

**FOUR COUNTY MENTAL HEALTH CENTER, INC.  
AIMS ADULT ADMISSION FORM**

OFFICE USE ONLY	
<b>CASE NUMBER:</b>	
<b>DATE:</b>	

**RESPONSIBLE COUNTY**

**PLEASE MARK THE MOST RECENT TYPE OF HOSPITALIZATION YOU HAVE RECEIVED**

<input type="checkbox"/>	GENERAL HOSPITAL PSYCHIATRIC WARD	<input type="checkbox"/>	PRIVATE PSYCHIATRIC HOSPITAL
<input type="checkbox"/>	INPATIENT SUBSTANCE ABUSE (EXCLUDING DETOX, ETC.)	<input type="checkbox"/>	RESIDENTIAL MENTAL HEALTH TREATMENT WITHIN A STATE CORRECTIONAL FACILITY
<input type="checkbox"/>	NONE	<input type="checkbox"/>	STATE MENTAL HEALTH HOSPITAL
<input type="checkbox"/>	CRISIS DESTABILIZATION OUT OF HOME		

**PLEASE MARK THE CURRENT TYPE OF RESIDENTIAL ARRANGEMENT YOU HAVE**

<input type="checkbox"/>	ADULT FOSTER CARE	<input type="checkbox"/>	LIVES WITH RELATIVES (LARGELY INDEPENDENT)
<input type="checkbox"/>	BOARDING HOME	<input type="checkbox"/>	NURSING HOME OR ICF-MH
<input type="checkbox"/>	GROUP HOME	<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	HOMELESS	<input type="checkbox"/>	PRECARIOUSLY HOUSED
<input type="checkbox"/>	INDEPENDENT LIVING	<input type="checkbox"/>	SUPERVISED HOUSING PROGRAM
<input type="checkbox"/>	LIVES WITH RELATIVES (LARGELY DEPENDENT)		

**PLEASE MARK YOUR CURRENT VOCATIONAL STATUS**

<input type="checkbox"/>	ACTIVE JOB SEARCH	<input type="checkbox"/>	PARTICIPATING IN A SHELTERED WORK PROGRAM
<input type="checkbox"/>	EMPLOYED IN TRANSITIONAL EMPLOYMENT	<input type="checkbox"/>	PARTICIPATING IN ONGOING VOLUNTEER ACTIVITY
<input type="checkbox"/>	JOB(S) REQUIRING LESS THAN 30 HOURS PER WEEK	<input type="checkbox"/>	PREVOCATIONAL ACTIVITY
<input type="checkbox"/>	JOB(S) REQUIRING MORE THAN 30 HOURS PER WEEK	<input type="checkbox"/>	REMAINS HOME TO CARE FOR CHILDREN OTHERS
<input type="checkbox"/>	NO VOCATIONAL ACTIVITY	<input type="checkbox"/>	RETIRED
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SCREENING AND EVALUATION OF VOCATIONAL INTERESTS

**PLEASE MARK YOUR CURRENT EDUCATION STATUS**

<input type="checkbox"/>	VOCATIONAL / EDUCATIONAL INVOLVEMENT	<input type="checkbox"/>	NO EDUCATION PARTICIPATION
<input type="checkbox"/>	ATTENDING COLLEGE (1-6 HOURS)	<input type="checkbox"/>	OTHER (SPECIFY):
<input type="checkbox"/>	ATTENDING COLLEGE (7 OR MORE HOURS)	<input type="checkbox"/>	PRE-EDUCATIONAL EXPLORATION
<input type="checkbox"/>	ATTENDING VO-TECH OR APPRENTICESHIP OR HIGH SCHOOL	<input type="checkbox"/>	WORKING ON ENGLISH AS A SECOND LANGUAGE
<input type="checkbox"/>	BASIC EDUCATIONAL SKILLS	<input type="checkbox"/>	WORKING ON GED

**ELIGIBILITY FOR SSI OR SSDI BENEFITS**

<input type="checkbox"/>	DETERMINATION DECISION ON APPEAL	<input type="checkbox"/>	ELIGIBLE BUT NOT RECEIVING PAYMENTS
<input type="checkbox"/>	DETERMINED TO BE INELIGIBLE	<input type="checkbox"/>	NOT APPLICABLE
<input type="checkbox"/>	ELIGIBLE AND RECEIVING PAYMENTS	<input type="checkbox"/>	POTENTIALLY ELIGIBLE