

**A Place To Start (APTS)
Application of Interest Form
Instructions for Completion**

General: The Application of Interest is to be completed by targeted identification sources when the source has determined that a consumer is appropriate for A Place To Start (APTS) according to the program's eligibility criteria (see attached document). The purpose of the application of interest is to identify individuals in the Greater Richmond area who most need the program. Completion of an Application of Interest **does not guarantee program availability**, but will help program administrators determine individuals in greatest need AND the community's need for additional program capacity.

Please fax the following to APTS Team Leader at (804) 525-1945:

- **Completed Application of Interest Form**
- **Face Sheet (if applicable)**
- **Release of Information to A Place To Start (APTS)**

Section I – Referral Information:

- **Targeted Identification Source** – Please list name of organization and check appropriate source.
- **Name of Person Making Referral/Job Title** – Please list name of person completing the application of interest. This person will serve as a contact for the person referred.
- **Are you a licensed mental health provider** – Please check yes if you are a LCSW, LPC, MD, or Nurse Practitioner. All others, please check no.
- **Phone Number, Fax Number, Email Address** – Please provide contact information
- **For Mental Health and Hospitals** – Please list the number of times this person has been hospitalized for mental health purposes in the last 3 years. If you are not a mental health/hospital provider but have this information, please provide it.
- **For Central Intake/Homeless Outreach Teams** – Please list the number of events with the homeless services system in last 3 years. If you are not from Central Intake or you are not a member of an outreach team, but have this information, please provide it.
- **For Criminal Justice Organizations** – Please list number of arrests and number and type of convictions in the past 3 years. If you are not from a criminal justice organization but have this information, please provide it.
- **Comments** – Please include any information that would help us determine the services sectors the person uses and the extent of the utilization.

Section II – Personal Information:

A Face Sheet can be substituted for this section if all information in the section is addressed on the Face Sheet. If Face Sheet doesn't address every item in this section, please make sure those items are completed on the Application of Interest Form.

- **Current Name** – Please complete as much name information as possible, especially any aliases/nicknames a person may use.
- **Social Security Number** – Please complete as much information as possible. Please check the appropriate box regarding SSN Data quality.
- **Gender** – Please check appropriate box.
- **Date of Birth** – Please complete as much information as possible.
- **Veteran Status** – Please check appropriate box.

- **Ethnicity Status** – Please check appropriate box.
- **Race** – Please check appropriate box.
- **Zip Code** – Please provide zip code of current/last known address if possible.
- **Last Known Address** – Please complete as much of last known address if possible. If the person states Richmond, VA, try to determine if their residence was in the city proper or one of the neighboring counties.
- **Where/how we can find this person** – THIS IS VERY IMPORTANT! Please list how we can find this person once they are out of your care. This may be a relative's address, a particular homeless camp or other landmark. It also may be a standing appointment time and place – such as regular attendance at a feeding program.

Section III – APTS Eligibility Criteria - Mental Health:

- **Axis I Diagnosis** – Provide known DSM IV diagnosis. If you are not a licensed mental health care professional and do not have information regarding the person's diagnosis, you can report your observations regarding the person's mental health in the observations area below.
- **Axis II Diagnosis** – Provide known DSM IV diagnosis. If you are not a licensed mental health care professional and do not have information regarding the person's diagnosis, you can report your observations regarding the person's mental health in the observations area below.
- **Axis III Diagnosis** – Provide known physical health diagnoses.
- **Current Medications for Mental Illness** – Provide a list of all current medications (RX/OTC) the person is taking for a mental illness.
- **Current Medications for Physical Illness** – Provide a list of all current medications (RX/OTC) the person is taking for physical illness.
- **Current Substance Use/Abuse** – Please list all known use/abuse of substances. This is for information purposes only. A person will NOT be screened out of this program because of use/abuse of substances.
- **Mental Health Observations** – If diagnosis is not known, please use this space to note observations regarding behavior. This space can also be used if diagnosis is known but you would like to make further comments about a person's mental health.

Section IV – APTS Eligibility Criteria - Homelessness:

- **Is person homeless?** – Please check appropriate box.
- **Is person unaccompanied?** – Please check appropriate box.
- **Extent of homelessness** – Please check appropriate responses to questions
- **Residence prior to program entry** – Please check appropriate box according to where the person was staying the night prior to entry into your program/institution.
- **Length of stay at residence prior** – Please check the length of stay in the residence prior to program entry.

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Please direct all questions regarding this form to Katie VanArnam at (804) 525-1940 or kvanarnam@virginiassupportivehousing.org or the Program Supervisor at (804) 525-1943.