

COMHAR

— SINCE 1975 —

CIRC Admission Criteria Assessment Form

Individual's Name: _____ Phone # _____ Date: _____

YES NO Individual is at least 18 years old. DOB: _____ Status: Active _____ New _____

YES NO Individual has presence or history of at least one of the following serious mental illnesses:
 Bipolar Disorder Major Depression Disorder
 Schizophrenia Schizoaffective Disorder Other Specified Schizophrenia Spectrum & Other Psychotic Disorder Borderline Personality Disorder

Primary Diagnosis & Code: _____

Does individual have an additional Diagnosis? Yes No Please indicate: _____

Indicate if there is as Secondary Diagnosis of Substance Abuse: _____

Indicate if there is a Medical Diagnosis: _____

Note: Exceptions are to be documented by LPHA with regards to the Functional Impairment and benefits of CIRC

YES NO Individual demonstrates functional impairment that interferes with or limits role performance in at least one of the following domains/ORG

I need more Support/Assistance with:

- Living: Housing Budgeting/Banking Shopping Laundry/cleaning Cooking Transportation Medication Illness Management Recovery Hygiene
- Learning: Literacy GED College Computers Trade School 12 Step meetings Trainings
- Working: Resume Interview Skills Job Search Skills Following Instructions Keeping Appointments
- Socializing: Communication Leisure Activities Community Resources Relationships Spirituality

Other: _____

YES NO Individual **CHOOSES** to participate in a Community Integrated Recovery Center (CIRC) and has read/reviewed program information through a brochure/description.

Individual's Signature Date

Staff's Signature Date

Licensed Practitioner of the Healing Art's (LPHA) Signature Date

LPHA Print Name & License #: _____

Check CIRC program individual is being referred to below:

- HOPE@for All:** General Psychiatric Diagnosis 215-427-1010
- HOPE@Beginnings:** Secondary Substance Abuse Diagnosis 215-427-0660
- HOPE@Latino:** Primary Language is Spanish 215-739-2669
- CLR:** Specialized Services (HIV/AIDS & LBGTQI Affirming) 215-569-8414

Scoring: 4 "yes" responses = Individual fulfills admission criteria for all CIRC programs.
Any "No" responses = Individual is ineligible for admission to CIRC.

Note: CBH Insurance is required for CIRC as a primary or secondary source.

Call Central Registration – 267-861-4382