**North Carolina Department of Health and Human Services**

**Division of Aging and Adult Services**

**Adult Services Intake Inquiry**

**This form may be used for Adult Services inquiries other than Adult Protective Services. If there are any concerns for maltreatment an Adult Protective Services Intake Report should be completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Adult’s Date of Birth** |  |
| **Adult’s Name** |  | **SIS ID:** |  |
| **County Case ID** |  |  |  |

**Type of Contact**: Choose an item.

**Person’s Other Than Adult Involved in Initial Referral/Contact**: Choose an item.

*(List Names of Person’s Other Than Adult Involved in Initial Referral/Contact Below)*

**Adult’s Level of Involvement**: Choose an item.

*(Explain further about adult’s level of involvement below.)*

**What is/are the presenting problem(s)?**

**What additional efforts have been made to resolve the problem(s) (duration/efforts/outcomes)?**

**What is the expectation of the person(s) inquiring, including services requested?**

**Urgent?**  Yes  No If yes, explain why:

**Preliminary Information in Functional Domains**:

* **Social**:
* **Environmental**:
* **Economic**:
* **Mental Health**:
* **Activities of Daily Living**:
* **Physical Health**:

**Disposition**:

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Choose an item.

Additional Explanation for Other Responses:

**Did anything during the initial interview suggest that the client may live in an environment that may put the social worker at risk?**

Yes  No

**If the above question is answered yes, describe (include source of information and impression of the seriousness of danger)**

**Additional Comments (if needed):**

|  |  |
| --- | --- |
|  |  |
| Intake Social Worker’s Name |  |
|  |  |
| Intake Social Worker’s Signature | Date |