Beyond Empowerment Enrollment Form
To be completed by the Beyond Empowerment provider

Participant's Name:_____ **Date:**_____

1. The applicant is between the ages of 18-21 years old

   ☐ Yes ☐ No

2. The applicant qualifies for mental health services or co-occurring services

   ☐ Yes ☐ No

3. The applicant presents for services in Miami- Dade County

   ☐ Yes ☐ No

4. The applicant consents to receiving support and services

   ☐ Yes ☐ No

A person's appearance, style, dress, or mannerisms (like the way they walk or talk) may affect the way people think of them. On average, how do you think people you know would describe your appearance, style, dress or mannerisms?

- ☐ Very feminine
- ☐ Mostly feminine
- ☐ Somewhat feminine
- ☐ Equally feminine and masculine
- ☐ I am unsure
- ☐ I do not want to respond
- ☐ Somewhat masculine
- ☐ Mostly masculine
- ☐ Very masculine

What sex were you assigned at birth, on your original birth certificate?

☐ Male ☐ Female

How do you describe yourself (check one)?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Do not identify as female, male or transgender
- ☐ I am unsure
- ☐ I do not want to respond

Do you think of yourself as (please check all that apply):

- ☐ Straight

- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Transgender, transsexual, or gender non-conforming
- ☐ I am unsure
- ☐ I do not want to respond

If the participant answered "transgender" to the question above, ask:

- ☐ Transgender or transsexual, male to female
- ☐ Transgender or transsexual, female to male
- ☐ Gender non-Conforming
- ☐ I am unsure
- ☐ I do not want to respond

Clinical Information:

Mental Health Diagnosis _____

_____

_____

Identify assessment(s) used to acquire diagnosis (Check all that apply):

☐ Bio-psychosocial Date completed: _____

☐ Functional Assessment Rating Scale (FARS) Date completed: _____

☐ Mental Health Outcome Date completed: _____

☐ Ansell Casey: Date completed: _____

☐ Other: Date Completed: _____

Approval

Request for enrollment number. To be completed by SFBHN representative:

The individual is enrolled in Beyond Empowerment Yes ☐ No ☐

Enrollment number: _____ Date of Enrollment: _____

_____ _____ _____

Request Completed By (Print) Signature Date

E-mail the form to SFBHN. Electronically submitted documents must be password protected.