

**Tri-County Mental Health Services
Community Rehabilitation Services (CRS)**

Eligibility Checklist

Client Name: _____ DOB: _____ AZ#: _____

Required for **ALL** clients:

Check the appropriate boxes:

Client meets eligibility requirements per section 17.02-3 of the Mainecare manual.

Five Axis Diagnosis (dated within one year)

I. _____

II. _____

III. _____

IV. _____

V. _____

Date: _____

Client has a LOCUS score of 20 or above. (Score: _____ Date: _____)

Complete either Section A, B or C:

Section A:

Client is stepping down from a PNMI level of care.

Program: _____ Contact: _____

Section B: (please include supporting documentation with referral*)

Client is clinically eligible for PNMI level of care and he/she has a documented co-occurring issue, secondary to mental illness (substance abuse, TBI, Personality Disorder or serious medical condition) that precludes successful treatment in a PNMI setting.

Section C: (please include supporting documentation with referral*)

Client has had one or more of the following out of home placements in the last year.

- Two or more hospitalizations (dates: _____)
- Incarcerations (dates: _____)
- Two or more stays in a crisis respite bed because of acuity of mental health symptoms (dates: _____)

Client has clear documentation of all of the following:

- Repeated evictions or extended shelter stays related to severity of mental health symptoms and psychosocial stressors, not financial barriers (dates: _____)
- A history of stopping his/her medications because of a lack of oversight and who need daily medication dispensing.
- A history of missing scheduled appointments and would benefit from organizational assistance
- Mental health symptoms that prevent the person from completing activities of daily living (ADLs) or from maintaining personal safety without support within his/her own housing.
- Less restrictive services have been unsuccessful

Signature of Team Lead

Date of Review