



CHOICES INITIAL SCREENING FOR WRAPAROUND CARE COORDINATION



Fax: 833.656.2359 Attention: Intake Specialist

Youth Name: _____ DOB: _____ Age: _____

Address: _____ Gender: _____ Race: _____

City and Zip Code: _____ County: _____ Date: _____

Current Residency: _____ SS #: _____

Parent/Guardian: _____ Relationship: _____ Phone #: _____

Current Caregiver: _____ Relationship: _____ Phone #: _____

Referral Name: _____ Agency: _____ Phone #: _____

Medicaid ID #: _____ In CPS Custody? ☐ Yes ☐ No

If in CPS Custody: Who is the authorized representative: _____

What is the current permanency plan? _____

What has recently happened to increase the youths risk for out-of-home placement?

What specific behaviors are occurring that places the youth and family at risk?

☐ Yes ☐ No Do you think this youth is at risk of being admitted into a Psychiatric Residential Treatment Facility (PRTF)? If yes, why? _____

☐ Yes ☐ No Has the youth ever required/received acute psychiatric care? If yes, when & where?

☐ Yes ☐ No Has the youth ever received outpatient mental health services? If yes, when & where?

☐ Yes ☐ No Is the youth under the care of a psychiatrist/psychologist? If yes, who & where?

☐ Yes ☐ No Is the youth under the care of a primary care physicians? If yes, who & where?

☐ Yes ☐ No Has the youth ever been diagnosed with any type of Serious Emotional Disorder (SED)? If yes, provide diagnosis. _____

☐ Yes ☐ No Does the youth regularly take any prescription drugs? If yes, please list them.

Youth Name: _____

School Setting:

School Name:_____ Grade:_____ Preferred Contact:_____

Does the youth experience problems now or in the past with...

- ☐ Yes ☐ No School attendance?
- ☐ Yes ☐ No Disciplinary actions?
- ☐ Yes ☐ No Poor grades?
- ☐ Yes ☐ No Does the youth have an IEP?

Juvenile Justice System: Does the youth experience problems now or in the past with...

- ☐ Yes ☐ No Being arrested? If yes, what was the charge? _____
- ☐ Yes ☐ No Being placed in the detention center? If yes, list dates: _____
- ☐ Yes ☐ No Being placed on youth court probation?
- If yes, Counselor Name: _____ Phone Number: _____

Drug or Alcohol Abuse: Does the youth experience now or in the past with...

- ☐ Yes ☐ No Drugs or alcohol? If yes, list drug of choices: _____
- ☐ Yes ☐ No Relationships or school being affected by use? _____
- ☐ Yes ☐ No Received treatment for substance abuse? If yes, when & where? _____
- ☐ Yes ☐ No Has the youth been observed using drugs or alcohol by you or reported by others?

Safety/Risk Factors: Does the youth experience problems now or in the past with...

- ☐ Yes ☐ No threatening or attempting to harm self or other?
- ☐ Yes ☐ No Self-harming behaviors (cutting, scratching, burning, etc.)
- ☐ Yes ☐ No Sexual acting out?

Family Functioning Issues: Does the youth experience problems now or in the past with...

- ☐ Yes ☐ No Abuse and/or neglect?
- ☐ Yes ☐ No Running away from home? If yes, for how long & to where? _____
- ☐ Yes ☐ No Causing severe strain on the family/family relationships?

Please check if either of the following apply:

☐ I have provided the family a brochure on Choices Wraparound services.

☐ I have reviewed the Choices website regarding Wraparound services with the family.

Reviewed by:

Date:

Initial Screening Requirements Met? ☐ Yes ☐ No

If no, was the referral source provided with other options for treatment? ☐ Yes ☐ No