

NEW VISIONS, INC.

_____ INTERVIEW:

Name: _____ Date: _____

1. Brief explanation of _____
2. How do you feel this program would be beneficial to you?
3. Are you interested in participating in the _____ program?
4. Do you have family in Franklin/Fulton or Cumberland /Perry County?
5. Do you prefer living with roommates or living alone?
6. What activities do you enjoy doing? (Hobbies, entertainment, music, etc.)
7. What are things that you are good at doing? What are your strengths?
8. What things are difficult for you?
 - a) Are you open to people helping you with these things?
9. Do you spend time with family and friends? What type of activities do you engage in with family and friends?
10. What type of structured activities are you involved with during the day?
 - a) Would you like to continue with those activities during the day?
11. Have you been or are you interested in:
Cooking _____ cleaning your apartment _____
Grocery shopping _____ doing your laundry _____
Budgeting _____ money management _____

a) Would you like assistance with any of these areas?

B) What are the sources of your income?

c) How are these funds deposited into your account?

d) Do you have a representative payee?

12. Are you aware of safety issues in the community like traffic safety and personal safety?

13. Are you willing to follow through with recommended treatment and medication?

a) Do you currently take prescribed medications?

b) Do you have any physical medical problems?

c) Do you take medication for these conditions?

d) Please list your current medications and the dosages:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

e) Have you stopped taking your medications in the last six months? Why?

14. Do you take medications independently?

15. Do you need daily nursing care?

16. Do you use any over-the-counter-medications?

17. Do you use recreational drugs or drink alcohol?

a) If yes: what, how much, how often?

b) Have you had treatment for drug and/or alcohol problems?

c) Do you smoke?

18. How do you handle frustration and anger?

a) Have you had any problems with violent or assaultive behavior in the last six months?

b) What helps you calm down?

19. Do you need assistance with hygiene - things like showering, brushing your teeth, dressing, etc.?

20. What do you feel will be the most difficult for you living in the community?

21. How can we best support you in the move to the community?

Observations:

Accepted for _____ program: ___Yes ___No (if no reason for denial)

Additional Interview Needed: ___Yes ___No (if yes reason for addition interview)

Observations:

Signature and Title of person conducting interview