

TMHA-Mental Health Association-Application to
Community Housing/Adult Transitional Programs

Name: _____ DOB: _____ MR#: _____

Cell Phone: _____

{ } CRP, Bishop St

{ } ATP I-Osos Street

{ } ATP II-BHBH-Pismo Street

1. What is the name you prefer to go by and what are your affirming pronouns?

2. Do you have a legal guardian, conservator, payee, probation/parole officer? __Y __N
a. If yes who? _____
3. How do you support yourself financially?

4. What is your present address and phone #?

5. Have you been living alone, with family, etc.?

6. How have you provided for food, clothing, and shelter?

7. Do you have a case manager at Behavioral Health? __Y __N
a. If so, who? MH or DAS? _____
b. How frequently do you meet? _____
8. Have you had problems maintaining independent living (cooking, shopping, budgeting, house cleaning etc.?) __Y __N
a. If so, what were the challenges you encountered?

9. Are you a smoker? __Y __N
a. If so, how much do you smoke?

10. Briefly, how was the decision made to apply here? What are your reasons for applying?

- 11 Have you been involved in the use of alcohol, un-prescribed drugs or other substances?
__Y __N
a. If so, when, what kind, how much, how often?

b. Do you consider it to be a problem in your life? __Y __N

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c. Was there any drug & alcohol use in your family?

i. Past ☐Y ☐N

ii. Present ☐Y ☐N

iii. Substances Use

1. ☐Y ☐N Exists in my life and I want help

2. ☐Y ☐N Is not something I engage in

3. I do not want help with it ☐Y ☐N

d. This is why I use (Answer if applies)?

e. This is why I want to stop using (Answer if applies)?

f. I have the following strengths I can use to manage my substance use (Answer if applies)?

12. _____

Have you attempted suicide? ☐Y ☐N

a. If so, when, how, what happened to intervene?

13. _____

Have you ever injured or attempted to injure another person or property?
☐Y ☐N

a. If so, when, who, what did you do, and how was it resolved?

14. _____

Have you ever been arrested or been in juvenile hall or jail? ☐Y ☐N

a. If so, when, what for, and how long?

b. What previous mental health or substance use treatment have you had? Be specific as possible about dates and lengths of stay.

15. _____

Have you ever attended T-MHA Wellness Centers? ☐Y ☐N

16. _____

Have you ever attended T-MHA Growing Grounds/Farm? ☐Y ☐N

17. _____

Have you ever attended T-MHA Supportive Employment? ☐Y ☐N

18. This is how I feel and appear when I am well (explain) _____

19. _____

I know I am not feeling well when I (explain)_____

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20. I have the following strengths that help me stay well (explain) _____

21. Describe your job training and work history.

22. When you have encountered challenges on the job, what were they (explain)?

23. Describe your education.

24. What would you like to do vocationally? __Y __N
25. Do you have people you feel you are close to __Y __N
i. Who are they (Explain).

26. Do you have problems developing and maintaining friendships __Y __N
i. If so, what kind of problems? _____

27. Describe your relationship with each member of your family (Include each family member's name, age & occupation)
a. Mother: _____
b. Father: _____
c. Stepparents: _____
d. Brother/Sisters: _____
e. Spouse(s): _____
f. Children: _____
g. Other significant relatives: _____

28. Give a summary of what it was like growing up (Explain)

29. What are your religious beliefs (Explain) _____

30. Currently during a typical week, what do you usually do with your time (Explain)? _____

31. What are your favorite things to do lately (Explain)? _____

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32. I wish I could do things like. _____

33. I used to like to. _____

34. What do you like about yourself? _____

35. Describe any past or current physical health problems (allergies, medication reactions, etc.)? _____

36. Do you think you have a mental illness __Y __N
i. Please explain? _____
37. What medications are you currently taking? _____

38. I have taken these medications in the past with good results. __Y __N
39. Medications that have NOT helped me in the past are. __Y __N
40. What side effects that you have experienced with medication (Explain).

41. How do you feel about taking medication(s)? _____

42. Do you agree to have your medication monitored by T-MHA __Y __N
43. What three (3) goals would you like to work on in this program?

44. Describe any problems you have encountered in developing and implementing goals in the past. _____

45. Have you ever participated in a group living situation/program __Y __N
i. If yes, what was that experience like for you? _____

46. Is there anything about yourself you would like to add? _____

47. How do you feel about this assessment process (Explain)? _____

The information I have given is accurate to the best of my knowledge and I understand that none of it may be released to other non-treatment providers without my written consent.

Client Signature

Date