# RYAN WHITE PSYCHOSOCIAL ASSESSMENT SUMMARY FORM

Using the completed Psychosocial Assessment as a reference, place a checkmark in the corresponding level of need for each functional area and respond to the questions and prompts that follow. This form may be completed when determining whether a client should remain in medical case management or be transferred to non-medical case management—support. Information summarized in this form may also be used to develop a client's Individualized Service Plan.

Date: _____/_____/_____

## Client Information

Legal First Name: _____     Legal Last Name: _____

## Psychosocial Assessment Summary Table

| FUNCTIONAL AREA | SELF-MANAGEMENT | BASIC | MODERATE or INTENSIVE |
|---|---|---|---|
| Basic Needs | ☐ | ☐ | ☐ |
| Housing | ☐ | ☐ | ☐ |
| Medical Needs | ☐ | ☐ | ☐ |
| Care and Medication Adherence | ☐ | ☐ | ☐ |
| Mental Health | ☐ | ☐ | ☐ |
| Substance Abuse | ☐ | ☐ | ☐ |
| Oral Health | ☐ | ☐ | ☐ |
| Health Insurance | ☐ | ☐ | ☐ |
| Financial Planning | ☐ | ☐ | ☐ |
| Transportation | ☐ | ☐ | ☐ |
| Language and Literacy | ☐ | ☐ | ☐ |
| Safety | ☐ | ☐ | ☐ |
| Developmental Disability | ☐ | ☐ | ☐ |
| Support System | ☐ | ☐ | ☐ |
| Sexual Health/Risk Reduction | ☐ | ☐ | ☐ |
| Knowledge of HIV Disease | ☐ | ☐ | ☐ |
| Legal Issues | ☐ | ☐ | ☐ |

1. **Does the client have moderate or intensive need in ANY of the <u>shaded</u> functional areas?** ☐ Yes   ☐ No
   *(Housing, Medical Needs, Care and Medication Adherence, Mental Health, Substance Abuse, Safety, or Developmental Disability)*
   - If YES: The client should remain in medical case management. Complete the Ryan White Medical Case Management Individualized Service Plan (and any other required forms).
   - If NO:  Go to question two (2).

2. **Does the client have need in ONLY the <u>unshaded</u> functional areas?** ☐ Yes   ☐ No
   *(Basic Needs, Oral Health, Health Insurance, Financial Planning, Transportation, Language and Literacy, Support System, Sexual Health/Risk Reduction, Knowledge of HIV Disease, or Legal Issues)*
   - If YES: The client should be transferred to non-medical case management. Complete the Ryan White NMCM – Support Individualized Service Plan and Ryan White Transfer Form (and any other required forms).
   - If NO:  Go to the next question three (3).

3. **Does the client have basic need in ANY of the shaded areas and basic/moderate/intensive need in ANY of the non-shaded areas?** ☐ Yes   ☐ No
   - If YES: Use clinical judgement to determine if the client should remain in medical case management or be transferred to non-medical case management and complete the Ryan White Individualized Service Plan accordingly (and Ryan White Transfer Form, if applicable). If in doubt, it is recommended the client be retained in medical case management services.
   - If NO:  Return to questions one (1) and two (2). If still uncertain, consult a supervisor.