

Raleigh Employee Assistance Program, Inc. (REAP)

Client Form Instructions & General REAP Information

EAP-Covered Employee: For all new appointments & case re-openings, please print & fill out the **REAP CLIENT INTAKE DATA (Page 2)** and **EAP STATEMENT OF UNDERSTANDING (Page 3)** forms.

Note: each person attending a session with you should complete the REAP Secondary Client Intake Data (Page 4) & EAP Statement of Understanding (Page 3) forms.

All Related Others: For all new appointments & case re-openings, please print & fill out the **REAP SECONDARY CLIENT INTAKE DATA (Page 4)** & **EAP STATEMENT OF UNDERSTANDING (Page 3)** forms.

Note: If attending sessions together with EAP-covered employee, family may all sign on one copy of EAP Statement of Understanding.

REAP OFFICE ADDRESS

1008 Bullard Court, Suite 101, Raleigh, North Carolina 27615

ARRIVAL & REGISTRATION

All clients are asked to arrive at least **10 minutes prior to their appointment, with all printed & completed.** Upon arrival, always check-in at the reception window, as some additional information may be needed.

Upon departure, please **use the side door** to ensure the privacy & confidentiality of all clients.

EAP APPOINTMENTS & COSTS

Appointments usually last 50 minutes and are scheduled on weekdays only. Depending on the counselors' schedules, first appointments are generally 9am. REAP also offers late afternoon and evening appointments, with the last available starting at 5:30pm, except on Fridays. For REAP-covered employees, special consideration for other weekday appointment times may be available – call our office for more information.

For appointment changes and cancellations, please call at **least 24 hours in advance** (voicemails are acceptable). Due to the high demand of appointments, particularly those after 2:30p.m., repeated late cancellations/no-shows may be counted towards your allowed EAP visits and/or you may not be able to reschedule your appointment. **REAP does not currently provide appointment reminder telephone calls.**

For **crisis** outside regular business hours, you may call **919-872-4786, option 1** (or **1-800-554-1399, option 1**) and have an on-call counselor paged. You may also call Hopeline at 919-231-4525 or RESPOND at 919-250-7000 (or 1-800-422-1840) for 24-hour crisis intervention services.

If you are experiencing an emergency, call 911 or seek help at your nearest emergency room.

EAP SESSIONS & COSTS

REAP is a human service firm that offers assessments, referrals, and short-term counseling to employees and eligible family members through a contract prepaid by your employer, **at no cost to you.** Depending on the contract with your employer, services will usually include **up to 3 or more visits.**

QUESTIONS OR CONCERNS

If you have any questions about completing these forms or any other concerns, please call **REAP's Office Manager at 919-872-4786 (Toll-free at 1-800-554-1399).**

REAP Client Intake Data Form

Employee's Name (Last, First, MI): _____

Preferred Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ **Age:** _____ **SSN: XXX-XX-**_____

Gender: Male Female **Are you Pregnant or Nursing?** Yes No

Employer: _____ **Length at Current Employer:** _____

School or Dept: _____ **Job Title:** _____

FT PT Other: _____ **Do you need more info about REAP at your worksite?** Yes No

Home Address: _____ **ZIP:** _____

DO WE HAVE YOUR PERMISSION TO SEND MAIL TO YOUR HOME ADDRESS? Yes No

Your Phone(s): Home _____ - _____ - _____ Work _____ - _____ - _____

Cell _____ - _____ - _____ Other _____ - _____ - _____

Preferred Phone Contact Method: Any phone or *Check all that apply:* Home Work Cell Other

WHERE MAY WE LEAVE CONFIDENTIAL MESSAGES? Home Work Cell Other **NONE**

WILL ANYONE ELSE ATTEND THE SESSION WITH YOU? NO YES (They must complete Intake & SOU forms)

Relationship Status: Divorced Married Single Single, Living Together Separated Widowed

List the name(s) of your household members (If live alone, skip):

<u>First Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH INSURANCE: No Yes: List _____

Current Medications Taken	Primary reason for medication	Dosage (if known)

Briefly describe the situation(s) that bring(s) you to REAP: _____

Please check issues you wish to discuss: Job Substance Abuse Suicidal Thoughts Financial Phy/Sex Abuse
 Relationship/Marital Anxiety/Nervousness Depression/Withdrawal Anger/Violence Health Family Grief/Loss

How did you hear about REAP? (check all) Previous REAP visit REAP website Co-Worker/Friend/Family
 Training/Presentation Employer Intranet/Poster REAP Literature Other: _____

Did an HR Consultant/Manager/Supervisor suggest you call REAP? No Yes: Why? _____



EAP STATEMENT OF UNDERSTANDING

(EVERYONE attending any EAP session must sign below)

DESCRIPTION OF SERVICES & COSTS:

Raleigh Employee Assistance Program, Inc. (REAP) is a human services firm that offers assessments, referrals, and short-term counseling to employees and eligible family members through a contract prepaid by your employer (no cost to you or your family). Services will usually include up to 3 or 4 visits, depending on the contract with your employer and the issues involved.

REAP does not provide diagnosis, treatment, court-related services or on-going counseling. If specialized or on-going counseling is indicated, referrals may be recommended following the problem assessment. REAP consultants will work to locate appropriate resources which are affordable and may be covered in part under your insurance. It is your responsibility to determine whether the conditions and limits of your insurance policy cover recommended services and providers. You are also responsible for any costs involved with referrals.

CONFIDENTIALITY: Please ask your EAP consultant any questions you may have.

The use of the EAP is voluntary, except in the cases of management-referrals, and confidential. REAP will not share any information regarding your involvement here without your prior knowledge and explicit consent. Exceptions include requirements by law; a situation where the EAP staff believes there is potential danger to self or others; suspected child or elder abuse/neglect; or where REAP is required to comply with a subpoena/court order.

When you use EAP visits in conjunction with your spouse or significant other, no information or documentation will be disclosed to either party individually or to third parties unless each of you voluntarily authorizes release of information in the REAP record.

APPOINTMENT CHANGES: We do not provide appointment reminder calls.

** 24-Hour Notice Requested for Appointment Changes & Cancellations**

We need & appreciate your cooperation. Please give REAP 24-hour notice regarding appointment cancellations or reschedules (voice mails ARE accepted). Late afternoon times (3pm or later) are especially in high demand: If you repeatedly do not show for appointments or give late-cancellation notice (less than 24 hours), you may not be able to reschedule. Missed appointments or cancellations without at least 24-hour notice could result in counting toward the maximum number of visits allowed under your EAP. Also, if your EAP consultant or REAP has no contact with you for 30 days, your file may be automatically closed.

City of Raleigh employees/family members (self-referred): Repeated "No-Shows" or late cancellations may result in your being responsible to pay a fee of \$53.00 in the form of a money order/certified check before your next visit.

My signature indicates that I have read & understand and will discuss any concerns with my counselor.

REAP Client _____ Date: _____

REAP Client _____ Date: _____

REAP Client _____ Date: _____

REAP Client _____ Date: _____

EAP staff _____ Date: _____

REAP Secondary Client Intake Data
(Anyone other than the EAP-Covered Employee)

RELATIONSHIP TO EAP-COVERED EMPLOYEE: _____

Other Attending Client Name (Last, First, MI): _____

Preferred Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Age: _____ SSN: XXX-XX-_____

Gender: Male Female Are you Pregnant or Nursing? Yes No

EAP-COVERED EMPLOYEE INFORMATION: *(Skip this section if being seen with EAP-covered employee)*

Employee Name (Last, First, MI): _____

Gender: Male Female Age: _____ FT PT Other: _____

Employer: _____ Length at Current Employer: _____

School or Dept: _____ Job Title: _____

Home Address: _____ ZIP: _____

Do we have your permission to send mail to your home address? Yes No

Your Phone(s): Home _____ - _____ - _____ Work _____ - _____ - _____

Cell _____ - _____ - _____ Other _____ - _____ - _____

Preferred Phone Contact Method: Any phone OR check all that apply: Home Work Cell

WHERE MAY WE LEAVE **CONFIDENTIAL** MESSAGES? Home Work Cell Other **NONE**

HEALTH INSURANCE: No Yes: List _____

Current Medications Taken	Primary reason for medication	Dosage (if known)

WILL ANYONE ELSE ATTEND THE SESSION WITH YOU? NO YES (They must complete Intake & SOU forms)

Briefly describe the situation(s) that bring(s) you to REAP: _____

Please check issues you wish to discuss: Job Substance Abuse Suicidal Thoughts Financial Phy/Sex Abuse

Relationship/Marital Anxiety/Nervousness Depression/Withdrawal Anger/Violence Health Family Grief/Loss

How did you hear about REAP? (check all) Previous REAP visit REAP website Co-Worker/Friend/Family

Training/Presentation Employer Intranet/Poster REAP Literature Other: _____

Did an HR Consultant/Manager/Supervisor suggest you call REAP? No Yes: Why? _____