

CalWORKs Client Health Alliance/OCAT Screener Tool

LAST NAME:

FIRST NAME:

DATE:

DATE OF BIRTH:

PHONE NO:

CASE NO:

The following questions are being asked to determine if you may require additional services that CWES can offer you that will help address any barriers that you or your family members may have as we assist you in your work and/or school activities. After completing this questionnaire, it will be reviewed with you and you will have the option to discuss any issues further and/or receive a referral for services to assist you as you participate in CalWORKs Employment Services.

General Health (Section E)

1. Are you receiving counseling or medication for emotional or substance abuse issues? Y N
2. Is there anything about you or your family's health that presents a challenge? Y N
3. If yes does this affect your ability to regularly participate in work or Welfare to Work (WTW) activities? If yes, please explain: Y N

Emotional Mental Health (Section F)

1. Has family or friends expressed concern about your emotional state? Y N
2. Have you had thoughts or made plans to harm yourself or others? Y N
3. Have you ever felt like you have had any emotional or mental health issues? Y N
4. Have you ever been diagnosed or treated for an emotional or mental health condition such as depression or ADD/ADHD? Y N
5. Would you be interested in a referral to speak to someone about possible emotional mental health issues? Y N

Substance Use (Section G)

1. Has alcohol or drugs ever created problems with your job or school? Y N
2. Have you ever been in treatment or attended AA/NA? Y N
3. Do you regularly consume alcohol including beer, wine coolers or cocktails? If yes, how often: Y N

4. Have you ever used marijuana or other drugs? Y N

Domestic Abuse (Section H)

1. Do you currently feel concerned about your physical or emotional safety for yourself or family? Y N
2. Have you ever been abused verbally, physically or emotionally by a partner or others? Y N
3. Have you ever applied for a restraining order? Y N

4. Have you ever felt that your partner or others were trying to control your life, behavior or finances? Y N
5. Would you be interested in a referral to speak to someone about possible domestic abuse issues? Y N

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Relationships (Section K)

1. Is there anything about your relationship with your partner (or ex-partner) that might limit your ability to parent or participate in work or Welfare to Work (WTW) activities? Y N
2. Would you be interested in a referral to speak to someone about possible relationship issues? Y N

***** County Use Section *****

The Behavioral Health Screening has been completed. Below are the results of the screening tool:

Behavioral Health

_____ Referral made to Health Alliance Provider

_____ Transportation and Child Care Referral needed for HA appointment

_____ No HA referral made

_____ In-house assessment recommended

_____ Already receiving behavioral health services

Domestic Abuse/Social Work

_____ Referral to SW Unit required

Screener's Name: _____ Phone No: _____

Date: _____

Assigned CWES Worker: _____

Case No: _____

Referrals

HA Appointment:

_____ Y _____ N

DV/SW:

_____ Y _____ N

HA Intake Appointment

Date: _____

Time: _____

Place: _____

Counselor: _____

Comments: