

STATE OF FLORIDA
ALCOHOL, DRUG ABUSE & MENTAL HEALTH
FARS FORM

(* Mandatory Fields)

Client Name: _____

Client ID#: _____

1. *CLIENT SSN: _____

2. *CONTRACTOR ID: _____
Federal Employer ID# of agency directly contracted with SAMH. If your agency is subcontracted, enter the ID# of the contractor/ASO here.

5. *PROVIDER ID: _____
Federal Employer ID# of the provider agency actually completing the FARS. Subcontracted agencies Tax ID# goes here. Contractor agencies reenter the Contractor ID.

3. *DCF EVALUATION (PURPOSE): _____
1 - Admission/initiation into episode of care
2 - Six (6) month interval after admission
3 - Discharge from agency
4 - Administrative Discharge
5 - None of the Above (Program Evaluation Only)

6. Program Evaluation Purpose (Optional): _____
1 - Admission to Program
2 - Six months after admission to program
3 - Annually after admission to program or service
4 - Planned discharge from /transfer to a program service within agency
5 - Administrative discharge
6 - None of the above

3. *EVALUATION DATE: _____
(format mm/dd/yyyy)

7. M-GAF SCORE: _____
8. *RATER EDUCATION / SPECIALTY: _____
9. *RATER FMHI CERTIFICATION#: _____

10. *SUBSTANCE ABUSE HISTORY: ____ Yes (1) or No (0)

Respond to questions 11 through 28 with the appropriate rating for this scale.

1 - No Problem
2 - Less than Slight Problem
3 - Slight Problem

4 - Slight to Moderate Problem
5 - Moderate Problem
6 - Moderate/Severe Problem

7 - Severe Problem
8 - Severe/Extreme Problem
9 - Extreme Problem

11. *DEPRESSION SCALE: ____

20. *FAMILY RELATIONSHIPS SCALE: ____

12. *ANXIETY SCALE: ____

21. *FAMILY ENVIRONMENT SCALE: ____

13. *HYPER AFFECT SCALE: ____

22. *SOCIAL - LEGAL SCALE: ____

14. *THOUGHT PROCESS SCALE: ____

23. *WORK / SCHOOL SCALE: ____

15. *COGNITIVE PERFORMANCE SCALE: ____

24. *ACTIVITIES OF DAILY LIVING (ADL) SCALE: ____

16. *MEDICAL/PHYSICAL SCALE: ____

25. *ABILITY TO CARE FOR SELF SCALE: ____

17. *TRAUMATIC STRESS SCALE: ____

26. *DANGER TO SELF SCALE: ____

18. *SUBSTANCE USE SCALE: ____

27. *DANGER TO OTHERS SCALE: ____

19. *INTERPERSONAL RELATIONSHIP SCALE: ____

28. *SECURITY MANAGEMENT NEEDS: ____

29. *ContID 1: _____

30. *ContID 2: _____

31. *ContID 3: _____

32. PROVIDER LOCAL INFORMATION: _____

33. Medicaid Recipient ID: _____

35. MCO ID: _____

34. Medicaid Provider ID: ____

36. County of Service: ____

Signature _____

Date _____