

Shelter Observational Mental Health Assessment

Can be initiated by non-clinical shelter staff and then reviewed and approved by licensed mental health professional (LCSW, LMHC, Psy.D, PNP or MD).

Name of person completing form		Email	
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Client Information

Client name		Date of birth	
Current shelter name		Date entered current shelter	

Documented Client History

The following information can be obtained from medical or treatment records, CARES assessments, incident reports or case notes, PSYKES, incarceration records or other documented sources.

Known diagnosis of serious mental illness:	
☐ Psychotic disorder (schizophrenia, schizoaffective disorder, other)	☐ Unknown
☐ Bipolar Disorder	☐ Other known serious mental illness, describe:
☐ Major Depressive Disorder	
☐ Post Traumatic Stress Disorder (PTSD)	

Current behavioral health treatment engagement:	
Mental Health Treatment	☐ Unknown if in treatment ☐ Not in treatment ☐ In treatment but does not attend regularly ☐ Attends treatment, but still having serious behavioral health problems and needs higher level of care
Psychiatric medication	☐ Unknown ☐ Takes medication sometimes ☐ Takes medication as prescribed ☐ Does not take medication
Name of treatment program(s):	

Client has history of:	
Incarceration	☐ Unknown ☐ No ☐ Yes, describe:
In-patient psychiatric hospitalizations	☐ Unknown ☐ No ☐ Yes, number in last year:
Emergency Room visits	☐ Unknown ☐ No ☐ Yes, number in last year:
Mental health emergencies in shelter	☐ No ☐ Yes, number in last year:
Shelter calls to police	☐ No ☐ Yes, number in last year:
Shelter calls to other crisis services	☐ No ☐ Yes, number in last year: Describe:

Shelter Staff Observations of Serious Mental Illness

Behaviors observed in shelter that indicate serious mental illness and need for mental health services:			
Danger to others	☐ Verbally aggressive ☐ Threatens to harm or kill others	☐ Physically aggressive ☐ Assaults others	☐ Sexually aggressive ☐ Stalking
Danger to self	☐ Frequent accidents ☐ Behaviors result in others becoming violent toward them	☐ Harms own body (cutting, hitting) ☐ Repeated public masturbation or display of genitals	☐ Suicidal threats ☐ Suicidal attempts
Psychosis	☐ Sees things that are not there ☐ Hears things that are not there ☐ Speaks to self	☐ Odd behaviors ☐ Delusional beliefs (has superpowers, being followed, implanted with foreign object)	☐ Paranoid speech ☐ Does not make sense (not logical, nonsensical, out of touch with reality)
Property destruction	☐ Hoarding ☐ Severely unsanitary	☐ Destroys shelter property ☐ Throws objects	☐ Fire setting
Lack of self-care	☐ Does not bathe ☐ Does not groom	☐ Does not get out of bed ☐ Severely withdrawn ☐ Does not communicate/non-verbal	☐ Does not eat ☐ Defecates/urinates on self
Provide examples of above signs and symptoms of serious mental illness			

Licensed Clinician Review and Approval for Submission

Name of licensed mental health professional		Credential	
Signature		Date	