NC-TOPPS
TASC CJM Intake 2026

****Use this form for backup only. Enter data into web-based system. (https://nctopps.ncdmh.net/tasc.htm)**

Clinician First Initial & Last Name

Please provide the following information about the consumer:

Consumer ID:

Date of Birth: / /

County of TASC Management:

Gender:
☐ Male ☐ Female

1. Date Consumer Referred to TASC: / /

2. TASC Referrals:
☐ Eligible to receive TASC services
☐ Not Eligible - no involvement in CJS ➔ *(Stop here)*
☐ Not Eligible - not interested in services ➔ *(Stop here)*
☐ Not Eligible - no SUD/MH issue ➔ *(Stop here)*
☐ No Show ➔ *(Stop here)*

3. State of Arrest: ➔ Skip to question 4 if *not* NC

b. NC County of Arrest:

c. NC Docket Number (current, most serious):
☐ CR ☐ CRS

4. OPUS Number:

5. TASC Assessment Date: / /

6. Is the consumer of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No ➔ *(skip to 7)*
b. If ***yes***, please specify origin:
☐ Hispanic, Mexican American
☐ Hispanic, Puerto Rican
☐ Hispanic, Cuban
☐ Hispanic, Other

7. Which of these groups best describes the consumer?
☐ African American/Black
☐ White/Anglo/Caucasian
☐ Multiracial
☐ American Indian/Native American
☐ Alaska Native
☐ Asian
☐ Pacific Islander
☐ Other

8. What is the consumer's current marital status?
(include same sex partnerships as living as married)
☐ Married
☐ Living as married
☐ Divorced
☐ Separated
☐ Widowed
☐ Never been married

9. Is the consumer or a member of the consumer's immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?
☐ Yes, active Military, Military Reserve or National Guard
☐ Yes, veteran or prior service member
☐ Yes, family member
☐ No

10. At any time in the past, has the consumer been suspected of having a head or brain injury?
☐ Yes ☐ No

11. Primary Diagnosis: (Select one or enter primary diagnosis below)
☐F10.10 - Alcohol Use Disorder, Mild
☐F10.20 - Alcohol Use Disorder, Moderate
☐F10.20 - Alcohol Use Disorder, Severe
☐F12.10 - Cannabis Use Disorder, Mild
☐F12.20 - Cannabis Use Disorder, Moderate
☐F12.20 - Cannabis Use Disorder, Severe
☐F14.10 - Cocaine Use Disorder, Mild
☐F14.20 - Cocaine Use Disorder, Moderate
☐F14.20 - Cocaine Use Disorder, Severe
☐F11.10 - Opioid Use Disorder, Mild
☐F11.20 - Opioid Use Disorder, Moderate
☐F11.20 - Opioid Use Disorder, Severe
☐F15.10 - Amphetamine or Other or Unspecified Stimulant Use Disorder, Mild
☐F15.20 - Amphetamine or Other or Unspecified Stimulant Use Disorder, Moderate
☐F15.20 - Amphetamine or Other or Unspecified Stimulant Use Disorder, Severe
☐F18.10 - Inhalant Use Disorder, Mild
☐F18.20 - Inhalant Use Disorder, Moderate
☐F18.20 - Inhalant Use Disorder, Severe
☐F13.10 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Mild
☐F13.20 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Moderate
☐F13.20 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe
☐F16.10 - Phencyclidine or Other Hallucinogen Use Disorder, Mild
☐F16.20 - Phencyclidine or Other Hallucinogen Use Disorder, Moderate
☐F16.20 - Phencyclidine or Other Hallucinogen Use Disorder, Severe
Primary diagnosis if not listed above: .
☐ No diagnosis
☐ MH Only diagnosis ➔ *(skip questions 19-22)*

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12. In the past 3 months, <u>where</u> did the consumer live most of the time?

☐ Homeless ➔ *(answer b)*
☐ Temporary housing ➔ *(answer c)*
☐ Private or permanent residence ➔ *(answer d if adult, skip to 13 if adolescent)*
☐ Residential program ➔ *(answer e if adult, answer f if adolescent)*
☐ Facility/institution ➔ *(answer g)*
☐ Other ➔ *(skip to13)*

b. If *homeless*, please specify the consumer's living situation most of the time in the past 3 months.
☐ Sheltered (homeless shelter)
☐ Unsheltered (on the street, in a car, camp)

c. If *temporary housing*, please specify the type of temporary housing the consumer lived in most of the time in the past 3 months.
☐ Transitional housing (time-limited stay)
☐ Living temporarily with other(s)

d. **<u>For Adult TASC consumer only:</u>**
If *private residence*, please specify the type of residence the consumer lived in most of the time in the past 3 months.
☐ Self-owned ☐ Rent without rental assistance
☐ Rent with rental assistance ☐ Other

e. **<u>For Adult TASC consumer only:</u>**
If *residential program*, please specify the type of residential program the consumer lived in most of the time in the past 3 months.
☐ Alternative family living ☐ Licensed supervised apartment
☐ Group home ☐ Family care home
☐ Residential treatment center ☐ Halfway house

f. **<u>For Adolescent TASC consumer only:</u>**
If *residential program*, please specify the type of residential program the consumer lived in most of the time in the past 3 months.
☐ Foster home
☐ Therapeutic foster home
☐ Level III group home
☐ Level IV group home
☐ State-operated residential treatment center
☐ Substance use disorder residential treatment facility
☐ Halfway house

g. If *facility/institution*, please specify the type of facility the consumer lived in most of the time in the past 3 months.
☐ PRTF (adolescent only)
☐ Public institution
☐ Private institution
☐ Adult care home/assisted living (adult only)
☐ Nursing facility (adult only)
☐ Correctional facility

13. What is the highest grade the consumer completed or degree s/he received in school?

☐ Grade K, 1, 2, 3, 4, or 5
☐ Grade 6, 7, or 8
☐ Grade 9, 10, 11, or 12 (no diploma)
☐ GED
☐ High school diploma
☐ Some college or technical/ vocational school
☐ 2-year college/assoc. degree
☐ 4-year college degree
☐ Graduate work, no degree
☐ Professional degree or more

14. Is the consumer currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?

☐ Yes ☐ No ➔ *(skip to 15)*

b. If ***<u>yes</u>***, the consumer is currently enrolled in what programs for credit? *(mark all that apply)*
☐ High School
☐ GED Program, Adult literacy
☐ College
☐ Technical/Vocational school
☐ Other

15. In the past 3 months, what best describes the consumer's employment status? *(mark only one)*

☐ Full-time work (working 35 hours or more a week) ➔ *(skip to 16)*
☐ Part-time work (working less than 35 hours a week) ➔ *(skip to 16)*
☐ Unemployed (seeking work or on layoff from a job) ➔ *(skip to 16)*
☐ Not in labor force (not seeking work)

b. If *not seeking work*, what best describes the consumer's current status?
☐ Homemaker
☐ Student
☐ Retired
☐ Chronic medical condition which prevents employment
☐ None of the above

16. In the past 3 months, how often did the consumer participate in ...

a. positive community/leisure (extracurricular) activities?
☐ Never
☐ A few times
☐ More than a few times

b. recovery-related support or self-help groups?
☐ Never ➔ *(answer c)*
☐ A few times ➔ *(answer b-1)*
☐ More than a few times ➔ *(answer b-1)*

b-1. In the past month, how many times did the consumer attend recovery- related support or self-help groups?
☐ Did not attend in past month
☐ 1-3 times (less than once per week)
☐ 4-7 times (about once per week)
☐ 8-15 times (2 or 3 times per week)
☐ 16-30 times (4 or more times per week)
☐ some attendance, but frequency unknown

c. organized religious activities?
☐ Never
☐ A few times
☐ More than a few times

17. Referral Source: *(mark primary referral)*
☐ Judge/Court
☐ DAC (probation, CJP post-release)
☐ Tailored Plan
☐ Attorney/Self-Referral
☐ Other

18. <u>Females only</u> : Is the consumer currently pregnant?
☐ Yes ☐ No ☐ Unsure

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19. *If Primary Diagnosis is not MH Only:* **Please indicate the consumer's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.**

☐ Alcohol	☐ Other Opiates/ Opioids	☐ Benzodiazepine	☐ Oxycodone (OxyContin, Percocet, Percodan)	☐ GHB/GBL
☐ Marijuana/ Hashish	☐ Non-Prescription Methadone	☐ Other Non-Benzodiazepine Tranquilizer	☐ MDMA (Ecstasy)	☐ Cannabinoids, Delta THC/Other Synthetic
☐ Cocaine/Crack	☐ PCP-Phencyclidine	☐ Barbiturate	☐ Prescription Drug	☐ Xylazine
☐ Methamphetamine	☐ Other Hallucinogen	☐ Other Non-Barbiturate Sedative or Hypnotic	☐ Ketamine	☐ Other Drug
☐ Heroin	☐ Other Amphetamine	☐ Inhalant	☐ Spice	
☐ Fentanyl	☐ Other Stimulant	☐ Over-the-Counter	☐ Dilantin	

20. *If Primary Diagnosis is not MH Only*: **Please indicate the consumer's age at first use/intoxication and how each substance was taken (if applicable) for the Primary, Secondary (if applicable), and Tertiary (if applicable) substance(s).**

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Alcohol	☐☐	N/A
Marijuana/Hashish	☐☐	N/A
Cocaine/Crack	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Methamphetamine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Heroin	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Fentanyl	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Opiates/Opioids	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Non-Prescription Methadone	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
PCP-phencyclidine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Hallucinogen	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Amphetamine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Stimulant	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Benzodiazepine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Non-Benzodiazepine Tranquilizer	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Barbiturate	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Other Non-Barbiturate Sedative or Hypnotic	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Inhalant	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Over-the-Counter	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Oxycodone (Oxycontin, Percocet, Percodan)	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
MDMA (Ecstasy)	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Prescription Drug	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Ketamine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Spice	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Dilantin	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
GHB/GBL	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Cannabinoids, Delta THC/Other Synthetic	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Xylazine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Drug	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other

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21. *If Primary Diagnosis is not MH Only:* **Please mark the frequency of use for each substance the consumer used in the past 12 months and past month.**

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping use *(any tobacco/vaping products)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heavy alcohol use *(>=5(4) drinks per sitting)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fentanyl use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other opiates/opioids use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other drug use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other Drug Codes
5=Non-prescription Methadone
7=PCP-Phencyclidine
8=Other Hallucinogen
9=Methamphetamine
10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquilizer
14=Barbiturate
15=Other Sedative or Hypnotic
16=Inhalant
17=Over-the-Counter
22=Oxycodone(OxyContin, Percocet, Percodan)
29=MDMA (Ecstasy)
46=Ketamine
57=Prescription Drug
58=Spice
59=Dilantin
61=GHB/GBL
62=Cannabinoids
63=Xylazine

22. *If Primary Diagnosis is not MH Only:* **Substances that contributed to current legal involvement:** *(mark all that apply)*

☐ None
☐ Alcohol
☐ Marijuana
☐ Cocaine
☐ Heroin
☐ Fentanyl
☐ Other opiate
☐ Hallucinogen
☐ Amphetamine
☐ Tranquilizer
☐ Inhalant
☐ Over-the-counter
☐ Prescription Drug
☐ Unsure

23. In the past month, how many times has the consumer been arrested (or had a petition filed for adjudication) for any offense including DWI?

☐☐ ➔ *(enter 0, if none; answer b if greater than zero)*

b. Indicate the type(s) of crime from arrest(s) in the past month: *(mark all that apply)*

☐ Violent felony
☐ Property felony
☐ Drug felony
☐ Other felony
☐ Violent misdemeanor
☐ Property misdemeanor
☐ Drug misdemeanor
☐ Other misdemeanor

24. Please indicate the consumer's DAC Supervision Level.

☐ Level 1
☐ Level 2
☐ Level 3
☐ Level 4
☐ Level 5
☐ Pending

25. Please indicate the consumer's DAC Need Level.

☐ Extreme (L1)
☐ High (L2)
☐ Moderate (L3)
☐ Low (L4)
☐ Minimal (L5)
☐ Pending

26. TASC Priority Population:

☐ Intermediate punishment offender
☐ Offender who completed a DAC program
☐ Community punishment violator
☐ Other DAC referral
☐ Other CJS/Judicial referral

27. Most serious crime type related to TASC referral:

☐ Violent felony
☐ Property felony
☐ Drug felony
☐ Other felony
☐ Violent misdemeanor
☐ Property misdemeanor
☐ Drug misdemeanor
☐ Other misdemeanor

28. Does the consumer have a need for any of the following? *(mark all that apply)*

☐ Wheelchair/Mobility equipment or services
☐ Equipment or services due to a physical disability
☐ Equipment or services due to being deaf/hard of hearing
☐ Sign language interpreter
☐ Foreign language interpreter
☐ Equipment or services due to being visually impaired
☐ Childcare
☐ Equipment or services due to being a frail senior
☐ Other
☐ None of the above/NA

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29. Services and Supports Recommended: *(mark all that apply)*

- ☐ Peer support services
- ☐ Family/Parenting classes
- ☐ Faith-based services
- ☐ Self-care/Wellness activities (ex. Yoga, Guided Meditation, Exercise)
- ☐ Transportation services
- ☐ Housing services
- ☐ Food supply
- ☐ Financial wellness/Education programs
- ☐ Harm reduction services
- ☐ Syringe Services Programs (SSPs)
- ☐ Primary Care/Medical Services
- ☐ Drug and other education classes
- ☐ CBI ➔ *(answer a)*
- ☐ Mental health services
- ☐ Detox
- ☐ Pre-treatment education
- ☐ SA Outpatient ➔ *(answer b)*
- ☐ SA Intensive Outpatient (IOP) ➔ *(answer c)*
- ☐ SA day treatment
- ☐ Residential
- ☐ Therapeutic community
- ☐ AA/NA/Self help
- ☐ Specialty courts
- ☐ DART Center
- ☐ Black Mountain
- ☐ Crisis Services
- ☐ Medication Management
- ☐ Other

a. If CBI, **who is funding/paying for CBI services?**
☐ TECS ☐ Non-TECS

b. *If SA Outpatient,* **who is funding/paying for SA Outpatient services?**
☐ TECS ☐ Non-TECS

c. *If SA Intensive Outpatient (IOP),* **who is funding/paying for SA Intensive Outpatient (IOP) services?**
☐ TECS ☐ Non-TECS

30. What support would help reduce the consumer's risk of future legal involvement? *(mark all that apply)*

- ☐ Support for substance use concerns (treatment, medications, peer support)
- ☐ Support for mental health concerns (therapy, medications, crisis support)
- ☐ Safer and more stable housing
- ☐ Help with employment
- ☐ Help with education
- ☐ Support with relationships or family stress
- ☐ Legal advocacy/help understanding court or probation requirements
- ☐ Transportation
- ☐ Basic needs (food, clothing, hygiene)
- ☐ Help addressing past trauma and safety
- ☐ Other

31. Is this a TASC Assessment ONLY case?
☐ Yes ➔ *(end of interview)* ☐ No

b. Level of Care Management:
☐ Level I ☐ Level II ☐ Level III

End of interview