



# Alaska Mental Health Consumer Web

## INTAKE FORM

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Participant Full Name:** \_\_\_\_\_  
(Please Print Full Name Clearly)

### History

Have you ever experienced a mental illness?      Yes    No    Don't Know    Refused

If yes, please describe when and any treatment received:

---

---

---

---

Have you ever experienced addiction issues?      Yes    No    Don't Know    Refused

If yes, please describe when and any treatment received:

---

---

---

---

What substances do you use on a regular basis?

---

---

---

---

Have you ever been convicted of a felony?      Yes    No    Don't Know    Refused

If yes, Please describe:

---

---

---

**Member Perspective**

What does recovery mean to you?

---

---

---

---

What types of activities do you like to do to have fun?

---

---

---

---

What are your immediate needs (housing, employment, food, clothing, transportation, etc.)?

---

---

---

---

What are a few techniques you use to deal with your challenges?

---

---

---

---

I understand that participation and membership at **Alaska Mental Health Consumer Web** is a privilege which can be limited or revoked at any time. I will be a courteous, considerate and responsible member.

\_\_\_\_\_  
Member Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\_\_\_\_\_  
Staff Initials

# Alaska Mental Health Consumer Web

## Code of Ethics and Conduct

At the Alaska Mental Health Consumer Web, we have specific codes of conduct to assure the safety of everyone. One of the greatest things for us to display is our respect for each other and for the mission of The Web. We try our best to stand united in our vision for growth by adhering to those codes.

**The codes not only apply to our guests but to our volunteers and staff as well.**

The purpose of the Web is to maintain a safe, respectful environment where participants can work towards wellness and wholeness, behave responsibly and ethically, and focus on goals supporting recovery.

**As a condition of individual participation at The Web, participants agree to conduct themselves according to the following code of ethics and conduct:**

*(Please Initial Next to Each Item)*

\_\_\_\_ **Responsibility:** I take responsibility for my conduct in and around the Web premises and at Web activities. I agree that I am accountable for my behavior.

\_\_\_\_ **Respect and Dignity:** Each of us has the right to be treated with dignity and respect, regardless of our personal histories or characteristics, regardless of personal differences. Each of us is also responsible to treat others with dignity and respect. Therefore, I will treat people here ethically and with respect, consideration, and civility, regardless of differences in race, color, ethnicity, religion, sexual orientation, disability, marital status, employment status, or any other characteristic. I will maintain respectful relationships with staff, including the Therapy Cat; other participants, Board members and the general public, and will be civil with others even if I disagree with or dislike them. I will do my part to promote a quiet, safe, respectful and comfortable atmosphere, both within and outside the premises. I will do my part to reduce the stigma of mental illness by focusing on being a positive role model. In regards to the Therapy Cat, I will not interfere with the well-being of this individual, and will not try to feed them any scraps from the table, or interfere with any other care habits in place unless directed by another staff member.

\_\_\_\_ **Goals:** I will develop and work toward recovery and social well-being while at The Web.

\_\_\_\_ **Following the Rules:** I will respect and abide by the majority decisions of the Board and staff, even if I disagree with those decisions. I understand that I may offer suggestions verbally or in writing, and that as a participant I am welcome to attend and make my opinion known at the appropriate time during Board meetings.

\_\_\_\_ **Personal Conduct:** I will do my part to maintain a safe and welcoming environment in and around the premises and at all Web activities in which I take part. I will not interfere with staff in the performance of their duties. I recognize that disruptive behavior - including verbal abuse, threats, shouting, physical intimidation, shoving, assaultive behavior, or damage to the property - will cause consequences which may include warnings or being asked to leave the premises for a day, or for a longer period of time. I understand that multiple incidents may result in my ability to participate being taken away for an extended period of time.

\_\_\_\_\_ **Personal Conduct (cont.):** I understand that physically threatening, assaultive behavior, or property damage may result in the police being called and criminal charges being filed against me. I am also required to provide restitution at the request of the Board of Directors. I will come to The Web only when I am sober. I will not bring alcohol or illegal drugs onto the premises. I will not transact the exchange of drugs or alcohol while on the premises or property of the Web. I agree that if a staff member asks me to leave because I am intoxicated, that I will leave the premises and will not return until I am sober. I will follow the requests of staff when a disagreement or disruption occurs. If I fail to do so, I understand that I may be asked to leave and/or may lose my right to participation or volunteer status.

\_\_\_\_\_ **Complaints and Suggestions:** If I feel I've been treated unfairly or have any other cause to complain, I will complain in a respectful, civil way. If necessary, I will take advantage of formal suggestion and/or complaint procedures at The Web.

\_\_\_\_\_ **Professional Conduct:** As a volunteer, I agree to conduct myself professionally at all times, both on and off the premises when I am representing The Web, in recognition that unprofessional conduct reflects poorly on this organization and its goals. I understand that unprofessional conduct or violation of this code of ethics and conduct may lead to disciplinary action or dismissal. I will not use this organization or my services for my own personal advantage or aggrandizement, or the individual advantage of my friends or supporters. I will follow the guidelines regarding the roles of paid and volunteer staff and Board status. If I am a Board member, I will remember that Board members, when functioning as volunteers, are subject to the direction of the staff on duty, as are all volunteers unless other arrangements have been made by the Executive Director or supervisors. As a volunteer, I will treat all Web participants and members of the public with courtesy, civility, and professionalism. I will not discriminate or use negative language against anyone on the basis of race, color, ethnicity, religion, sexual orientation, disability, marital status, personal history, politics, personal opinions, psychiatric or medical diagnosis, mental health status, employment status, or any other characteristic.

\_\_\_\_\_ **Confidentiality and Privacy:** I will not violate the confidentiality or privacy of participants at The Web, and will not share confidential information. What I see and hear about and by others at The Web will stay here. As a volunteer, I recognize that passing on confidential information is possible grounds for dismissal. If I am a Board member, I recognize that passing on confidential information may result in my being removed from the Board and possible legal action.

\_\_\_\_\_  
Member Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\_\_\_\_\_  
Staff Initials



## **Statewide Alaska Homeless Management Information System (AKHMIS)** **Client Informed Consent**

### **Purpose of This Form:**

Your long-term housing, health, and wellness are important. This form allows for your information to be shared in a statewide database referred to as the Alaska Homeless Management Information System (AKHMIS). The purpose of sharing this information is to assist participating agencies in delivering needed services. By agreeing to share your information, it will also help State and Federal agencies have a better understanding of the needs in Alaska. The basic information you will be sharing is listed below.

A central aspect of this Release of Information form is the principle of “minimum necessary” use and disclosure. When the minimum necessary standard applies to a use and disclosure, an agency will only request relevant personally identifiable information to satisfy a particular purpose or carry out a function. A participating agency requesting this information must have and implement policies and procedures to reasonably limit uses and disclosures of your information

### **If you choose to share your information, the Following Information, Both Current and Historical, can Be Shared:**

- Basic demographic and personal information, including your photo;
- Level of vulnerability and / or disabilities;
- History of housing and homelessness, and services provided to you;
- Use of crisis or emergency services;
- Agency notes, including incidents and program bans; and
- Agency assessments, including benefits and income you receive

**AKHMIS operates under a strict Privacy Policy detailing the confidentiality of the information within the system and how it can be used. Information about AKHMIS can be found at: <https://www.icalliances.org/alaska-documents> Also:**

- Only aggregate (non-identifying) data will be used in public reports;
- If you have concerns about your privacy rights or confidentiality of your information in AKHMIS, you can contact the Agency where you received services;
- If you have concerns about how the Agency serving you is using your information, you can visit the website above;
- The list of Partner Agencies will change over time and this list can be found at the website above;
- You will not lose benefits or be denied services if you do not want to share your information;
- You can choose to opt out of sharing your information at any time by completing and signing the opt-out section on this form at a participating agency or by contacting the website above for further instructions. Any information shared up until that time will remain shared in AKHMIS.

A case manager, from any partner agency, can answer any clarifying questions you may have and provide you with a copy of this form and/or the AKHMIS Privacy Policy.



**Statewide Alaska Homeless Management Information System (AKHMIS)  
Client Informed Consent and Release of Information [Continued]**

My collected information, as described above, will be shared to help me access housing, provide supportive services that best fit my needs, and help evaluate the quality of services and programs around the State. My consent allows any Partner Agency with direct access to AKHMIS to add or update my information in the system without asking me to sign another consent form.

Print Name: \_\_\_\_\_ AKHMIS ID #: \_\_\_\_\_

I agree to have this form cover any minors of which I am the parent / legal guardian  
(Please provide Children's First & Last names and Date of Birth)

_____	_____
_____	_____
_____	_____
_____	_____

Client Opted Out of Data Sharing (**Refused or Revoked Permission ONLY**)

Client or Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Print Name (Client or Guardian): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Client AKHMIS ID #: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Agency Name: Alaska Mental Health Consumer Web



**Personal Information**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: (circle one) M F Other Don't Know Refused

If other, please describe: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Don't Know Refused Age: \_\_\_\_\_

Last four of Social Security #: xxx-xx-\_\_\_\_\_ Don't Know Refused

Primary Race: (circle one)

Alaska Native/American Indian Asian Black/African American  
Native Hawaiian/Pacific Islander White/Caucasian Other Don't Know Refused

If other, please specify: \_\_\_\_\_

Secondary Race: (circle one)

None Alaska Native/American Indian Asian Black/African American  
Native Hawaiian/Pacific Islander White/Caucasian Other Don't Know Refused

If other, please specify: \_\_\_\_\_

Ethnicity: (circle one)

Non-Hispanic/Non-Latino Hispanic/Latino Don't Know Refused

Identification Card #: \_\_\_\_\_ State or Agency: \_\_\_\_\_

None Don't Know Refused

U.S. Veteran: (circle one) Yes No Don't Know Refused

Employment Status: (circle one) Unemployed & Not looking Unemployed & Looking

Under-Employed Part-Time Full-Time Don't Know Refused

Monthly Income: \$ \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
(example: Wages, SSI, APA, and/or etc.)

None Don't Know Refused

Current Living Situation: (circle one) Shelter/Homeless Assisted Living  
Transitional Halfway House Rent Own With Family/Friends Other

If other, please describe: \_\_\_\_\_

Mental Health Trust Beneficiary: (circle all that apply)

- 1. Mental Health 2. Head/Brain Injury 3. Alcoholism/Substance Abuse  
4. Dementia/Alzheimer's 5. Developmental Disabilities  
6. Secondary 7. Non-Beneficiary Don't Know Refused

Do you have a medical condition we should be aware of? Yes No

If yes, please explain: \_\_\_\_\_



**Contact Information**

**Member's Contact Info**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Info**

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Staff Use Only**

Date Intake Completed: \_\_\_/\_\_\_/\_\_\_ Code: \_\_\_\_\_ Date Entered \_\_\_/\_\_\_/\_\_\_ Staff Initials: \_\_\_\_\_

AKHMIS#: \_\_\_\_\_

**Staff Use Only**

**Intake Checklist**

\_\_\_ Intake Application Completed    \_\_\_ Legal Identification Scanned    \_\_\_ Code of Conduct Signed  
\_\_\_ Photo Release Completed        \_\_\_ AKHIMS ROI Completed

**Peer Mentor Notes**

Does the applicant show interest in recovery?    Yes    No

Additional notes:

---

---

---

---

Goals or directions identified during intake session:

---

---

---

---

Peer Mentor follow-up requirements:

---

---

---

---

\_\_\_\_\_  
Staff Member Signature

\_\_\_/\_\_\_/\_\_\_  
Date