Non-Adult Household Members - AKHMIS Intake Assessment

Project Start Date (Use for Back Date Mode in AKHMIS): ____/____/_____ Staff Completing Intake: _____

Head of Household Name: _____ HoH Phone Number: (_____)_____-_____

(Print as many copies of this form as needed for each non-adult household member.)

Client Name: _____ Relationship to HoH: _____

Health Insurance (Check all that apply.)

Is the client covered by health insurance?

☐ Yes ☐ No
☐ Client doesn't know
☐ Client refused

☐ Medicaid	☐ Health Insurance obtained through COBRA
☐ Medicare	☐ Private Pay Health Insurance
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults
☐ Veteran's Administration Medical Services	☐ Indian Health Services Program
☐ Employer-Provided Health Insurance	☐ Other: _____

Disabilities (Check all that apply.)

Does the client have a disabling condition?

☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused

Disability Type	Long-Continued and Indefinite Duration?
☐ **Alcohol Abuse**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Both Alcohol & Drug Abuse**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Chronic Health Condition**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Developmental**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Drug Abuse**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **HIV/AIDS**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Mental Health Problem**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Physical**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Alaska Mental Health Trust (AMHT) Beneficiary (Select an answer for each disability type.)

Does the client have any of the following disabilities?

Alzheimer's Disease and Related Dementias	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Chronic Alcoholism or other Substance Use Disorder	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Intellectual or Developmental Disabilities	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Mental Illness	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Traumatic Brain Injuries	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Primary Alaska Regional Corp.

☐ Not Affiliated

☐ Ahtna Corp.	☐ Calista Corp.	☐ NANA Regional Corp.
☐ Aleut Corp.	☐ Chugach Alaska Corp.	☐ Sealaska
☐ Arctic Slope Regional Corp.	☐ Cook Inlet Regional Corp.	☐ 13th Regional Corp.
☐ Bering Straits Native Corp.	☐ Doyon Limited Corp.	☐ Client doesn't know
☐ Bristol Bay Native Corp.	☐ Koniag Incorp.	☐ Client refused

Secondary Alaska Regional Corporation (if applicable):