

Reentry health assessment addendum

Instructions for use: Use this form in conjunction with the Washington Association of Sheriffs and Police Chiefs (WASPC) Intake Screening Form as part of a client's health care assessment. Section 1 of the form may be completed by a non-clinical staff. Section 2 **must** be completed by the reentry care manager.

1 Client information

Date	First and last name	
Preferred name	Preferred language	Date of birth
Carceral facility		Expected release date (if known)

Mental health

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things:

Not at all Several days More than half the days Nearly every day

Feeling down, depressed, or hopeless:

Not at all Several days More than half the days Nearly every day

Have you ever been treated for an emotional or psychiatric problem? Yes No

If **yes**, explain:

Infections disease

Have you been told you have a sexually transmitted disease (e.g., syphilis)? Yes No

If **yes**, please list:

American Indian/Alaska Native

Do you identify as American Indian or Alaskan Native (AI/AN)? Yes No

If **yes**: Would you like a care manager from an Indian health care provider or Native-led, Native-serving organization? Yes No

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

Continued on next page.

People with lived experience

Are you interested in having support from someone who has gone through a similar experience to help you with your health? This is often referred to as an “individual with lived experience,” it might be a community health worker or a peer support specialist. It is possible they have been incarcerated or have had family members incarcerated.

Yes No

If **yes**: Arrange for services.

2 Reentry Targeted Case Management (rTCM)

This section **must** be completed by the reentry care manager.

rTCM care manager clinical assessment (e.g., client preferences, services needed, unmet care needs):

rTCM care manager signature

Credentials

Date