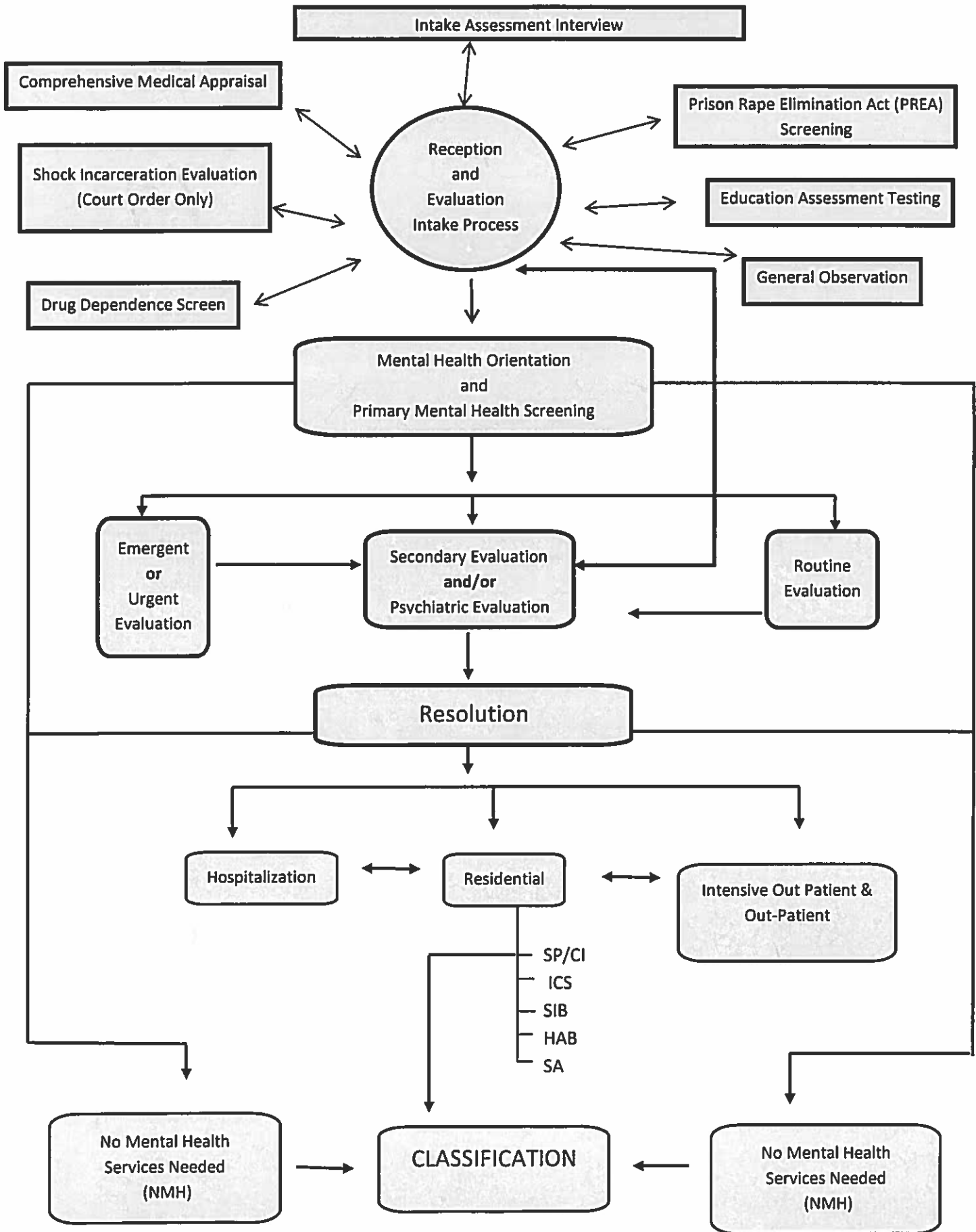


MENTAL HEALTH RECEPTION AND EVALUATION FLOW CHART (SEE INSERT)



**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
INMATE IDENTIFICATION**

SCDC#: 0000000

LOC:

SSN#.....>           -   -  
BIRTH STATE....>       \_\_\_\_\_  
BIRTH COUNTRY.>       \_\_\_\_\_  
FBI NUMBER....>       \_\_\_\_\_  
RACE.....>           \_\_\_\_\_  
EYE COLOR....>       \_\_\_\_\_  
SKIN TONE.....>       \_\_\_\_\_  
HEIGHT.....>       \_\_\_ FT \_\_\_ IN  
ETHNIC ORIGIN..>       \_\_\_\_\_  
MARITAL STATUS.>       \_\_\_\_\_  
NUM OF CHILDREN>       \_\_\_\_\_  
MILITARY STAT...>       \_\_\_\_\_  
CONSULAR NOTIFICATION.>   \_\_\_\_\_  
INTERNATIONAL NOTIFICATION.>   \_\_\_\_\_

SSN CARD INDICATOR>       \_\_\_\_\_  
BIRTH COUNTY....>       \_\_\_\_\_  
BIRTH DATE.....>       00/00/00  
SID NUMBER.....>       \_\_\_\_\_  
SEX.....>           \_\_\_\_\_  
HAIR COLOR.....>       \_\_\_\_\_  
BODY BUILD.....>       \_\_\_\_\_  
WEIGHT.....>       000 LBS.  
CITIZENSHIP.....>       \_\_\_\_\_  
RELIGIOUS PREF....>       \_\_\_\_\_  
MILITARY BRANCH...>       \_\_\_\_\_  
PRIMARY LANGUAGE >       \_\_\_\_\_  
SECONDARY LANG. 1.>       \_\_\_\_\_  
SECONDARY LANG. 2.>       \_\_\_\_\_  
SECONDARY LANG. 3.>       \_\_\_\_\_

**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
LAST ADDRESS/EMERGENCY CONTACT**

SCDC#: \_\_\_\_\_

LOC: \_\_\_\_\_

LAST ADDRESS: STREET. .> \_\_\_\_\_  
CITY. . . .> \_\_\_\_\_ COUNTY .> \_\_\_\_\_  
STATE. . .> \_\_\_\_\_ ZIP. . . . .> \_\_\_\_\_  
FIRST NAME. .> \_\_\_\_\_  
LAST NAME . .> \_\_\_\_\_  
RELATIONSHIP> \_\_\_\_\_

EMERGENCY CONTACT: FIRST NAME. .> \_\_\_\_\_  
LAST NAME . .> \_\_\_\_\_  
RELATIONSHIP> \_\_\_\_\_

EMERGENCY ADDRESS: STREET. .> \_\_\_\_\_ PHONE-1> 000 000-0000  
CITY. . . .> \_\_\_\_\_ PHONE-2> 000 000-0000  
STATE. . .> \_\_\_\_\_ ZIP. . . . .> \_\_\_\_\_  
COUNTY > \_\_\_\_\_

**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
EDUCATION/EMPLOYMENT**

SCDC#: \_\_\_\_\_

LOC: \_\_\_\_\_

**EDUCATION**

HIGHEST GRADE COMPLETED IN SCHOOL ..... > 00  
REASON DID NOT FINISH HIGH SCHOOL ..... >  
WERE YOU EVER IN SPECIAL ED/RESOURCE CLASSES? ..... >  
HIGHEST DEGREE RECEIVED ..... >  
VOCATIONAL TRAINING> \_\_\_ AREA> \_\_\_ RECEIVED CERTIFICATE?> \_\_\_\_\_

**EMPLOYMENT**

EMPLOYER ..... > \_\_\_\_\_  
CITY..... > \_\_\_\_\_ STATE> \_\_\_\_\_  
POSITION HELD ... > \_\_\_\_\_  
WHAT KIND OF WORK DO YOU USUALLY DO?  
MAJOR OCCUPATION .. > \_\_\_\_\_  
SECOND OCCUPATION . > \_\_\_\_\_  
EVER EMPLOYED BY LAW ENFORCEMENT? ... >  
WHERE AND WHAT POSITION? ..... >

**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
JUVENILE**

SCDC#: \_\_\_\_\_

LOC: \_\_\_\_\_

1. WERE YOU EVER ARRESTED BEFORE YOU TURNED 17 YEARS OLD?> \_\_\_\_\_

2. NUMBER OF JUVENILE ARRESTS .....> 00

3. AGE AT FIRST ARREST .....> 00

4. DID YOU EVER SERVE TIME AS A JUVENILE? ..> \_\_\_\_\_ NUMBER OF TIMES> 00  
WHAT FOR, WHEN, HOW LONG?>

---

5. EVER ON PROBATION AS A JUVENILE? .....> \_\_\_\_\_ NUMBER OF TIMES> 00  
WHAT FOR, WHEN, HOW LONG?>

---

6. EVER RUN AWAY FROM HOME AS A JUVENILE? ..>  
EVER ESCAPE FROM A JUVENILE DETENTION CENTER/FACILITY?> \_\_\_\_\_

**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
ALIAS/ACCOMPLICE NAME SUMMARY**

SCDC#: \_\_\_\_\_

LOC:

**TYPE**

**NAME**

**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
MARKS/SCARS/STG**

**SCDC#:** \_\_\_\_\_

**LOC:**

**BEGIN. . . . >**

**< . . . END**

**STG:**  
**ARE YOU A MEMBER OF A GANG? . . . . . >**

**SCDC OFFENDER MANAGEMENT SYSTEM  
INTAKE ASSESSMENT INTERVIEW SYSTEM  
ALCOHOL AND DRUGS**

SCDC#: \_\_\_\_\_

LOC: \_\_\_\_\_

WERE YOU UNDER THE INFLUENCE OF ALCOHOL/DRUGS AT THE TIME OF THE CRIME? \_\_\_\_\_  
ALCOHOL \_\_\_\_\_ DRUGS \_\_\_\_\_ BOTH \_\_\_\_\_

ARE ALCOHOL/DRUGS RELATED TO CRIME? (SELECT UP TO 3 CHOICES):

- |                             |                              |
|-----------------------------|------------------------------|
| _____ ALCOHOL USE           | _____ MONEY TO BUY/USE DRUGS |
| _____ DRUG USE              | _____ POSSESSION AT CRIME    |
| _____ DUI                   | _____ NOT APPLICABLE         |
| _____ PROFIT/FINANCIAL GAIN |                              |

\_\_\_\_\_ DO YOU CURRENTLY USE ANY TOBACCO PRODUCT?  
(CIGARETTES, CIGARS, CHEWING TOBACCO, DIP, SNUFF, ETC.)



**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
TEST DATA**

SCDC#: \_\_\_\_\_

LOC: \_\_\_\_\_

DATE TESTED . . . .>      00/00/00

ESTIMATED IQ (NON VERBAL GROUP) . . .>    000

WRAT READING . . .>      .0      SASSI . . :  
WRAT MATH . . . . .>      .0      BECK . .>      \_\_\_\_\_  
TCUDDS:

MEETS YOA BOOT CAMP CRITERIA? . . .>      \_\_\_\_\_      (IF NO, PROVIDE REASON BELOW)  
REASON> \_\_\_\_\_

MEETS SHOCK REQUIREMENTS? . . . . .>      \_\_\_\_\_      (IF NO, PROVIDE REASON BELOW)  
REASON> \_\_\_\_\_

REFER TO R&E CLINICIAN . . . . .>

**SCDC OFFENDER MANAGEMENT SYSTEM  
RECEPTION AND EVALUATION INTAKE PROCESS  
MENTAL HEALTH**

SCDC #: \_\_\_\_\_

1. Were you ever hospitalized for Mental Health treatment or an evaluation? If yes, when?
  2. Have you ever had outpatient treatment for a mental health problem? If yes, when?
  3. Are you taking medication for mental health reasons?
  4. Have you ever tried to hurt yourself? If yes, when?
  5. Are you thinking about hurting yourself now? **If answer is yes, constitutes an emergent referral to mental health.**
  6. Do you hear voices or sounds that others don't hear or see things that are frightening /unusual that others don't see or hear?
  7. Have you suffered any significant trauma?
  8. Were you ever physically or sexually abused?
  9. Does your present charge involve sexual misconduct?
  10. Have you ever been accused of the sexual assault of another inmate in a federal, state, juvenile, county or local facility? Explain when, where and who?
  11. Have you ever been the victim of a sexual assault by an employee or inmate in a federal, state, juvenile, county or local facility, or while on any form of Community Supervision? Explain when, where and who?
-

## Scoring Key

- Positive responses to question #5 is an emergent referral
- Positive responses to four or more questions is an urgent referral
- Positive responses to any questions is a routine referral.

\*\*\* Screener has the right to override the above based on professional judgment if inmate needs to be seen earlier by a Mental Health Professional.

### Scoring Disposition

No indication of Mental Health issues

\_\_\_\_\_

Emergent Referral

\_\_\_\_\_

Urgent Referral

\_\_\_\_\_

Routine Referral

\_\_\_\_\_