

PEOPLE MENTAL
INCORPORATED HEALTH
SERVICES

Crisis Residence Admission Screen

Name: _____ Date of Birth: _____ SSN: _____

Referral Source (if applicable):

What is the current situation the individual is seeking help for (include Mental Health dx, substance use, etc)?

Is the individual in imminent towards themselves or others?

Does the individual have insurance; is it active, does it cover residential crisis?

County of financial responsibility:

Is the individual able to care for their physical needs and self supervise dietary needs?

Do they have current medications? Any concerns?