



Behavioral Health Services Pre-Service Application
3100 S Cushman Street Fairbanks, AK 99701 (907) 452-6251

Please check the program you are interested in:

Assessment RPC Outpatient Ralph Perdue Center Residential GRAF Youth Residential
 Women and Children’s Center Residential Family Adult Wellness Program with children ages 0-8
 SOAP (Youth - Street Outreach and Advocacy Program) Mental Health Trauma Team

Please respond as accurately and completely as possible to the following questions. Your responses will be used to understand your specific needs and the types of services you require.

Consumer’s Full Name: First: _____ Middle Initial: ____ Last: _____
 Today’s Date: ___/___/___ Sex: _____ DOB: _____ Race: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Hm Ph#: _____ Cell Ph#: _____ Email: _____
 Resident Address: _____
 Referred By (Contact Person) _____
 From (Agency) _____ Location _____
 Phone#: _____ Fax#: _____
 Is there a guardian or conservator? Yes or No (**please circle one**) If yes, contact name and phone number _____

Have you been affected by the Coronavirus (COVID-19) pandemic? [] Extremely [] Very [] Moderately [] A little [] Not at all

Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Number of days: _____

Are you currently experiencing difficulties or problems in the following areas of your life and/or the lives of others who are important to you? [Please check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Physical health, COVID-19 and/or other illnesses that affect daily life | <input type="checkbox"/> Legal problems, whether criminal or civil |
| <input type="checkbox"/> Mental health, such as depression, trauma, anxiety, or suicidal thoughts | <input type="checkbox"/> Work or employment |
| <input type="checkbox"/> Family life, such as relationships with partner, spouse, and/or children | <input type="checkbox"/> Finances, adequate income |
| <input type="checkbox"/> Housing, such as availability, affordability, quality, and/or stability | <input type="checkbox"/> School and education |
| <input type="checkbox"/> Transportation to and from school, work, and other important places | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Social relationships with friends, neighbors, and important others outside of family | |
| <input type="checkbox"/> Substance use/abuse (what is your drug of choice? _____) | |

Of the difficulties or problems checked above, please circle the one of greatest concern to you?

State of Alaska DBH requires all applicants to be prioritized

For Women: Are you Pregnant? Yes or No (**please circle one**) If yes, how many months? _____
 If children are planning on joining you later in treatment: what are the ages _____

Are you an Injection Drug User? Yes or No (**please circle one**)

What are your living arrangements? Own/Rent, Living with Family/Friends, Shelter or Other (**please circle one**)

Please describe if living arrangements are other: _____

Are you a court referral? Yes or No (**please circle one**) If yes, who referred you? _____

Do you have any restraining orders in effect? Yes or No (**please circle one**) If yes, against whom _____

Treatment Experiences: Have you received treatment at one of Fairbanks Native Associations programs in the past? Yes or No

Consumers under the age of 18

As the parent or legal guardian, _____ (print name) give consent for _____ (child’s name) to discuss treatment options available with Youth and Young Adult Services, Graf Rheeneerhaanjii and Women and Children’s Center for Inner Healing,

Parent or Legal Guardian Signature _____ **Date** _____

By signing this form you are stating that the information contained within this application is true and accurate to your best knowledge.

Date ___/___/___

Signature of Consumer _____



Behavioral Health Services Pre-Service Application
3100 S Cushman Street Fairbanks, AK 99701 (907) 452-6251

Name _____ Date of Birth _____

1. How would you rate your overall emotional health before the COVID-19 pandemic?
 Poor
 Fair
 Good
 Very Good
 Excellent

2. During the COVID-19 pandemic, my overall emotional health has:
 Improved
 Stayed the same
 Gotten Worse

3. Thinking about the impact of the COVID-19 pandemic on your life, to what extent are the following statements true for you?
 I have been worried about being infected with the virus
 Changes in our family routine have been stressful for me
 I am concerned about the stability of our living situation
 I am concerned about someone else's mental health
 I have been more irritable or easily angered than usual
 I have been more sad or depressed than usual
 I am hopeful that the COVID-19 pandemic will end soon

4. **If** you have children, think about the impact of the COVID-19 pandemic on their lives, to what extent are the following statements true for your child?
 No children [If no children, skip to end and conclude pre-service application. Otherwise continue.]
 My child has been worried about being infected with the virus
 Changes in our family routine have been stressful for my child
 Distance learning has been stressful for my child
 My child has been more irritable or easily angered than usual
 My child has been more sad or depressed than usual
 My child is hopeful that the COVID-19 pandemic will end soon