



APPLICATION FOR SCREENING, ASSESSMENT AND SERVICES

- A. Pastoral Care Management Services is a structured faith based health services provider. We partner with individuals and families to provide outcomes based recovery focused programs designed for Child and Adult trauma survivors, mental health consumers, military veterans and their families.
- B. A certified Pastoral Care Management Specialist is a faith based health services practitioner who administers health and intake screening and assessment including a trauma history screen, and a battery of assessments that detect and analyze history, current needs, and risk indicators. These specialist are ordained clergy who have received specialized education and training in screening and assessment theory and application, analyzing behavior, recognizing and responding to mental health crisis, working with offenders, assessing individual, home and community risk, administering a battery of assessments that analyze behavior while screening and assessing Trauma histories, Alcohol and Drug consumption, Batterer and Domestic Violence, Sexual Behavior Analysis, Survivor/Victim Abuse and Neglect.
- C. We then collaborate with each person to work together to develop recovery and wellness interventions to improve one's quality of life, and decrease risk indicators identified.

Protected Health Information [PHI] includes but is not limited to your name, social security number, date of birth, your confidences and secrets, diagnosis, treatments and file notes are classified confidential and will be *protected* from unauthorized disclosure consistent with our standards.

CLIENT NAME		DATE OF BIRTH	SSN	
ADDRESS		CITY	STATE WA	ZIP CODE
HOME PH #	WORK PH#	CELL PH#		

REFERRAL TYPE: _____ DSHS CLIENT ID # _____

_____ SELF REFERRAL _____ AGENCY REFERRAL _____ PARENT/GUARDIAN REFERRAL

_____ Family Youth and Children's Services _____ Adult Mental Health and Consumers Services

I HAVE READ, OR HAVE HAD READ TO ME THIS **APPLICATION FOR SERVICES** DOCUMENT. I HEREBY APPLY FOR AND AGREE TO RECEIVE **SCREENING, ASSESSMENT AND SERVICES**.

Client Signature	Date
Referral Source/Parent/Guardian (if applicable)	Date