



MEMBER INTAKE FORM

- For Office Use: Input*
- Database
 - Email
 - Program
 - Antioch
 - WeHo

Date: _____ How Did You Hear About Us? _____ What is your immediate concern? _____

Name Last: _____ First: _____ M.I.: _____ Birth Date: ____/____/____

Primary Phone: (____) _____ Does this number receive text messages? Y N May we text you? Y N

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

May we send you mail at this address? YES NO May we identify ourselves on a voice message? YES NO

Email: _____ May we email you? YES NO

Do you work, rent, go to school, own property, or are homeless in West Hollywood? YES NO

If YES, Employer Name and Address: _____

Gender: _____ Orientation: _____ Are your sexual partners primarily: Male Female

Ethnicity: _____ Primary Language: _____ Family/ Household Size: _____

Annual Income: _____ Occupation/ Source of Income: _____ Dependent Children: _____

Date of your first HIV Diagnosis: ____/____/____ Viral load as of _____ CD4 count as of _____

HIV/AIDS Status: HIV +/-no symptoms HIV +/- with symptoms AIDS /no symptoms AIDS / with symptoms

How did you contract HIV: Sexual Contact _____ IV Drug Use _____ Hemophilia/Coagulation Disorder _____

Rate yourself at managing your own healthcare: Excellent Good Fair Poor

What (if anything) is keeping you from managing your healthcare? _____

Where do you access medical care? _____ Which is your pharmacy? _____

What type of medical coverage do you have? _____ What are your HIV Meds? _____

If on HIV Meds, do you take them as prescribed? Always Sometimes Rarely Never N/A

Do you need more knowledge or understanding about HIV/AIDS? YES NO

Do you need help in setting up a better adherence plan? YES NO Do you need Peer Support? YES NO

Substance Use History: Yes, within past year Yes, not within past year No History Decline to state

Are you currently in treatment for substance use? YES NO If yes, where? _____

Are you currently in treatment for mental health issues? YES NO If yes, where? _____

Do you have any current risk behaviors? Unprotected Sex Crystal Meth Use IV Drug use None

Office Use:
 Necessary paperwork for eligibility: Proof of residency: _____ Proof of Diagnosis: _____ Proof of WeHo Qualification _____

Please read about the different Being Alive programs listed below and check () the ones you are interested in:

Wellness Center

We offer a variety of alternative & holistic practices that will compliment the drug therapies that many people are on. The program includes therapies that are 1-on-1: Chiropractic, Acupuncture, Hypnotherapy, as well as group Kundalini Yoga, Meditation, Poetry Workshop, Acting Workshop, and a Ceramics Studio.

Antioch Alive (Psychotherapy)

This ground breaking Mental Health program will pair you with a Master's level Psychotherapy Intern or Graduate Therapist from Antioch University's pioneering LGBT Graduate Psychology Specialization. This specialization trains graduates in LGBT affirmative psychodynamic therapy, counseling and community work, with additional training in HIV/AIDS related issues. They offer individual, group, couples, family, and short term crisis counseling.

Activities & Events

We offer a few monthly social events designed to bring people out of isolation and find support and friendships with others living with HIV & AIDS. Barbeques & picnics, field trips, museum tours, concert & comedy shows, and parties are just some.

Advocacy

We involve peers in building a healthier & stronger HIV/AIDS community by education, mobilizing, and engaging others to effect reform. The Advocacy committee influences legislators to secure funding for HIV/AIDS programs; promotes equal access & increase in quality health care & social services, and establish sensible policy & legislation.

Medical Updates/ Treatment Education

Learn current information on medical breakthroughs, clinical trials, drug interactions, etc. at our monthly presentations from HIV experts/ guest speakers along with a meal. We also have a Speaker's Bureau that travels to high schools, colleges & work places educating people about living with HIV.

Prevention / Get Real / PeP/PrEP Workshops

Group & individual risk reduction counseling sessions that enhance personal strategies to improve life skills by discussing HIV/STD transmission, disclosure, reducing substance misuse, sex, dating, & relationships. Community forums on superinfection/reinfection, microbicides, HIV vaccines & other medical breakthroughs on HIV prevention. The PeP/PrEP Workshops will provide information and referrals for PEP/PrEP. Incentives are provided for attending all 3 weekly sessions.

Peer Support

We offer a variety of Peer Support groups led by trained facilitators (not therapists or psychiatrists). The goal of each confidential group is to gather strength and knowledge from others living with HIV & AIDS. We also offer 1-on-1 Peer Counseling. We can help you access services from other outside organizations.

Please check the outside services listed below that you may need referrals to:

Housing Transportation Legal Food Banks Medical/ Dental Resources
 Case Mgmt. (Benefits) Mental Health Counseling Drug/ Alcohol Mgmt. Other

Emergency Contact

Name, Last: _____ First: _____ Phone: (_____) _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this person aware of your HIV Status? YES NO

By signing below, I authorize Being Alive to release/share information with other like agencies regarding services I've received, my HIV status, finances, and physical/mental conditions for purposes of assistance in gaining services related to my needs. This information may be shared through mail, by telephone/fax, or electronic computer mail. I understand that I may revoke this consent at any time, by contacting Being Alive in person, by phone or in writing. (A list of these other agencies will be provided to me upon request, and I may add other specific agencies to this consent. I have been given the HIV/AIDS Patient's Bill of Rights/Responsibilities and been made aware of the Grievance Procedures.)

 X

Member Signature

Date

 X

Staff Signature

Date