

COMMUNITY FUNCTIONING EVALUATION

I. Rehab Service Needs Check those items which the client needs assistance:

- Social skills (unable to make friends, avoids others, difficulty interacting with others or engaging in relationships, conflictual relationships)
- Independent/Daily Living skills (hygiene, money management, taking care of home)
- Communication skills
- Concentration skills (unable to complete tasks, focus on work)
- Time management skills
- Anger management skills
- Other
- No Needs

For any boxes marked above, describe the specifics of the need and how the need is impacted by mental health. Be sure to ask the client if their mental health is affecting their ability to perform these skills.

II. Access/Linkage Needs:

1. Living Support

- Food
- Housing (*Section 8, Shelter, etc.*)
- Residential Placement (*Board & Care, Skilled Nursing*)
- Clothing
- Transportation
- Other _____

2. Medical/Substance Use

- Medical Services
- Dental Services
- Nutrition Counseling
- Medication Counseling
- Addictive Substance Treatment
- Home Health Services
- Other _____

3. Rehab/Vocational/Educational/Linguistic

- Education
- Recreational Therapy
- Occupational Therapy
- Employment
- Interpreter/English Classes
- Other _____

4. Social/Legal Systems

- Self-Help Group
- Social/Other Support Group
- Community/Faith Group
- Immigration
- Identification (ID)
- Legal Assistance
- Other _____

5. Financial Assistance

- GR
- SSI/SSA/SDI
- Medi-Cal
- Medicare
- Unemployment Benefits
- Other _____

6. Physical Challenges

- Ambulatory Support (*Wheelchair, Cane*)
- Visual Support (*Glasses, Cane, Magnification Aids*)
- Hearing Support (*Special Phone, Hearing Aid*)
- Speech Evaluation/Therapy
- Other _____

For any check box marked above describe the specifics of the need. Be sure to document how mental health prevents the client from accessing the service on his/her own, the availability of support networks, and adequacy of current status.

Signature & Discipline

Date

Co-Signature & Discipline (if applicable)

Date

(Include License/Certification/Registration Number if applicable)

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

ID#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

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