

Reentry health screening form

Instructions for use: Carceral facilities may opt to use this form from the Health Care Authority (HCA), the Washington Association of Sheriffs and Police Chiefs (WASPC) Intake Screening Form, or a similar tool to support the Apple Health (Medicaid) requirement for the Medicaid Transformation Project (MTP 2.0) reentry health screening. Carceral facilities need to fulfill this requirement soon after a client is eligible and/or between 90 and 120 days prior to the client's release. Share the completed form with the reentry care manager and keep a copy of the completed form in the client's records.

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Client information

Date

First and last name

Preferred name

Preferred language

Date of birth

Carceral facility

Expected release date
(if known)

Ask the following questions, select yes or no, and provide as much detail as the client is willing to share.

Do you have any health/medical problems?

Yes

No

Explain:

Are you on any type of medication or receiving any type of treatment?

Yes

No

Explain:

Have you been told you have a mental health condition?

Yes

No

Explain:

If you drink alcohol - have you ever tried to stop or reduce drinking alcohol but couldn't?

Yes

No

Explain:

In the last 12 months have you used drugs other than those required for medical reasons?

Yes

No

Explain:

If any yes responses, ask the following:

Are you interested in having a care manager support you when leaving this facility?
The care manager can help connect you to resources and services.

Yes No

If **yes**: Refer to reentry care manager.

Do you identify as American Indian or Alaskan Native?

Yes No

If **yes**: Would you like a care manager from an Indian health care provider
or a Native-led, Native service organization?

Yes No

If **yes**: Refer to Native Hub.

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Signature

Signature

Credentials

Date