

PPW - Intake Form

Date of Session: _____ Client Name: _____
Client DOB: _____ Client ID: _____
Client Address: _____
Client Phones: _____
Care Coordination Provider: _____

Section I - The client is eligible for PPW services if questions 1 and 2 are answered Yes and the agency has obtained the required documentation that the individual meets the federal poverty guidelines.

Recovery Support Services Eligibility

1. The client is 18 years of age or older, is pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under.
2. The client is at or below 200% of the current Federal Poverty Level Guidelines. Please refer to the current Federal Poverty Level Guidelines at <http://aspe.hhs.gov/poverty>.
YES _____ NO _____
3. Services should be extended, when deemed appropriate, to father of the children, partner of the women, and other family members of the women and children who do not reside in the residential treatment facility.
4. Minor children, father or partners of the mother and other family members who do not reside in the treatment facility are to receive the required services and interventions and must be actively engaged in the treatment process.

Section II - Document client needs and requests for specific PPW covered services.

All PPW clients receive the following covered services:

- ATR Assessment with GPRA Intake Interview (1 session)
- Care Coordination (up to 10 sessions)
- Care Coordination with GPRA Discharge Interview (1 session)
- Care Coordination with GPRA Follow-up Interview (1 session)

Document need, request, and lack of other payment for the following PPW covered services:

Recovery Support Services

- Child Care: _____
- Pharmacological Interventions: _____
- Sober Living Activities: _____
- Supplemental Needs – Clothing/Personal/Children Needs: _____
- Supplemental Needs – Gas Cards: _____
- Educational/Vocational Training: _____
- Supplemental Needs – Utility Assistance/Cellular Phone Service: _____
- Supplemental Needs – Wellness: _____
- Transportation – Bus: _____
- Transportation – Cab: _____

Client Signature: _____

Date: _____

Provider / Witness Signature: _____

Date: _____