



Today's Date _____

RECEPTION STAFF USE	
Client #	
Added to Carelogic	
Insurance to Billing	
ID to Records	
Sliding Fee Scale Entered	
Message Board Message Added	
Added to FO/FA Log	
Received Copies of All Court Orders	

JAMHI Family Assessment Information	
<p><u>Intake Assessment Process</u></p> <ul style="list-style-type: none"> ▪ Assessments are scheduled. ▪ Assessments can be completed in person or through online video conferencing once we have obtained required vital information. ▪ The assessment process will involve questions for both client and parent/guardian, at times separately. ▪ The intake and assessment process may take up to 3 hours, so please plan accordingly. ▪ Please bring a photo ID, insurance card, and a current medication list to the appointment. ▪ Please be prepared with a list of your past providers and their contact information. <p style="text-align: center;"><i>The information you provide is confidential.</i></p>	
Critical Information	
1. Are you currently experiencing a mental health emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, let the receptionist know immediately.</i>	
2. Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently an IV drug user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently working with OCS (Office of Children's Services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide a copy of any current court orders.</i>	
5. If you are here because of a DUI or minor consuming charge, have you already connected with JASAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you SEARHC eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you can receive health services there at no cost. Tell the receptionist if you would like to be referred.	
7. Preferred language (if other than English) _____	
What services are you hoping to receive from JAMHI Family?	
_____ _____	
Client and Parent/Guardian Information	
8. Client Name _____	Client Date of Birth ____/____/____
9. Client SSN ____-____-_____	
10. Client Mailing Address _____ _____	
11. Client Physical Address _____ _____	

Please Complete the Back Page (over)

<p>12. Parent/Guardian #1</p> <p>Name _____</p> <p>Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> <p>Email Address _____</p> <p>Relationship to Client _____</p>
<p>13. Parent/Guardian #2</p> <p>Name _____</p> <p>Phone _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> <p>Email Address _____</p> <p>Relationship to Client _____</p>
<p>14. Preferred method of contact</p> <p><input type="checkbox"/> Parent/Guardian #1 Phone <input type="checkbox"/> Parent/Guardian #2 Phone</p>
<p>15. Is there a current custody order involving the client? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please provide a copy of all current court orders.</i></p>
<p>Financial Information, Including Sliding Fee Scale (please complete all)</p>
<p>16. Household income (total income supporting your family) \$_____ Monthly/Annually (circle one)</p>
<p>17. Household size (number of people living in your home) _____</p>
<p>18. Insurance</p> <p>a. I have Medicaid (Denali Kid Care). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If no, please list insurance information below.</p> <p>Insurance company _____</p> <p>Group # _____</p> <p>Member ID # _____</p>

***IF YOU HAVE CONCERNS ABOUT SHARING ANY OF THE INFORMATION ABOVE,
PLEASE LET US KNOW.***

**Questions? Please ask the receptionist.
Welcome to JAMHI Family!**