



Psychosocial Screening Acuity – Regional

Client name:

Client number:

(Check the appropriate level in each life area. Multiply the number of “checks” in each column by the number of “points” for a total.)
If any of the following conditions apply, the psychosocial acuity level is automatically 4 and the acuity must be reassessed in 60 days:

- Incarcerated within the last 90 days. Diagnosed with HIV in the last 180 days. Currently homeless.

Life area	1 (1 point)	2 (2 points)	3 (3 points)	4 (4 points)
Basic needs/EFA	<input type="checkbox"/> Client is able to meet own basic needs. Client is able to access community assistance on their own as needed.	<input type="checkbox"/> Occasional help to access assistance. Needs occasional EFA < 2 times per year.	<input type="checkbox"/> Difficulty accessing assistance. Often w/o basics. Accesses EFA 3-6 times per year.	<input type="checkbox"/> Has limited access to food. Without most basic needs. Accesses EFA > 7 times.
Transportation	<input type="checkbox"/> Has reliable transportation. Is able to cover costs of transportation.	<input type="checkbox"/> Needs occasional assistance < 2 times per year.	<input type="checkbox"/> No means. Under or un-served area. Needs assistance 3-6 times per year.	<input type="checkbox"/> Serious impact on medical care. Needs assistance > 7 times per year.
Risk reduction	<input type="checkbox"/> Understand risks and practices harm reduction behavior.	<input type="checkbox"/> Poor understanding of risk and no exposure to high risk situations or behaviors.	<input type="checkbox"/> Has poor knowledge and/or occasionally engages in risky behaviors.	<input type="checkbox"/> Lacks knowledge and/or engages in significant risky behaviors.
Health insurance/medical care coverage	<input type="checkbox"/> Has own medical insurance and payer. Able to access medical care.	<input type="checkbox"/> Enrolled in CAREAssist. Needs occasional assistance accessing medical care < 2 times per year.	<input type="checkbox"/> Needs CM assistance or referral to access insurance or CAREAssist. No medical crisis. Needs assistance accessing medical care 3-6 times per year.	<input type="checkbox"/> Needs immediate assistance to access insurance or CAREAssist. Medical crisis. Does not have access to medical care.
Self sufficiency	<input type="checkbox"/> Independent. F/U on referrals and access services.	<input type="checkbox"/> Sometimes requires assistance in F/U and completing forms.	<input type="checkbox"/> Difficulty w/ F/U; completing forms; accessing services.	<input type="checkbox"/> Never F/U; unable to complete forms; burns bridges.
Housing/living arrangement	<input type="checkbox"/> Living in clean, habitable, stable housing. Does not need assistance.	<input type="checkbox"/> Stable housing subsidized or not. Occasionally needs assistance with housing < 2 times per year.	<input type="checkbox"/> Unstable housing subsidized or not. OHOP violation or eviction imminent. Frequently accesses assistance 3-6 times per year or pays rent late. Not safe housing.	<input type="checkbox"/> Unable to live independently. Recently evicted. Homeless. Temporary housing. Accesses assistance > 7 times per year.
Mental health	<input type="checkbox"/> No history of mental health problems. No need for referral.	<input type="checkbox"/> History and/or reports current difficulties/stress — is functioning. Engaged in mental health care.	<input type="checkbox"/> Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care.	<input type="checkbox"/> Danger to self/others, needs immediate intervention. Needs but not accessing therapy.
Addictions	<input type="checkbox"/> No difficulties with addictions. No need for referral.	<input type="checkbox"/> Past problems and/or less than 1 year recovery. Not impacting ability to pay bills or health.	<input type="checkbox"/> Current addiction — willing to seek help. Impacts ability to pay bills and access to medical care.	<input type="checkbox"/> Current addiction — not willing to seek help. Unable to pay bills or seek medical care because of addiction.
Points per level				

Total points: 0

Points reported on care plan

Date:

Client name: