# Resources Assessment - Instructions

Seven Counties provides mental health, substance abuse and developmental services to people living in Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble counties in Kentucky.

If you would like treatment for a **severe** mental health issue **and** do not have Medicaid or private insurance, please complete this resources assessment. The information will be kept confidential and will help us determine if you should be seen by Seven Counties or another local provider.

Those who usually qualify for assistance have been:

1.) Hospitalized for mental health reasons or

2.) Have had serious mental health symptoms for at least the last two years.

If you need mental health services, but do not believe your symptoms are severe, please call the Hope Now Hotline at 589-4313 or 1-800-221-0446. If you are unsure if you should complete this assessment or have questions, please call 589-1100

After you have completed the application, you can:

- Save the application on your computer then attach it to an email to accessrfs@sevencounties.org;

  OR

- Print the form and do one of the following:
  - Fax it to 502-589-8756
  - Mail it to Access, 101 W Muhammad Ali Blvd, Louisville KY 40202.
  - Drop off the application at 101 W Muhammad Ali Blvd, Louisville KY 40202. You can give it to the receptionist in the main lobby.

Once Access has received your application, we will review it and send you a response in writing within one week.

**NOTE: We do not accept applications completed by a third party, unless the third party is the legal guardian. All professional referrals should be called in to Access at 502-589-1100.**

seven counties services

# Resources Assessment for Mental Health Services

**Name:** **Date of Birth:**

**Mailing Address:** **Phone Number (with area code):**

**What are your current behavioral health concerns? Check all that apply.**

☐ *Thoughts of killing yourself
☐ *Thoughts of hurting someone else

***If you are at risk of hurting yourself or others, call our Crisis Hotline at 589-4313 right away***

☐ Anxiety
☐ Depression
☐ Thoughts of cutting or burning yourself
☐ Impulse control problems
☐ Violence toward others
☐ Problems keeping up personal hygiene
☐ Problems with sleep
☐ Eating more or less than usual
☐ Problems keeping up with daily chores and tasks
☐ Worried that people are talking about you, watching or following you?

Are there any other problems you would like us to know about? Please describe:

**Is Child Protective Services working with your family?** ☐ Yes ☐ No

**Do you ever use drugs or alcohol to help you cope or for recreation?** ☐ Yes ☐ No

If yes, please provide as much of the following information as possible.

| **Drug/Alcohol** | **How many days a week do you use?** | **Date of last use** |
|---|---|---|
| **Alcohol** | ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** | |
| **Marijuana** | ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** | |
| **Cocaine** | ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** | |
| **Pain Pills** | ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** | |
| **Other:** | ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** | |

**Are you currently receiving disability benefits due to a mental illness?** ☐ Yes ☐ No

**Have you ever been diagnosed with a mental illness?** ☐ Yes ☐ No

If yes, check the most recent diagnosis and provide year of diagnosis. Year:

☐ Major Depression
☐ Anxiety (any type)
☐ Bipolar Disorder
☐ Psychosis
☐ Schizophrenia
☐ Personality Disorder
☐ Other, please describe:

**Have you ever been hospitalized due to mental health symptoms?** ☐Yes ☐No
If yes, please provide as much of the following information as possible.

| Name of Hospital | Length of stay | Reason for admission | Approximate date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Are you currently, or have you taken medication to treat a mental illness?** ☐Yes ☐No. If you can, please list names of the most recent medications

| | |
|---|---|
| | |
| | |

**Do you have a job?** ☐Yes ☐No If yes, how long have you held this job?

**Have you ever lost a job because of mental health symptoms?** ☐Yes ☐No
If you have, please briefly explain the circumstances:

**Is there any other information you would like to provide about your current mental health needs?**

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**Please do not write below this line. For office use only.**
**Date of review:**
**Reviewer:**
**Recommendation:**
**Follow up completed:**
**Follow up needed:**