***CARE Navigator***

**Student Intake Form**

*The role of the CARE Navigator is to support students in achieving their academic and personal goals through the development of an action plan, referrals and connections to services both on and off-campus, and ongoing follow-up to ensure continuing success. The information being collected will be used to better understand what your current needs are and how you could work in collaboration with the CARE Navigator to best meet these needs.*

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| **General Information:** |  |  |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_  Children/Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Military Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hometown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Roommates Name/Phone (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact Name/Relationship/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **Self-Assessment:** | | | | |  |  | |
| Have you ever been hospitalized for an emotional or behavioral reason?   * Yes * No   If yes, please describe:  Are you currently experiencing any thoughts wanting to harm or kill yourself? Yes No  Are you currently experiencing any thoughts wanting to harm or kill someone else? Yes No    If yes, please describe the thoughts you are experiencing: | | | | |  |  |
| Please list any medical conditions that you have OR believe you might have (physical or emotional):  Have you ever hurt yourself intentionally?  Have you ever had an eating disorder? | | | | |  |  | |
| Please list any medications that you are currently taking and what you are taking them for: | | | | |  |
| **Current Stressors & Concerns:**  ***Please rate the level of stress you experience in the following areas of your life.*** | | | | |  |
| Physical Health *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Relationships (family, friends, etc.)  *Comments* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Academic *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Living Environment *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Financial *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Emotional/Mental Health *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Substance Use/ Misuse/Abuse *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Legal/ Student Conduct *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |
| Work  *Comments:* | Not a Concern | A little Stress | Moderate  Stress | A Lot of Stress | Extreme Stress |

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| Are there any additional areas of your life that have been causing distress: | | | |
| **INSURANCE INFORMATION: Our office does not bill insurance and we are free of charge. This information is helpful if we need to find you a provider off campus.** | | | |
| Insurance company name: | | | |
| **Current Supports:**  ***Please identify where you get support and help from. Please check all that apply.*** | | | |
| * Friends * Family * Roommate(s) | * Significant other * Club/Group * Religion/Faith | * Counselor/Mental Health Provider: * Physician: * Other: | |
| **Current Service Providers:**  ***Please identify what services you are currently accessing both on campus and in the community. This will assist in coordinating services so that your needs are being best met. Please check off all that apply.*** | | | |
| Off-Campus –   * SAP * Psychiatrist * Counselor/ Social Worker * Physician * Mental Health Agency * Vocational Rehabilitation (VR)   Received Resources –   * WIC * Food Stamps/SNAP * SSI/Disability * Low Income Housing * Other | | | On-Campus Programs/Services –  On Campus:   * UHS Student Health * Financial Aid * Education * International Student Services * SASSI Educational Specialists * SASSI/UHS Counseling Services * SASSI Disability Services * Other |
| **Action Planning** | | | |
| Please list any specific goals that you hope the CARE Navigator will be able to support you with at this time:            Please identify any barriers or challenges that you may experience toward accomplishing the identified goals: | | | |