NON-TREATMENT NEEDS CHECKLIST

Client Name _____ **Date** _____

DOMAINS	Problems/Issues Identified	Appropriate Resources Made Available
1. **Education /Vocation** (i.e., GED, job training, resume writing, tutoring, etc.)		
2. **Employment** (i.e., job search assistance, etc.)		
3. **Physical health** (i.e., medication management, pressing medical issues needing attention, pregnancy testing, pre-natal care, TB assessment, HIV/AIDS, Hepatitis, etc.)		
4. **Emotional/mental health** (i.e., mental health referral, psychotropic medication management; co-occurring referral, etc.)		
5. **Family/social** (i.e., assisting client with: child custody/visitation and/or childcare arrangements, develop healthy leisure activities, develop social skills, referral to social service agencies, etc.)		
6. **Living arrangements / Housing** (i.e., assistance with getting client into a healthy recovery environment, referral to housing agencies, etc.)		
7. **Legal status** (i.e., referral for legal assistance, communication skills when dealing with probation/parole, etc.)		
8. **Basic needs** (i.e., assistance with meeting basic needs such as food, clothing, and transportation, etc.)		
9. **Life skills** (i.e., assistance with cooking, cleaning, grocery shopping, paying bills in a timely manner etc.)		

Does the Client Demonstrate Need in 5 or More Areas? **yes** _____ **no** _____

If yes, is the client interested in Intensive Case Management Service? **yes** _____ **no** _____

Client _____ **Date** _____

Assessor/Counselor _____ **Date** _____