

I. Referral Information

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| Targeted Identification Source: | | |
| <input type="checkbox"/> Hospital Psychiatric Unit/Emergency Dept. | <input type="checkbox"/> Central Intake | <input type="checkbox"/> Other (must be approved by APTS - please specify) |
| <input type="checkbox"/> Regional CSB Crisis | <input type="checkbox"/> Homeless Outreach Team | |
| <input type="checkbox"/> Central State Hospital | <input type="checkbox"/> Criminal Justice | |
| Name of Person Making Referral/Job Title: | Phone Number: | Fax Number: |
| Are you a licensed mental health provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | Email Address: | |
| For Mental Health and Hospitals: Number of hospitalizations in past 3 years? | For Criminal Justice Organizations: Number of arrests in past 3 years? | |
| For Central Intake/Homeless Outreach Teams: Number of events with homeless services system in past 3 years? | Number and type of convictions? | |
| Comments: | | |

II. Personal Information (A face sheet can be substituted for this section if all data is included)

| | | | | |
|--|---|--|---|---------------|
| Current Name: | First Name | Middle Name | Last Name | Suffix |
| Alias/Nickname: | | | | |
| Social Security Number: / / | | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown | Date of Birth: (mm/dd/yyyy) / / | |
| SSN Data Quality: <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Don't know/ Don't have <input type="checkbox"/> Partial SSN reported <input type="checkbox"/> Refused | | Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | |
| Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown | Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown | | | |
| Zip Code: <input type="checkbox"/> Unknown | Last Known Address: (Address/City/State) | | Where/how we can find this person: | |

III. APTS Eligibility Criteria - Mental Health (A serious mental illness diagnosis is required to be eligible for APTS)

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|---|--|
| Axis I Diagnosis: | Current Medications for Mental Illness: |
| Axis II Diagnosis: | Current Medications for Physical Illness: |
| Axis III Diagnosis: | Current Substance Use/Abuse: |
| Mental Health Behavioral Observations: | |

IV. APTS Eligibility Criteria - Homelessness (Long-term or frequent homelessness is required to be eligible for APTS)

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|---|--|--|---|
| Is person homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is person unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No | Residence prior to program entry: (Residence prior to program entry refers to night prior to current location) <input type="checkbox"/> Domestic Violence Shelter <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Foster care/group home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail, prison, juvenile facility <input type="checkbox"/> Living with Family <input type="checkbox"/> Living with Friends <input type="checkbox"/> On the Street <input type="checkbox"/> Own House/Apt - rented <input type="checkbox"/> Own House/Apt - owned | <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Substance Abuse Treatment Center <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Assisted living facility <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused |
| Extent of Homelessness: Has the person been homeless at least 4 or more times in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the person been continuously homeless for 1 year or more? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Length of Stay at Residence prior <input type="checkbox"/> One week or less <input type="checkbox"/> 1-3 months <input type="checkbox"/> One month or less <input type="checkbox"/> 1 year or more | |
| FOR OFFICE USE ONLY: Does this person meet the HUD definition's criteria for chronic homelessness? | | | |

Notes regarding the Application of Interest form: This form does not guarantee the person admission into APTS. Application of Interest forms will be used to identify individuals in the Greater Richmond Community who most need this program. Fax applications and release of information to APTS at (804) 525-1945.