

CEP EVALUATION FORM

Name: _____ aka: _____

Booking #: _____ Date of arrest: _____

Referral initiated from: IA PD PL Date referral received: _____
(1&2) Date of contact: _____ (3) Date of Pre-Test: _____
(4) Date of Training: _____ (5) Date of Post-Test: _____
(6) Discharge Plan Date: _____ Discharge Date: _____
Disposition Date: _____

<u>Attorney</u>	<u>Case#</u>	<u>Charge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SS# _____ DOB: _____ Age: _____ R/S: _____

Living situation prior to arrest _____

If homeless or history of homelessness: Where do you usually hang out? (Coalition, OBT/Hwy 50, etc.):

If released, where would you live? Are you open to a group home or ALF (Assisted Living Facility), or Residential facility?

Contacts & Relationship (Address/Phone#) _____

Additional Family Information: _____

Marital Status: _____ # of Children: _____ Under 18: _____

Financial:

Medicaid/SSI \$ _____ SSDI \$ _____ Medicare Payee: _____

SSI/DI application pending Applied but denied in past

VA Family financial support Indigent (No income or support)

Age/Year benefits began: _____ Employed/Self Employed _____

Education/Employment/Military:

Are you able to work (what type of work, last job held, how long, if unable to work, why?): _____

Last grade completed: _____ GED: (why/where): _____ EH/Special Ed (what grades, how long): _____

Military (Branch, # of years, Honorable/Dishonorable – explain): _____

MENTAL HEALTH HISTORY:

Diagnoses:

Current: _____ Any other diagnoses ever given: _____

Medications (Current): _____

Medications (Previous): _____

Age of first diagnosis: _____ Last dosage before arrest: _____

Any facilities you have been to voluntarily or involuntarily (when): _____

Any current outpatient services (counseling, case management): _____

MEDICAL ISSUES:

Any significant medical issues (Diabetes, HBP, Hepatitis, HIV, etc.): _____

 No known medical Misc. Notes/Observations: _____

SUBSTANCE ABUSE HISTORY:

Drug of choice and last use: _____

Substance abuse treatment history:

Facility/Program: _____ **Dates:** _____ **Completion (Successful/Unsuccessful:** _____

Other information pertinent to substance abuse history:

DISCHARGE PLAN:

Housing Recommendations:

Treatment Services:

Disposition Date: _____

Disposition of Case: Plea Trial Nolle Prose
