This screening tool is designed to assess the housing needs and level of clinical care coordination that may be needed for individuals with significant behavioral health or specialized service needs. This screening format aims to assist with placement into independent or semi-independent supportive housing. It combines objective criteria with staff-informed clinical judgment to ensure the most appropriate housing match and wrap around programs are provided.

**Client Information**

- Name:

- DOC Number:

- Date of Birth:

- Gender Identity:

- Race/Ethnicity:

- Preferred Language:

- Veteran Status: Yes / No

- Parenting Status: Yes / No

- Religion or Cultural Considerations (optional):

-MSR/Release Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Current IDOC Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Returning County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Spanish-speaking Case Manager Required: Yes / No

- Other Cultural/Accessibility Needs:

## Basic Eligibility Criteria

Check all that apply:

* Individual is within 90 days of release from IDOC or recently released (within 6 months).
* Individual is eligible for Returning Home Illinois (B2H) programming.
* Individual is willing to voluntarily participate in case management and housing support.
* Individual is not subject to current civil commitment or active inpatient hospitalization.
* Individual has no recent violent outbursts within the past 60 days (subject to review).

## Mental Health and Cognitive Functioning

Completed in collaboration with behavioral health providers:

1. Mental Health Diagnosis (select all that apply):

* Depression
* Bipolar Disorder
* PTSD
* Schizophrenia
* Other:

2. Prescribed psychotropic medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Medication adherence (past 6 months):

☐ Excellent ☐ Adequate ☐ Poor ☐ Unknown

4. Suicidal ideation or attempts in past 12 months:

☐ Yes ☐ No ☐ If yes, explain and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Homicidal ideation or attempts in past 12 months:

☐ Yes ☐ No ☐ If yes, explain and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Cognitive functioning concerns (check all that apply):

☐ Memory loss ☐ Disorientation ☐ Requires prompting

☐ No significant concerns

- Substance Use History: Yes / No  
 - If yes, explain treatment/supports needed:

- Risk Assessment Level: [ ] Low [ ] Moderate [ ] High

**Wraparound Services Required (check all that apply):**

## Intensive Case Management

## Transportation Support

## Medication Management

## Employment Service

## Peer Support/Mentorship

## Health Insurance Navigation

## Family Reunification Support

## Daily Living Skills Screening

☐ Can prepare basic meals or follow instructions - (☐ Independent ☐ With Support ☐ Needs Significant Help)

☐ Understands basic hygiene (bathing, cleaning) - (☐ Independent ☐ With Support ☐ Needs Significant Help)

☐ Can manage medication with reminders - (☐ Independent ☐ With Support ☐ Needs Significant Help)

☐ Can follow safety protocols (e.g., fire, exits) - (☐ Independent ☐ With Support ☐ Needs Significant Help)

☐ Can interact safely with others in shared spaces - (☐ Independent ☐ With Support ☐ Needs Significant Help)

## Protective Factors & Risks

Protective factors (check all that apply):

* Strong family support
* Religious or community affiliation
* Willing to participate in services
* Engaged with mental health and/or treatment provider in IDOC

Risk indicators (check all that apply):

☐ May display active psychosis or delusions

☐ May refuse to engage with case managers or mental health staff

☐ May demonstrate a cognitive decline requiring a high acuity of care

## Placement Recommendation

☐ Recommended for Independent Supportive Housing (with standard case support)

☐ Recommended for Enhanced Supportive Housing ( more frequent check-ins, etc.)

☐ Not Recommended – IDOC to refer for higher-acuity residential or structured setting

Comments:

IDOC Screener/Assessor (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

TASC Reviewer (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information