



Access to
American
Indian
Recovery

Recovery Support Services Screening and Assessment Tool

Name

Address

City

State

Zip

Phone

DOB:

Client Identifier: (last six digits of client's SSN, followed by first three letters of their last name)

Recovery Support Services Screening Instructions

This screening and assessment tool is to be used to determine whether a client meets the criteria for receiving a recovery support voucher without clinical services and to assess the nature of a client's recovery support needs. It must be completed by a provider within the network of AAIR certified organizations as part of the recovery support assessment process. All documentation must be retained in the client's AAIR file.

Part 1 – Eligibility

The individual must meet the following criteria to be eligible for **Recovery Support Services or Transitional/Sober Living Assistance**.

- a. Does the individual have a history of alcohol or drug abuse? Yes___ No___
- b. Has the individual been alcohol and drug free for the past 30 days? Yes___ No___

If the answer is "NO" to a. or b., STOP, the client is not eligible for recovery support services only, but may be eligible for outpatient or residential services. If YES, complete PART 2 and 3.

PART 2 - Methamphetamine Use

- a. Does the client have a history of methamphetamine use as defined by SAMHSA?
Yes___ No___

If your client has had methamphetamine problems alone or in addition to other substance abuse issues make sure to flag them as methamphetamine clients on the Client Application and the Intake GPRA.

Definition of a Meth Client per SAMHSA:

- For those clients that are not coming from a restricted setting: A meth client is a client who has used meth in the last 90 days (prior to intake) AND who will be receiving services through ATR specifically related to meth use.
- For those clients that are coming from a restricted setting: A meth client is a client who has used meth in the 90 days prior to entry into the restricted setting AND who will be receiving services through ATR specifically related to meth use.

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Part 3 – Needs Assessment

Recovery Support Services Assessment Tools

Instructions: If the individual meets the above eligibility criteria in PART 1, the provider along with the client should identify needed recovery support services.

Transitional/Sober Living Assistance

Are you interested in living in transitional or sober housing? Yes No NA

Are you, or will you be attending a formal or informal recovery program? Yes No NA

Name of program _____

Education and Employment

Are you currently employed? Yes No NA

Are you currently enrolled in school or a job-training program? Yes No NA

Is transportation a problem for you? Yes No NA

Social Support

Do you have a caring, supportive person you can talk to when you need help? Yes No NA

Do you wish you had more opportunities for participating in groups, clubs, hobbies, social gatherings? Yes No NA

Do you have opportunities to help out in your community? Yes No NA

Do you have an elder available to speak with you? Yes No NA

Spiritual/Cultural

Are spiritual/religious activities important to you? Yes No NA

Would you like to attend spiritual/religious activities? Yes No NA

Do you wish you had someone to listen/speak to you about spiritual needs or wish you had spiritual support? Yes No NA

Are you interested in learning more about your culture or participating in cultural activities? Yes No NA

Are you interested in participating in ceremony? Yes No NA