



CARE RESPONSE UNIT
community outreach

FORT BRAGG POLICE DEPARTMENT

250 Cypress Street
Fort Bragg, CA 95437-5437

Eric Swift
Chief of Police

(707) 961-2800
Fax: (707) 961-2806

SCREENING AND NEEDS ASSESSMENT

CONTACT INFORMATION

FULL NAME: _____ DOB: _____ AGE: _____
GENDER: _____ SEXUAL ORIENTATION: _____ MARTIAL STATUS: _____
PRIMARY LANGUAGE: _____ RACE/ETHNICITY: _____ MILITARY STATUS: _____
REFERRAL SOURCE: _____ # OF POLICE CONTACTS _____
PRIOR CONVICTIONS/PROBATION: _____ EDUCATION: _____
CURRENT ADDRESS/SHELTER: _____
PRIMARY PHONE: _____ MESSAGE PHONE: _____
EMERGENCY CONTACT: _____ PHONE: _____

HOUSING STATUS

☐ HOUSED/SHELTERED ☐ RISK OF HOMELESSNESS ☐ HOMELESS/UNSHELTERED
MINORS- LIVING SITUATION: _____

MENTAL HEALTH/ CO-OCCURRING INFORMATION

HAVE THEY EVER RECEIVED MENTAL HEALTH SERVICES?: _____
IF YES, WHERE/WHEN: _____
IF KNOWN, MENTAL HEALTH DIAGNOSIS: _____
IF KNOWN, TAKING MENTAL HEALTH MEDICATIONS: _____
SUDT SERVICES: _____
CO-OCCURRING SUBSTANCE USE DISORDER: _____

MEDICAL INFORMATION

CURRENT HAVE HEALTH INSURANCE?: _____
PRIMARY HEALTH DOCTOR: _____ IF NONE, NEED TO ESTABLISH CARE
CURRENT MEDICATIONS: _____

INCOME/EMPLOYMENT INFORMATION

EMPLOYED: _____ EARNED INCOME: _____ SSI/SSDI: _____ OTHER ASSISTANCE: _____

IMMEDIATE NEEDS

- | | |
|--|---|
| <input type="checkbox"/> COMMUNITY MENTAL HEALTH | <input type="checkbox"/> SUBSTANCE USE TREATMENT |
| <input type="checkbox"/> CASE MANAGEMENT | <input type="checkbox"/> RESIDENTIAL SUPPORTIVE SERVICES |
| <input type="checkbox"/> ID/BIRTH CERTIFICATE | <input type="checkbox"/> LEGAL SERVICES |
| <input type="checkbox"/> EMPLOYMENT/INCOME | <input type="checkbox"/> CALFRESH/FOOD STAMPS <input type="checkbox"/> FOOD/MEALS |
| <input type="checkbox"/> MEDICAL SERVICES | <input type="checkbox"/> CLOTHING <input type="checkbox"/> SHOWERS |
| <input type="checkbox"/> OTHER | |

REFERRALS

Will you sign a release of information for all wrap around providers listed below? _____

	REFERRAL DATE	FOLLOW UP/APPT DATE
Mendocino Coast Hospitality Center	_____	_____
Mendocino Coast Hospitality Clinic	_____	_____
Mendocino Coast Hospitality House	_____	_____
SUDT (AOD Assessment/Treatment)	_____	_____
Project Sanctuary (Domestic Violence)	_____	_____
Mendocino Coast Children's Fund	_____	_____
Redwood Community Services (RCS)	_____	_____
Social Services (Calfresh/Medical/GA)	_____	_____
Fort Bragg Food Bank (Food/clothing)	_____	_____
Coastal Street Medicine (MCHC)	_____	_____
Mendocino Coast Clinics Inc	_____	_____
Mendocino County Court Self Help	_____	_____

STAFF NAME:_____

DATE:_____

CRU ENROLLMENT:_____