiness to Change	Dimeo. 5 Relapse, Continued Use/Problem	Dimeo. 6 Recovery Environ.
Not applicable as the client is not in withdrawal	NA						
Ambul. Detox without Extended On-Site Monitoring	I-D						
Ambul. Detox with Extended On-Site Monitoring	II-D						
Clinically-Managed Residential Detoxification	III.2-D						
Medically-Monitored CD Inpatient Detoxification	III.7-D						
Medically-Managed Intensive Inpatient Detox.	IV-D						
ASAM PPC-2R Level of Care for Other Treatment and Recovery Services •	Level •						
Early Intervention /Prevention	0.5						
Outpatient Services /Individual	I						
Outpatient with Care Manager	1.2						
Intensive Outpatient Treatment (IOP)	II.1						
ICM	11.2						
ACT/CRISP	11.3						
Partial Hospitalization (Partial)	11.5						
Clinically-Managed Low-Int. Res. Svcs.	III.1						
Clinically-Managed Med-Intens. Residential Svcs.	III.3						
Clinically-Managed High-Intens. Residential Svcs	III.5						
Medically-Monitored Intens. Inpatient Treatment	III.7						
Medically-Managed Intensive Inpatient Services	IV						
Opioid Maintenance Therapy	OMT						