

**PHOENIX AREA INDIAN HEALTH SERVICE  
AREA INTERVENTION TEAM INTAKE PLACEMENT**

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Counselor: \_\_\_\_\_

2. Referring Agency: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. Client's Name: \_\_\_\_\_ Gender: M  F  D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

4. Phoenix Area Tribal Affiliation: \_\_\_\_\_

5. Is this placement request under the *Women and dependent children's* initiative? Y N If eligible under this category, please list accompanying children (*including ages*) whom the client has legal custody of or is in process of regaining custody, **on the Travel Form (Complete all fields)**.

6. Current Physical Examination completed within 30 days prior to admission? Y N (Please submit a summary of findings).

7. Psychological/Psychiatric evaluation on record? Y N *If yes, please submit a copy* of the report with this intake form. (Consisting of: I. Mental Status, II. Current and past abnormality, III. Family history of psych. Problems, IV. Motor functioning, V. Cognitive functioning with emphasis on any learning impairment that might influence diagnosis & treatment, VI. Panic Attacks, delusions, or any thought disorder, VII. Degree of danger to self or others).

8. Depression: No History  Mild  Moderate  Severe

9. Grief issues/Loss of close personal relationship: \_\_\_\_\_

10. Past suicide history: Y N Current Suicide Risk: Y N

11. History of Rage/Violent Acts: Y N Explain: \_\_\_\_\_

12. Summary of Findings to include (Not to exceed *One-page*): **A)** Assessment instrument(s) used (e.g., SUDDS: Substance Use Diagnostic Disorders Schedule; PADDI: Practical Adolescent Dual Diagnostic Interview; RAATE: Recovery Attitude and Treatment Evaluation; CAAPE: Comprehensive Addictions and Psychological Evaluation; LOCI: Level of Care Index-2R; MAPP: Multidimensional Addiction & Personality Profile), **B)** Past and current treatment history, including level of care, **C)** Diagnostic Impressions (Axis-I, IV and V), **D)** List of ASAM PPC-2R Dimensions (LOCI-R) and *Justification* for Residential Placement, **E)** Family/significant others **plan**, describe how the family will be strengthened in a supportive environment to promote successful reintegration into the family after treatment (ASAM-PPC-2R Dimension-6). **F)** An Aftercare plan which will describe the long term recovery goals and services the client will participate in upon his/her return back the community.

13. **LEGAL ISSUE:** Current Charges: Y N In detention: Y N On Supervised Probation: Y N Court-ordered for Treatment: Y N if yes, consequence for non-compliance? \_\_\_\_\_

14. Medicaid/AHCCCS enrolled: Y N CHS Eligibility: Y N Private Insurance: Y N Parent Financial Responsibility Form Signed: Y N If court referred or ward of court, will the court pay for Treatment *travel* expenses if referred to private facility? Y N Will court pay for *treatment* services? Y N

\* **The Phoenix Area Intervention Team (A.I.T.) requires (10) business days to review and complete the placement process. Court ordered for treatment is not considered as justification for residential placement.**

\* [Please note that once the ticket has been issued for the client-escort, it cannot be changed. The escorting person must plan ahead].

\* All communication with A.I.T. must be through the local program counselor, No family calling please.

\* **Copies of the Discharge Summary and an Aftercare plan are to be faxed to the Phoenix Area A/SAP 602-364-5198 within (2) business days of all clients' discharge from all treatment centers.**