**A NEW TOMORROW**

 **BEHAVIORAL HEALTH SERVICES**

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**SNAP Questionnaire Instructions:** Put a checkmark next to the strengths/needs/abilities/preferences that you believe you or your child has.

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **STRENGTHS**  ☐Ability to ask for help ☐Determined ☐Good social support system ☐Organized ☐Honest ☐Articulate ☐Dependable ☐Good Family Relationships ☐Physically Strong ☐Athletic ☐Dynamic ☐Has Charisma ☐Resilient ☐Business like ☐Energetic ☐Has integrity ☐Responsible ☐Cares about others ☐Motivated ☐Enthusiastic ☐Self-reliant ☐Centered ☐Humble ☐Exercises regularly ☐Sincere ☐Confident ☐ Flexible ☐Financially stable ☐Humorous ☐Considerate ☐Spiritual/religious ☐Creative ☐Intelligent ☐Very patient ☐Courageous ☐Generous ☐Level Headed ☐Well-liked by others ☐Goal oriented ☐Other

 **NEEDS** ☐Advanced Directives ☐Grief Counseling ☐Increase Motivation ☐Relapse Prevention ☐Social Supports ☐Abuse/Trauma Counseling ☐Help with negatives in life ☐Increase self-esteem ☐Relaxation skills ☐Anger Management ☐Help with bipolar highs/lows ☐Insomnia relief ☐Boundary Setting ☐Employment ☐HIV/AIDS Counseling ☐Learn to have fun ☐Spiritual Support ☐Domestic Violence Counseling ☐Housing/Shelter ☐Learn to read ☐Stress reduction ☐Education Assistance ☐Improved honesty ☐Learn to say “no” ☐Time Management ☐Eliminate Hallucinations ☐Improved relationships ☐Legal assistance ☐To improve trust ☐Improved social skills ☐Medical Consultation ☐To understand diagnosis ☐Impulse Control ☐Financial Counseling ☐Medication education ☐Transportation help ☐Public assistance ☐Values clarification ☐Other

 **Abilities** ☐Time management ☐Computer literate ☐Good with people ☐Manages money well ☐Artistic ☐Creative ☐Has GED/Diploma ☐Organized ☐Assertive in a positive way ☐Employable/always works ☐Athletic ☐Has empathy toward others ☐Problem solving skills ☐Follows directions ☐Homemaking skills ☐Public Speaking ☐Auto mechanic ☐Good driver ☐Keeps appointments ☐Successful at school ☐Can read well ☐Good parenting skills ☐Makes friends easily ☐Takes all medications ☐Volunteer work ☐Others

 **Preferences** ☐AM Appointments ☐PM Appointments ☐Female Therapist ☐ Male Therapist ☐Specific age of therapist ☐Spiritual Guidance Independently ☐Therapy in home ☐Therapy in office ☐Therapy in school ☐Group therapy ☐Individual Therapy ☐Family therapy ☐Hearing-impaired services ☐Sight-impaired services ☐Spanish Speaking services ☐No written/reading assignments ☐Atypical antipsychotics ☐Other

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_