

**SCREENING FOR MENTAL HEALTH AND SUBSTANCE ABUSE  
- FOR ELIGIBILITY WORKER (EW) USE ONLY-**

**EW INSTRUCTIONS:** Ask the following questions of the participant. A “Yes” response to any of the following questions warrants expedition into GAIN for further screening and possible referral for a clinical assessment.

Begin the questions with an **introductory statement** such as:

*“As part of the CalWORKs services available to you, I will ask you some questions about mental health and substance abuse to find out if you could benefit from receiving services in these areas.*

*Before we start the questions, I just want you to know that we ask these questions of everybody because we all have fears, worries or troubles that may lead to unwanted drug use, alcohol abuse, medical or social problems. Since problems like these make it hard for people to get or keep a job, these questions will help us decide whether a counselor should talk with you.*

*You may request to speak with a counselor even if we don’t find a referral necessary”*

**Mental Health Questions**

**YES      NO**

- |    |   |       |       |
|----|---|-------|-------|
| 1. | Do you have any feelings, fears or worries that interfere with your daily tasks and ability to work?  | _____ | _____ |
| 2. | Do you have problems in getting along with others that make it hard for you to work?  | _____ | _____ |
| 3. | Have you had thoughts of seriously hurting yourself or other people within the last 6 months?   | _____ | _____ |
| 4. | Have you experienced any severe traumas such as the sudden death of a loved one, witnessed a violent crime, or been personally victimized within the last year that continues to bother or upset you? | _____ | _____ |

**Substance Abuse Questions**

**YES      NO**

- |    |   |       |       |
|----|---|-------|-------|
| 5. | Have you ever felt you should cut down on your drinking or drug use?                      | _____ | _____ |
| 6. | Have people annoyed you by criticizing your drinking or drug use?                         | _____ | _____ |
| 7. | Have you felt bad or guilty about your drinking or drug use?                              | _____ | _____ |
| 8. | Have you ever had a drink or used drugs first thing in the morning to steady your nerves? | _____ | _____ |

<b>Participant’s Name:</b> _____		<b>Case Number:</b> _____	
Did the participant answer yes to one or more questions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the date that the participant was expedited into GAIN: _____			
Service needed: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse			
Eligibility Worker Name:	File Number:	Date:	