

**Community Psychiatric Support and Treatment (CPST)
Intake Supplement**

Client Name: _____

Assessor: _____

Intake Date: _____

Identify any areas where support is needed:

1. Assist the individual and/or significant individuals to identify strategies or treatment options associated with the individual's behavioral health disorder, which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration _____
2. Support around emotional and behavioral management, and problem behavior analysis with the individual, with the goal of assisting the individual with social, interpersonal, self-care, daily living, and independent living skills to restore stability, to support functional gains and to adapt to community living _____
3. Facilitate participation in and utilization planning and treatments that focus on strengths and needs, resources, natural supports, and developing goals and objectives _____
4. Assist with effectively responding to or avoiding identified precursors or triggers, potential crises and compromised functioning _____
5. Provide ongoing rehabilitation support for individuals pursuing employment, housing, or education goals or goals related to this through ADL management _____
6. Implement interventions using evidence-based and best practice techniques, drawn that assist in managing targeted symptoms and/or recover the person's capacity to cope with or prevent symptom interference with daily activities _____