PDS
PEOPLES DEVELOPMENT SERVICES

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ARMHS Client Intake Form

DRAFT - pending PDS review. Not an official PDS form until approved by PDS.

Adult Rehabilitative Mental Health Services (ARMHS) intake. ARMHS is a Medical Assistance benefit for adults 18+ with a mental health diagnosis from a diagnostic assessment, a completed Level of Care Assessment, and serious impairment in 3 or more functional areas.

1. CLIENT INFORMATION

Full legal name | Preferred name | Date of birth

Street address | City | State | ZIP

Phone | Email | County

Preferred language | Pronouns (optional) | Best time to reach you

Is an interpreter needed? ☐ Yes ☐ No

Is it okay to leave a voicemail at this number? ☐ Yes ☐ No

2. EMERGENCY CONTACT

Name | Relationship | Phone

3. INSURANCE

MA / health plan | Member ID / PMI # | Coverage start date

4. CARE TEAM

Role	Name	Agency / clinic	Phone

Roles may include case manager / care coordinator, primary care provider, psychiatrist or prescriber, and therapist.

5. ELIGIBILITY

Diagnostic assessment date

Completed by (provider / agency)

Primary diagnosis on file

Has a Level of Care Assessment been completed? ☐ Yes ☐ No ☐ Unknown

Level of Care Assessment date

Completed by

Functional areas with significant impairment (check all that apply):

- ☐ Mental health symptoms
- ☐ Mental health service needs
- ☐ Use of drugs / alcohol
- ☐ Vocational / educational
- ☐ Social functioning
- ☐ Interpersonal functioning
- ☐ Self-care / independent living
- ☐ Medical / dental health
- ☐ Financial
- ☐ Housing
- ☐ Transportation
- ☐ Other

6. GOALS & SERVICE PREFERENCES

Skill areas you would like support with:

- ☐ Basic living & social skills
- ☐ Budgeting / money management
- ☐ Cooking & nutrition
- ☐ Using transportation
- ☐ Medication education
- ☐ Symptom management
- ☐ Community intervention
- ☐ Transition to community living
- ☐ Certified Peer Specialist

In your own words, what would you like to work on?

Where would you like to meet?

☐ My home ☐ Family / friend's home ☐ Workplace ☐ Community location

Days / times you are usually available

7. CONSENT TO SERVICES

I request ARMHS services from Peoples Development Services. I understand that services are voluntary, that I can stop at any time, and that I will receive information about my rights, PDS's grievance procedure, and how my information is kept private.

Client signature

Date

Guardian / representative signature (if applicable)

Date

PDS staff completing intake

Title

Date