

# Initial BPS Assessment

## IDENTIFYING INFORMATION

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Aliases and other identifying Information: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Gender Assigned at Birth:  Male  Female

Sexual Orientation:  Heterosexual  Homosexual  Choose not to disclose  
 Don't know  Bisexual  Other, please specify \_\_\_\_\_

Gender Identity:  Identifies as Male  Identifies as Female  Female-to-Male  
 Male-to-Female  Genderqueer  Choose not to disclose  
 Other, please specify \_\_\_\_\_

Marital Status:  Never Married  Separated  Married/Cohabiting  
 Widowed  Divorced

Primary Spoken Language:  English  Albanian  Amharic  Arabic  
 Aramaic  Armenian  Bambara  Basque  
 Bengali  Bhojpuri  Bosnian  Bulgarian  
 Burmese  Catalan  Chinese  Czech  
 Creoles & Pidgins, Portuguese  Creoles & Pidgins (Other)  
 Croatian  Danish  Dutch  Esperanto  
 Estonian  Fijian  Finnish  French  
 German  Greek, Modern  Gujarati  Other West German  
 Hausa  Hebrew  Hindi  Hmong  
 Hungarian  Icelandic  Indic (Other)  Indonesian  
 Indo-European (Other)  Italian  Japanese  
 Korean  Kurdish  Lao  Lithuanian  
 Macedonian  Malay  Malayalam  Mongolian  
 Navaho or Navajo  Nepali  Norwegian Nynorsk  Ojibwa  
 Other  Farsi (Persian)  Polish  Portuguese  
 Romanian  Russian  Samoan  Serbian  
 Sign Language  Sinhalese  Slovak  Somali  
 Spanish or Castilian  Swahili  Swedish  Syriac  
 Tagalog  Tai (Other)  Tamil  Thai  
 Tigrinya  Tonga (Tonga Islands)  Turkish  
 Ukrainian  Undetermined  Urdu  Vietnamese  
 Wolof  Yiddish  Yoruba

Communication Preference:  Alternate Phone  Email  Mail  Primary Phone

Religion:  7<sup>th</sup> Day Adventist  Agnostic  Atheist  Baptist  
 Buddhism  Catholic  Christian  Confucian  
 Episcopal  Greek Orthodox  Hinduism  Holiness  
 Islam  Jehovah's Witness  Jewish  Lutheran  
 Methodist  Mormon  Nazarene  Other  
 Pentecostal  Presbyterian  Protestant  Quaker  
 Russian Orthodox  Christ Science  Shinto  Taoism  
 Unknown  Unspecified

Race / Ethnic Origin:  Alaskan native (Aleut, Eskimo)  American Indian (non-Alaskan)  
 Black or African American  White  Asian  
 Other race  Native Hawaiian or Other Pacific

Hispanic or Latino Ethnicity:  Cuban  Mexican  Puerto Rican  Unknown  
 Not of Hispanic or Latino origin  Specific Origin not specified

Legal Guardianship / Parent(s) of a Minor Child:  
 Court Appointed Guardian  No Guardianship in Place  
 Parent(s) of Minor Child

#### Parent Information

Are your parents:  Married  Separated  Never Married  Divorced  
 Living Together/Unmarried  Unknown  Other

Comments: \_\_\_\_\_  
\_\_\_\_\_

#### Mother

Adoptive  Biological  Foster  Step

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Occupation: \_\_\_\_\_ If Deceased, Then Specify Date (or unknown) \_\_\_\_\_

#### Father

Adoptive  Biological  Foster  Step

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Occupation: \_\_\_\_\_ If Deceased, Then Specify Date (or unknown) \_\_\_\_\_

### Custody Information (If Parents are Divorced)

If Parents are not married to each other, indicate child custody status.

Legal Custody:  Joint  Sole-Father  Sole-Mother  Unknown

Physical Custody:  Joint  Sole-Father  Sole-Mother  Unknown

Additional Information Related to Parent Consent: \_\_\_\_\_

Additional Guardianship Information: \_\_\_\_\_

Does Someone Have Power of Attorney for You?

Yes  No If Yes, Who: \_\_\_\_\_

Do You Have a Payee or Someone Who Handles or Assists You With Your Finances?

Yes  No If Yes, Who: \_\_\_\_\_

Are You Court Ordered For Treatment?

Yes  No If Yes, Who: \_\_\_\_\_

### Corrections / Legal Status

Corrections Related Status:  In Prison  In Jail  Probation  Tether

Juvenile detention center  Booking diversion

Not collected – full record exceptions (MH only)

Not under jurisdiction or corrections or law enforcement program

Paroled from a state or federal correctional facility

Post-booking diversion

Pre-Trial (Adult) OR Preliminary Hearing (Youth)

Pre-sentencing (Adult) OR Pre-disposition (Youth)

Arrests in past 30 days: \_\_\_\_\_

Are you currently facing criminal charges?  Yes  No

Have you been or are you currently on probation, parole, or work release?  Yes  No

What were you charged with when arrested? \_\_\_\_\_

Are you involved in any non-criminal cases?  Yes  No

How many times have you been convicted? \_\_\_\_\_

Number of arrests/convictions related to alcohol/Drugs: \_\_\_\_\_

Guardian/Legal information – Need/Desire/Concern?  Yes  No

### Education

Education Level:  No schooling or less than one school grade  Nurse school, pre-school, or head start

Kindergarten  Self-contained Special Education Class

Grade 1  Grade 2  Grade 3  Grade 4

Grade 5  Grade 6  Grade 7  Grade 8

Grade 9  Grade 10  Grade 11  Grade 12 or GED

1 Year of College/University

- 2 Years of College/University or Associate Degree
- 3 Years of College/University
- 4 Years of College/University or Bachelor's Degree
- Graduate or professional school                       Vocational school

Currently in Mainstream Special Education:                       Yes                       No                       Not applicable

School Attendance Status:     Yes, has attended school at any time in the past 3 months  
 No, has not attended school at any time in the past 3 months  
 Not applicable (not school age and not protected by MI Spec Ed Law)

Do you have difficulty reading and/or writing?                       Yes                       No                       N/A

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever had problems in school with the following?

- Expelled                       Poor Conduct                       Suspended                       Truancy
- None                       Other

Are you interested in continuing your education?                       Yes                       No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

**Employment / Financial**

Employment Status:

- Full-time competitive, integrated employment
- Part-time competitive, integrated employment
- Not in competitive, integrated labor force
- N/A – individual is under 16 years of age
- Unemployed

Minimum Wage:

- Individual is currently earning minimum wage or more
- Individual is currently earning less than minimum wage
- N/A – Individual is not working

Total Annual Income: \$ \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Enrolled in SDA, SSI or SSDI:     Yes                       No

If Employed, Occupation: \_\_\_\_\_

If you are not working, are you interested in pursuing any kind of community employment or volunteer job?

- Yes                       No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience**

Where Do You Work: \_\_\_\_\_ How long at current paid or volunteer job? \_\_\_\_\_

How many paid or volunteer jobs have you had in the past 2 years? \_\_\_\_\_

Have you ever had problems at paid or volunteer work?                       Yes                       No

Are you satisfied with your current paid or volunteer work?                       Yes                       No

Do you hold a current driver's license?                       Yes                       No                       N/A

Do you have transportation?                       Yes                       No                       N/A

**Veteran / Military Information**

Veteran Status:            Veteran                    Not a veteran

Most Recent Military Service ERA:            WWII                    Korea                    Vietnam  
     Desert Storm            Post 9/11 (OIF/OEF/OND)  
     Peace time era            Not applicable – No military service

Branch Served in:            Air force                    Army                    Navy                    Marines  
     Air force National Guard            Army National Guard  
     Coast Guard            Not Applicable            No military service

Family Military Service:            Yes                    No

Family Enrolled In/Connected to VA/Veteran Resources/Other Support & Services Organization:            Yes            No

Have you been involved in the military?            Yes                    No

How would you describe your military experience?            Fair                    Good                    Poor

Did you experience combat?            Yes                    No

Ever reduced in rank?            Yes                    No

Discharge Status:            Dishonorable            General                    Honorable                    Medical

Comments: \_\_\_\_\_

**Residential Living Arrangement**

Are you happy with your current living arrangements:            Yes                    No

**Rank Your Skills in the Following As They Relate To Your Current Living Situation**

	Independent	Guide/Direct	Provide/Assist	Not Age Appropriate
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulation/Mobility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying Bills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/Recreation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Access:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any current assistance by family members, friends and/or providers for the above identified areas including leisure:

\_\_\_\_\_

Are there adequate assets, income and/or insurance(s) to meet your needs?            Yes                    No

Explain: \_\_\_\_\_

**Childhood**

**At What Age Did the Following Developmental Milestones Occur?**

Unknown                       Not Applicable – optional for adults

	Age	Within Developmental Milestones?		If No, Explain
Walk:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Talk:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Toilet Trained:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Were there any complications at birth, with pregnancy or any prenatal exposure?  
 Yes                       No                       Unknown

How would you describe your childhood?  
 Good                       Fair                       Poor

Did you ever live outside your parents' home for an extended time?  
 Yes                       No                       Unknown

Have you ever ran away from home?  
 Yes                       No                       Unknown

Other information about your childhood: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal / Family**

List Siblings: \_\_\_\_\_  
 \_\_\_\_\_

**Significant Other**

Have you ever been married?     Yes                       No                      How Many Times: \_\_\_\_\_  
 Are you currently involved in a significant relationship?     Yes                       No  
 If you are currently married or involved in a significant relationship, how long? \_\_\_\_\_  
 What is the status of the relationship? \_\_\_\_\_

**Children**

No children

	Child's Name	Age	Child's Gender?		Who does the child live with?	Biological Child?	
1.	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**How Would You Describe Your (Past/Present) Relationship With Your...**

**Describe**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Children: \_\_\_\_\_

Siblings: \_\_\_\_\_

Friends: \_\_\_\_\_

Other: \_\_\_\_\_

**In Your Relationships or Family Is There or Has There Ever Been: (Check All That Apply)**

- Verbal Abuse       Physical Abuse       Sexual Abuse       Neglect       N/A  
 Witness of Violence       Protective Services Involvement

Does faith or religion play a part in your life?       Yes       No

Have any cultural/ethnic/other people or groups influenced you?       Yes       No

Do you wish to discuss your gender, gender expressions or sexual orientation as part of your services?       Yes       No

How do you spend your leisure time, Have you ever been a member of any clubs or organizations?       Yes       No

Explain: \_\_\_\_\_

\_\_\_\_\_

**Primary Care Physician**

Do you have a Primary Care Physician?       Yes       No      Last Seen: \_\_\_\_\_

Physician Office: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_