

**Sample Screening Questions to Help Determine
Need for Case Management Services and
Level of Case Management Service Needed**

Client Name: _____ **ID #:** _____

Date of Screening: _____ **Staff:** _____

1. Presenting Problem(s)/Immediate Needs (Do you or your family members need help with any urgent or pressing problem right now?)

2. Other Case Management Providers (What other agencies are you working with? What services do they provide you? Are you working with a case manager or receiving case management anywhere else? Where, and with whom? Are these services meeting your needs?)

3. Fluency in English and Ease in Navigating Care Systems (Do you have any difficulty understanding English? Filling out forms in English? Do you find it easier to talk to your doctor with someone translating for you? Do you have any trouble making your own appointments, understanding medical instructions, getting what you need from a medical or social service agency?)

4. Immigration Issues (Are you a US citizen or documented resident? If not, do you need help with immigration issues?)

5. Housing (Do you have any problems with your current housing? Is your housing safe and stable? Is your housing in good repair, with adequate furniture and working appliances? Do you have a working phone? Do you already have or need assistance paying rent?)

6. Collateral Needs/Disclosure Issues (Do your children, partner(s), or other close supports have needs that affect your ability to get healthcare and stay healthy? Do you have a steady source of emotional support from family and friends? Do you need any help telling anyone (loved ones, partners, etc.) that you are HIV+?)

7. Medical Insurance/Medicaid (Are you covered for medical costs by Medicaid, ADAP, private medical insurance? Do you need help getting your medical care or medications paid for? Any problems, limitations, or restrictions with your current coverage?)

8. Medical Needs (How is your health right now? Are you currently experiencing any symptoms or disabilities? Do you have any illnesses other than HIV? How recently have you seen your medical providers? Are you able to make and get to your appointments easily? Do you need any help getting your prescriptions filled and taking your medications?)

9. Income and Benefits (Do you have a steady source of income right now? Does your income meet your basic expenses? Any serious outstanding bills? Do you need any help applying for or keeping your benefits?)

10. Incarceration (Are you on parole or probation? Serving any type of sentence currently [i.e., community service hours]? Any outstanding warrants, summonses, cases pending?)

11. Mental Health (Have you ever seen a mental health counselor? Received psychiatric care? Are you currently seeing a mental health counselor? Are you currently prescribed medications for depression or other mental health concerns? Who do you speak to when you feel down?)

12. Domestic Violence (Do you ever feel unsafe in your current living situation? Do you ever feel you or a family member/partner would resort to force when interacting? In the past have you ever been involved in a violent relationship?)

13. Substance Use (Have you used drugs or alcohol in the past? Are you currently using? If so, are you currently enrolled in treatment? Do you consider yourself in recovery? If currently using, are you using harm reduction methods? Do you need a referral for substance use treatment, a harm reduction program, or other support?)

14. Basic HIV Education/Harm Reduction (Do you have questions about HIV infection and AIDS? Do you need information about how to keep yourself healthy? What works for you and what doesn't when it comes to safer sex [safer drug use]? Do you want to work with someone to help you learn techniques to reduce the risk of transmitting the virus to others or getting exposed to other infections?)

15. Supportive Service Needs (How is your diet lately? Do you have a regular source of healthy food? Are you maintaining your weight? Do you need help obtaining groceries or meals? Do you have enough clothing to keep you comfortable and protected? Can you get transportation from your home to your appointments, grocery store, easily? Do you need a referral for legal help?)

DISPOSITION

Case management recommended? Yes No *(Inform client access to CM is available if future need arises)*

Comments: _____

Model: Supportive CM Comprehensive CM N/A

(Explain recommended model to client)

Comments: _____

Case Management accepted? Supportive CM Comprehensive CM Declined

(If accepted Client should be asked to sign Consent for Case Management Services)

Comments: _____

Location of CM Services:

At this agency Other agency

Agency Name: _____

Phone: _____

Contact: _____

OTHER IMMEDIATE REFERRALS MADE: (include contact name)

Hospital/Clinic: _____ For: _____

Agency: _____ For: _____

Agency: _____ For: _____

Internal: _____ For: _____

Internal: _____ For: _____

If other agencies or individuals are to be contacted, has Release of HIV Confidential Information form been signed? Yes No