Job Seeker's Behavioral Health Assistance Program

Behavioral Health Checkup

Section I – Demographics

V04-10

Today's Date:	Last Name, First Name, MI	Social Security Number Last Four	Best Phone Numbers(s) to call:
		XXX-XX- __ __ __ __	

Gender	TANF Recipient Status	Dislocated Worker Status
☐ Male ☐ Female	Are you receiving TANF? ☐ Yes ☐ No ☐ Applicant	Are you a Dislocated Worker? (laid off) ☐ Yes ☐ No

Screening Location:

☐ Arlington WF Center ☐ Resource Connection WF Center ☐ Northside WF Center
☐ East Side WF Center ☐ Mid Cities WF Center ☐ Alliance WF Center

Do you have a Workforce Career Counselor assigned? ☐ No ☐ Yes, (Name: _____)

Section II - Post Traumatic Stress Disorder Screening (PTSD)

1. Have you witnessed or had a terrible experience that most people never go through, such as a natural disaster, domestic violence, childhood sexual or physical abuse, a serious accident, a violent crime, being sexually assaulted or raped, or being in a military war zone or combat?

☐ Yes
☐ No ***(If "No", SKIP to the next section, SECTION III; otherwise continue)***

(Question 2 – 7) Each "Yes" = 1 points. If you answer yes, place a 1 in the line provided. ***Pts.***

2. In the past month have you repeatedly remembered these experiences when you did not want to? ..... ☐ Yes ☐ No [ ]
3. In the past month have you had repeated dreams or nightmares about these experiences? ..... ☐ Yes ☐ No [ ]
4. In the past month have you thought about these experiences when you did not want to, or been bothered by repeated, disturbing memories, feelings, or dreams? ..... ☐ Yes ☐ No [ ]
5. In the past month have you tried hard not to think about these experiences, or avoided situations, conversations, people, or feelings that reminded you? ..... ☐ Yes ☐ No [ ]
6. In the past month have you often felt extremely unsafe, on-guard, watchful when you didn't need to be, or jumpy and easily startled? ..... ☐ Yes ☐ No [ ]
7. In the past month have you felt emotionally numb (unable to feel most feelings) or detached from your relationships, activities, or surroundings? ..... ☐ Yes ☐ No [ ]

Total Points [ ]

PTSD SCORE: ☐ Further Assessment; recommended if score = ***2 or higher***

Section III - Mental Health Inventory – 5 (MHI-5)

Please check only one box, place the number next to the box you checked in the line provided. ***Pts.***

1. During the past month, how much of the time were you a happy person?

All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

[ ]

2. How much of the time during the past month have you felt calm and peaceful?

All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
☐ 6	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

[ ]

3. How much of the time during the past month have you been a very nervous person?

All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

[ ]

4. How much of the time during the past month have you felt downhearted and blue?

All of the time	*Most of the time*	*A good bit of the time*	*Some of the time*	*A little of the time*	*None of the time*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

[ ]

5. How much of the time during the past month did you feel so down in the dumps that nothing could cheer you up?

Always	*Very often*	*Fairly often*	*Sometimes*	*Almost never*	*Never*
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

[ ]

Total Points [ ]

MHI-5: ☐ Further Assessment; recommended if score = ***18 or lower***

Section IV - Simple Screening Instrument for AOD Abuse (SSI)

Each "Yes" = 1 points, if you answer yes, place a 1 in the line provided.) **Pts.**

1. During the past six months, have you used alcohol or other drugs? ..... ☐ Yes ☐ No [___]
   (*If "No", GO TO SECTION V; otherwise continue)*
2. During the past six months, have you felt that you use too much alcohol or other drugs? ..... ☐ Yes ☐ No [___]
3. During the past six months, have you tried to cut down or quit drinking or using drugs?..... ☐ Yes ☐ No [___]
4. Do you feel that you have a drinking or drug problem now? ..... ☐ Yes ☐ No [___]

Total Points ____

SSI: ☐ Further Assessment; recommended if score = ***2 or higher***

Section V – Barriers to Employment

(Check all that apply; each item checked = 1 point)

- ☐ Less than High School/GED
- ☐ Low work experience *(employed less than ½ time since age 18)*
- ☐ Performed few key job tasks in past employment *(read, write, use computer on job)*
- ☐ Poor physical health
- ☐ Mental health problems
- ☐ Pregnant
- ☐ Chemical dependency
- ☐ Learning disability
- ☐ Criminal record
- ☐ Child with special health need
- ☐ Domestic violence
- ☐ Transportation problems
- ☐ Childcare problems
- ☐ Housing instability
- ☐ Neighborhood problems *(crime, poverty, drugs, etc)*
- ☐ Other (_____)

Total Barriers Points ____

Multiple Barriers: ☐ Further Assessment; recommended if score = ***3 or higher***

Section VI - Services Request

Please keep our handouts with our phone numbers; Counseling Team services are free and convenient.

> For faster service, I have written down the phone number (817 349-8787) and will call to make an appointment. ..... ☐ Yes ☐ No

or

> I would like for a counseling team member to give me a call about services and/or resources as time permits. ..... ☐ Yes ☐ No

- I would like more information about Depression, Anxiety, PTSD or other behavioral health issues. ..... ☐ Yes ☐ No
- I would like more information about individual counseling or to see if counseling is right for me ..... ☐ Yes ☐ No
- I would like more information about Stress Management skills..... ☐ Yes ☐ No
- I would like more information about community resources or assistance ..... ☐ Yes ☐ No

Stop here.

SCORE CALCULATIONS			
Sec. II	*Sec. III*	*Sec. IV*	*Sec. V*
PTSD SCORE: [___]	**MHI-5:** [___]	**SSI:** [___]	**Multiple Barriers:** [___]
☐ Further Assessment; recommended if score = ***2 or higher***	☐ Further Assessment; recommended if score = ***18 or lower***	☐ Further Assessment; recommended if score = ***2 or higher***	☐ Further Assessment; recommended if score = ***3 or higher***

STAFF USE ONLY (If screening performed to support a referral for counseling, Fax to "Intake": 817 231-0650)

Date of Contact	Staff Name	Client Case # (staff initials, date of service, time, and program initials)