

# Maryland RecoveryNet Housing Intake Form

SMART Client ID# \_\_\_\_\_ Date of Assessment \_\_\_\_\_

Referring Portal \_\_\_\_\_

Referring Clinician \_\_\_\_\_

1. Does the client have a Recovery Plan? Y/N
  - a. What is the client's housing goal in the recovery plan? \_\_\_\_\_
  - b. What is the plan for paying for housing when RecoveryNet Services expire? \_\_\_\_\_
  - c. Has the client ever lived in supportive or recovery housing ? Y/N When? \_\_\_\_\_  
Where? \_\_\_\_\_ How Long? \_\_\_\_\_ How many times? \_\_\_\_\_
2. Where is the client going for outpatient SUD treatment?
  - a. Name of program/contact info? \_\_\_\_\_
  - b. Date of intake appointment. \_\_\_\_\_
  - c. Are there any obstacles to participation in outpatient treatment?  
Explain \_\_\_\_\_
3. Does the client have co-occurring behavioral or somatic health issues? What /explain  
\_\_\_\_\_
  - a. What is the plan for addressing physical health issues?  
\_\_\_\_\_
  - b. Does the client have a mental health diagnosis? y/n \_\_\_\_\_
  - c. Is the client currently on any psychotropic medications? y/n \_\_\_\_\_
  - d. What medication/dosage? \_\_\_\_\_
  - e. What is the medication discharge plan? \_\_\_\_\_
  - f. What is the plan for on-going mental health counseling?  
\_\_\_\_\_
4. Is the client seeing a psychiatrist or MH therapist? Y/N?  
Who? \_\_\_\_\_ Where? \_\_\_\_\_ Date of last visit \_\_\_\_\_
5. Does the client have a history of self injurious behavior? (suicidal, self inflicted injury, etc.) Y/N  
Explain \_\_\_\_\_
6. Does the client have PTSD diagnosis? Y/N Has the client been treated for PTSD? Y/N  
What is the plan for managing the PTSD in recovery?  
\_\_\_\_\_
7. Does the client have history of violent behavior expressed towards others? Y/N  
Explain \_\_\_\_\_
8. In your clinical opinion is the client ready to live in a recovery house setting? Y/N  
Explain \_\_\_\_\_
9. In your clinical opinion is the client developing a realistic and thoughtful recovery plan ? Y/N  
Explain \_\_\_\_\_

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RAC Comments: Appropriate for ATR funded housing? Y/N Halfway / Recovery House

Explain \_\_\_\_\_  
\_\_\_\_\_

RAC Signature \_\_\_\_\_ Date \_\_\_\_\_