ENROLLMENT APPLICATION FORM

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

302-255-9458 (voice)
302-255-4416 (fax)
DSAMH_EEU@delaware.gov
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.

<table>
<thead>
<tr>
<th>Done</th>
<th>Necessary Documents for Completion</th>
<th>EEU Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Page 1 of the application with the demographic information completed including release date if client is not in the community.</td>
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<td></td>
<td>All sections of the ASAM are completed including all applicable boxes being checked and supporting comments.</td>
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<td>A release of information signed by the client (even if the client is &lt; 18 years old).</td>
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<td>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.</td>
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<td>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.</td>
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<td></td>
<td>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.</td>
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</tbody>
</table>
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): ____________________________

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)
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.

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

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

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

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

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)

PSYCHIATRIC/EMOTIONAL HEALTH (except "does not exhibit signs/symptoms," explain any item checked)
D Does not exhibit signs/symptoms of psychiatric or emotional illness
D 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
D Experiences physical symptoms related to their psychiatric illness or addiction (e.g. sleeplessness, stomach aches)
D Lacks any sense of emotional well-being
PSYCHIATRIC/EMOTIONAL HEALTH/continued

Current medications and dosages. You may attach a copy of your Medication Administration Record (MAR) or ordersheet if illegible.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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</tbody>
</table>

Allergies: ____________________________

Dimension 4: Readiness to Change:
UNDERSTANDING OF ILLNESS AND RECOVERY (explain any item checked)
D Exhibits understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
D Exhibits some understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
O Little or no understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
O Limited understanding of the nature of his/her mental health and/or substance use illness and/or physical health and its effects
D Does not have an understanding of his/her illness(es) and recovery

DESIRE TO CHANGE (explain any item checked)
O States desire to change
O Indicates some desire to change
O Limited desire or commitment to change
O Doesn’t understand the need to change
D Relates to treatment with some difficulty and establishes few, if any trusting relationships
O Does not use available resources independently or only in cases of extreme need
D Does not have a commitment to recovery
Dimension 5: Relapse, Continued Use, Continued Problem Potential:
CURRENT AND PREVIOUS TREATMENT HISTORY AND RESPONSE (explain any item checked)
- O Takes medication with good response/complete remission of symptoms
- O Takes medications (with or without assistance) as prescribed with continued symptoms/partial remission of symptoms
- O Not using but no behavioral changes to support recovery
- O Not taking prescribed medications with a history of violence
- O Previous or current treatment has not achieved remission of symptoms
- O Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved
- O Attempts to maintain treatment gains have had limited success
- O Has had extensive and intensive treatment
- O Has had some treatment
- O This is the first treatment
- D 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).

<table>
<thead>
<tr>
<th>DATES</th>
<th>PROVIDER</th>
<th>Effectiveness (treatment goals met, premature discharge before goals met; problems encountered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td></td>
</tr>
</tbody>
</table>

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

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Dimension 6: Recovery Environment:
RECOVERY ENVIRONMENT: (except "safe affordable housing of own 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

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)

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

Possible Barriers to treatment:
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**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.

<table>
<thead>
<tr>
<th>Risk Ratings</th>
<th>Intensity of Service Need</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0) No Risk or Stable – Current risk absent. Any acute or chronic problem mostly stabilized.</td>
<td>No immediate services needed.</td>
<td>1. 2. 3. 4. 5. 6.</td>
</tr>
<tr>
<td>(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.</td>
<td>Low intensity of services needed for this Dimension. Treatment strategies usually able to be delivered in outpatient settings</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>Moderate intensity of services, skills training, or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.</td>
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</tr>
<tr>
<td>(3) Significant – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function with minimal support.</td>
<td>Moderately high intensity of services, skills training, or supports needed. May be in, or near imminent danger.</td>
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</tr>
<tr>
<td>(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.</td>
<td>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</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>ASAM PPC-2R Level of Detoxification Service</th>
<th>Level</th>
<th>Dimen. 1 Intox/Withdr.</th>
<th>Dimen. 2 Biomed.</th>
<th>Dimen. 3 Emot/Behav/Coitative</th>
<th>Dimen. 4 Readiness to Change</th>
<th>Dimen. 5 Relapse, Continued Use/Problem</th>
<th>Dimen. 6 Recovery Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable as the client is not in withdrawal</td>
<td>NA</td>
<td></td>
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<tr>
<td>Ambul. Detox without Extended On-Site Monitor</td>
<td>I-D</td>
<td></td>
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<tr>
<td>Ambul. Detox with Extended On-Site Monitoring</td>
<td>II-D</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clinically-Managed Residential Detoxification</td>
<td>III.2-D</td>
<td></td>
<td></td>
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<tr>
<td>Medically-Monitored CD Inpatient Detoxification</td>
<td>III.7-D</td>
<td></td>
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<tr>
<td>Medically-Managed Intensive Inpatient Detox.</td>
<td>IV-D</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ASAM PPC-2R Level of Care for Other Treatment and Recovery Services *</th>
<th>Level</th>
<th>Dimen. 1</th>
<th>Dimen. 2</th>
<th>Dimen. 3</th>
<th>Dimen. 4</th>
<th>Dimen. 5</th>
<th>Dimen. 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention /Prevention</td>
<td>0.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Outpatient Services /Individual</td>
<td>1</td>
<td>-</td>
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<tr>
<td>Outpatient with Care/Manager</td>
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<td>-</td>
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<tr>
<td>Intensive Outpatient Treatment (10P)</td>
<td>II.1</td>
<td>-</td>
<td>-</td>
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<tr>
<td>ICM</td>
<td>11.2</td>
<td>-</td>
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<tr>
<td>ACT/CRISP</td>
<td>11.3</td>
<td></td>
<td>-</td>
<td>-</td>
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<tr>
<td>Partial Hospitalization/Partial</td>
<td>11.5</td>
<td></td>
<td>-</td>
<td>-</td>
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<tr>
<td>Clinically-Manag_ed Low-Int. Res. Svcs.</td>
<td>III.3</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Clinically-Managed Med-Intens. Residential Svcs.</td>
<td>III.5</td>
<td>-</td>
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<tr>
<td>Clinically-Managed High-Intens. Residential Svcs.</td>
<td>III.7</td>
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</tr>
<tr>
<td>Medically-Monitored Intens. Inpatient Treatment</td>
<td>IV.7</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Medically-Managed Intensive Inpatient Services</td>
<td>JV</td>
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<tr>
<td>Opioid Maintenance Therapy</td>
<td>OMT</td>
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**Section 4**

**Application of Risk Rating System**

- Risk Rating 0: No Risk or Stable - Current risk absent. Any acute or chronic problem mostly stabilized.
- Risk Rating 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.
- Risk Rating 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.
- Risk Rating 3: Significant - Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function with minimal support.
- Risk Rating 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.