

COVID-19 - Screener

Date of Session: _____ Client Name: _____
Client DOB: _____ Client ID: _____
Client Address: _____
Client Phone #'s: _____
Provider and Organization: _____

Section I - The client is eligible for Emergency COVID-19 grant services, if criteria 1 and 2 are present.

Grant Eligibility

1. The client must be 18 years of age or older, state of Iowa resident and (minimum of one required) within the last year:
 - a. has received a substance use disorder diagnosis and/or;
 - b. has received a mental health diagnosis less severe than a serious mental illness (as noted in 1. c.) and/or;
 - c. has received a diagnosis of a serious mental illness (serious mental illness is defined by someone having a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities).

2. The client has been financially, personally, or mentally affected by COVID-19:
 - a. financially affected by COVID-19 (i.e. a job loss of the individual or a household member due to COVID-19);
 - b. personally affected by COVID-19 (i.e. themselves or a family member diagnosed with COVID-19);
 - c. mentally affected by COVID-19 (i.e. an increase in anxiety due to stressful conditions, such as caring for a loved one with COVID-19 or the loss of a loved one);
 - d. developed or experienced an increase in symptoms of mental health and/or substance use disorder.

3. For data collection purposes, please report if this patient is a healthcare professional:
YES or NO



All Emergency COVID-19 grant participants are eligible for one of the two following recovery pathways

- 1. Case Rate with Recovery Support Services or
2. Care Coordination with Recovery Support Services

As a part of the Intake Process, please document the need, the request and the lack of other payment for the following services:

1. Case Rate with Recovery Support Services

- Case Rate (minimum of 2 clinical services a month to include GPRA Interviews)
Contingency Management (\$15 gift cards for every three clinical sessions attended; up to fifteen clinical sessions attended (limited to no more than one incentive per week)
Pharmacological Interventions - MAT
Transportation - Gas Cards/Bus Passes

2. Care Coordination with Recovery Support Services

- Co-Pay/Co-Insurance
Care Coordination
Contingency Management (\$15 gift cards for every three clinical sessions attended; up to fifteen clinical sessions attended (limited to no more than one incentive per week)
Pharmacological Interventions - MAT
Transportation - Gas Cards/Bus Passes

Client Signature: _____

Date: _____

Provider / Witness Signature: _____

Date: _____