



**Townhome Health Kings Crisis Residential Support Center**  
**3402 Clarendon Road | Brooklyn, NY 11203 | 718-473-9860**

**Name:**

**Date:**

**Referred by: Source:**

**Self**

1. Are you over the age of 18?:      Yes      No
2. Do you have photo identification and copies of your insurance cards?    Yes                  No
3. Do you have any medical alerts that we should be aware of i.e. Active asthma, allergies, epilepsy etc.?                  Yes      No

Conditions:

4. Do you have a Medical Doctor (PCP) that handles your medical needs? Yes                  No  
a. Who/Where?

If you do not have a PCP, and a medical issue or concern is presented during your stay, would you be in agreement to seek medical attention at an Urgent Care and/or Emergency room if necessary?                  Yes      No

5. Is anyone telling you you have to come to the respite or is the interest to come to a Crisis Respite Center voluntarily coming from you?

Voluntary

External Recommendation by:

6. What is the best phone number where you can be reached?
7. Have you ever been to one of the crisis respites in NYC? If yes, how many days have you spent at a Short-Term Crisis Respite Center this year?    Yes                  Days                  No
8. The crisis respite is here to assist you with an emotional or psychiatric crisis that you otherwise would not be able to handle on your own or where you live. Are you interested in coming to the respite for support, including talking to someone daily about your crisis?  
Yes                  No

- a. **(IF YES)** Can you briefly explain the crisis which is leading you to seek respite services?

- b. **(IF NO)** A Crisis Respite is for people needing daily support from peer specialists to resolve the crisis. Peer support, along with a kind, clean homelike environment help people get on the road to recovery from their crisis. If you are not experiencing such a crisis, or do not want daily peer support and services, our respite will not be a good fit for you right now. We are always a call away if you need this type of support in the future.

9. Are you aware that our Residential Crisis Support Center is short term (from 1-28 days)?

Yes                      No

Because this is a temporary stay based on your medical needs, you will be expected to provide us with an address where you will return or go upon discharge.

10. Where are you currently living?

- a. Can you return there after your stay with us?    Yes              No
- b. If not, why?

Please be advised that, if your stay is approved, we cannot extend it due to issues with or changes in your discharge location. If you are unable to return to where you reside, you will be referred to a shelter. If you have no place to return to, would you agree to discharge to a shelter?

Yes                      No

Not agreeing to discharge to a shelter will impact your ability to use the crisis respite at this time; please discuss discharge options with your referral source or with friends and family.

11. Have you ever received a diagnosis from a mental health professional?

Yes                      No



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What are the diagnoses:

12. In the last 90 days, have you experienced any thoughts of wanting to harm yourself?

Yes No

If yes, have you completed a safety plan/contract for safety with your providers? Yes No

13. In the last 90 days, have you experienced any thoughts of wanting to harm someone else?

Yes No

14. In the last 90 days, have you experienced a recent assault (sexual, domestic, etc.?)

Yes No

15. In the last 90 days, have you experienced or engaged in violence?

Yes No

If yes, please provide us with more information about the situation:

16. Are you on medication? Yes No

a) Can we go over your medication list with you as soon as you arrive at Townhome Kings?

Yes No N/A

b) At Townhome Kings we offer medication management support which will help you keep your medication organized and ensure that you are taking it as prescribed. We feel this is the best approach and a great support to your wellness. Would you agree to medication management support or would you rather manage your medications by yourself?

Yes No N/A

**Controlled substances are checked in for security and safety. We also encourage anyone on medications for the first time to take advantage of this support. This way you will learn the best way to stay medication adherent and have success with it.**

c) Do you have at least 30 days of medication (or prescription refills)?

Yes                      No                      N/A

**If not, you must discuss with your referral source, prescriber and other resources in order to secure 30 days of medication so that you have enough for your full stay at THH.**

17. Have you recently struggled with any substance/alcohol use or have a substance use diagnosis?                      Yes                      No                      N/A

If yes, would you be willing to work with peer specialists to connect with services or live at THH drug and alcohol free?                      Yes                      No                      N/A

If you have any doubts about wanting to receive this support we need you to be aware that our policies prohibit the ***use*** and ***presence*** of drugs and alcohol on the premises. If you were to arrive intoxicated with any substance and peer staff assess that you will be putting your life and the lives of other guests at risk or create a disturbance, we would send for help to deal with the situation and also administratively discharge you from the Crisis Respite. In addition any smoking or vaping in areas other than those designated for tobacco smoking will result in discharge. We also prohibit having any type of drug, legal or illegal in your possession and in your room. During weekly room inspections, any drugs found in your room or any odor indicating as much will result in a discharge. Please understand that we have guests and staff that are very committed to their recovery. These policies are meant to protect them.

Would you have any difficulty with following our healthy and drug free living policies?

Yes                      No                      N/A

18. Since our program focuses on supporting individuals through an emotional and/or psychiatric crisis, we have some expectations that must be met by **all of our guests**. If you are accepted for a stay at our respite, you will be expected to participate in the following activities:



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- a. **UPON ARRIVAL**-Sitting down with a staff member to complete our intake paperwork when you first get here. The staff member will go over the house rules and you will be asked to sign some forms. Are you willing to do this?      Yes      No
- b. **UPON COMPLETING THE INTAKE** - you will be asked to complete a health and wellness plan which you will return to us within the first 24 hours of your stay. This document is the roadmap for your recovery while you are at THH. You will be reflecting on and telling us about your coping skills, your goals, and other things related to helping you move past your crisis.

**Are you willing to complete a health and wellness plan and hand it in to staff in a timely manner?**      Yes      No

- c. **DURING YOUR ENTIRE STAY** - you will be expected to touch base and check in with a staff member at least once a day. There is also a sign-out procedure by which you will have to tell us where you are going and provide an address. We will not be checking on you but we need to demonstrate we are attending to your whereabouts since you are in crisis.

Are you willing to meet with a staff member at least once a day?

Yes      No

Are you willing to follow THH's sign out procedure and tell us your whereabouts?

Yes      No

- d. **DURING YOUR STAY** - if anything happens that requires your attention and you need to be away from the crisis respite, you need to discuss this immediately with a peer specialist or the program director. You could receive the okay to stay away from the Crisis Respite for more than 24 hours.

Would you agree to not stay out overnight or be away for more than 24hrs without discussing your situation with a peer specialist and/or the program director?

Yes      No

- e. **DURING YOUR ENTIRE STAY** - you will find THH's kitchen to have food items for you to prepare breakfast and lunch. Our staff is happy to cook and serve dinner for all guests. Our kitchen is open most of the day but closes during quiet hours (10:30pm-6:30am), **even if you are storing food items in our refrigerator or cabinets.**

Are you able to prepare your own meals without assistance?      Yes      No

d. **DURING YOUR ENTIRE STAY** - you will be required to perform activities of daily living like keeping your room orderly, cleaning up after yourself when you prepare breakfast and lunch and keeping up your personal hygiene.

Are you able to perform Activities of Daily Living (ADLs) independently? Yes      No

f. **DURING YOUR ENTIRE STAY** - you will be sharing common areas including washing and drying machines, kitchen, dining areas, community room (which includes television and gaming consoles) and smoking areas.

Would the sharing of these spaces be an issue for you? Yes      No

**Thank you for your time. We will work with your referral source or provider and confirm if you will be joining us soon.**

**Completed by:**

**Peer Specialist Signature:**

**Date:**

### **Admissions Tracking and Follow Up**

**Date:**

**Peer Specialist:**

**Date:**

**Peer Specialist:**

**Date:**

**Peer Specialist:**

## Post Pre- Registration Screening

Copy the following links into your browser

1. Webcrims:

2. Sex Offender Registry: