

CLIENT SCREENING/INTERVIEW FORM

Client Name:

Date of Interview:

Date of Birth:

Age:

Race/Ethnicity:

Gender: Female Male

Social Security Number:

Referral Source:

Court Date:

Caseworker/Guardian:

CW Phone:

Medicaid Eligible: Yes No

Medical Card: Yes No

Last Clothing Voucher:

Estimated Length of Stay:

Current Living Arrangement:

Contact at current placement:

Phone:

Supplies/Furniture Needs:

Emergency Contacts (include client-identified):

Name	Relationship	Phone	Address

School and Work History:

Not currently enrolled in school

Last School Attended:
Last Grade Completed:

Currently enrolled in school or GED

Current Grade: Special Ed?
School:

Performing at appropriate level in school or not in school

Mild to moderate problems at school including underachievement, discipline problems, or in special education program

Serious school difficulties including suspensions, frequent truancy, significant discipline problems, not doing well in special education setting, or failing grade

Very severe school problems including persistent failure to attend, dangerous discipline problems or currently expelled from school

Educational goals:

Currently employed: Yes No **If yes:** Full-Time Part-Time **Date last Worked:**

Has held a job for at least 6 months with few to no problems or no opportunity to work

Has held a job for at least one month or has mild attendance or disciplinary problems

Serious difficulties finding or maintaining employment

Very significant difficulties such as frequent dismissal or persistent disciplinary problems

Where employed _____

SPECIAL NEEDS YES NO

Specify _____

Care Manager's Name: _____

Date Called: _____

CALL MAGELLAN FOR PRE-AUTHORIZATION

Social, Household and Community Functioning:

Skill	Typical Performance			
	Always or Usually	Sometimes or Frequently	Never or Rarely	No Opportunity or Don't Know
Uses public transportation safely and appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages free time constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shops for food, clothing and personal items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares meals without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses the phone book and phone without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does laundry and housekeeping without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages money without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in social activities with friends without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Judgment and Insight:

Skill	Always or Usually	Sometimes or Frequently	Never or Rarely	No Opportunity or Don't Know
Weighs consequences of actions before making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of problems and challenges including causes and own contributions to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has realistic future plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good social judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health and Substance Abuse:

List current Diagnoses:

Current Counseling/Therapy: Yes No

Current and Past Mental Health/Psychiatric/Substance Abuse Treatment History: (Include all outpatient treatment and any psychiatric hospitalization or residential treatment)

<u>Treatment Provider</u>	<u>Dates of Service</u>	<u>Reason for Treatment</u>	<u>Type of Treatment</u>	<u>Response</u>
	From To			
	From To			

Describe any difficulties with adjustment, cooperation or relationships with previous programs/providers:

Current Medication Usage: (List all current medications and reasons for use. Include name of prescribing physician or clinic.)

Medication	Dosage	Purpose	Prescribed By

Suicidal Behavior and Suicide Risk

- No known history of suicide attempts or ideation
- No current suicidal ideation and no recent attempts but previous suicidal attempts or ideation
- Current Suicidal Ideation or preoccupation, but no recent attempt (last 30 days)
- Recent suicide attempt (last 30 days) and current active suicidal ideation. Date of last attempt:

Violent Behavior and Risk of Danger to Others

- No current physical aggressiveness and no known history of aggression to persons or property
- No current physical aggressiveness but recent verbal aggressiveness or a known history of aggression to persons or property
- Currently physically aggressive toward persons or property but not at a level that risks significant injury or death
- Currently physically aggressive to the extent that there is a risk of causing significant injury or death or expressing homicidal threats or ideation.

If Current Suicidal Ideation, describe plan, intent and lethality:

Describe past suicide attempts:

Describe history of criminal behaviors if applicable, including any convictions and incarceration:

Substance Abuse:

- No notable substance use difficulties currently or in recovery for at least 1 year
- Moderate to serious substance abuse problem that requires treatment and exacerbates current problems and conditions.
- Mild to Moderate substance use problems that occasionally present problems of living or in recovery for less than 1 year.
- Extreme substance abuse and/or dependence that presents a significant problem (e.g., requires detoxification or residential treatment).

Describe current substance abuse treatment:

Medical, Health and Parenting:

Health Conditions and Concerns (including pregnancy)	Treatment Provider Name and Address	Does/will this condition interfere with work, school or independent living?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Does the client have any children? Yes No

Does the client have Custody? Yes No

Child Name

Age

DOB

SSN

Describe any other health concerns or current health-related needs, including any health concerns of children:

Social and Emotional Support:

Supportive Relatives and Adults		
Name	Relationship	Phone/Comment

Restrictions on family visits or contacts

- Has relationship with consistently supporting adults and peers including non-system adults
- Some supportive adults and peers but not consistently available or appropriate
- Few consistently supportive adults outside of system. Few supporting appropriate peers
- No social support network. Few or no appropriate peers.

Cooperation/Compliance at current placement:

- Generally compliant and cooperative
- Occasionally noncompliant to some rules or adult instructions.
- Frequently noncompliant to rules and adult instructions.
- Virtually always noncompliant to rules or instructions.

Is youth a sex offender? Yes No
If yes, request a Relapse Prevention Plan before placement.

Attitude toward Entering ILP:

- Good interview/strong desire to join program
- Fair interview/strong desire to join program
- Poor interview/ambivalent about program
- Does not want to participate in the program

Where would client like to live? _____

Current address:
Current phone:
Caseworker present:
Caseworker phone:

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Overall assessment of suitability for ILP

- Appropriate for Services**
- Requires additional services or support**
- Not appropriate**

Explain additional services required or why not appropriate (attach level checklist if applicable):

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NOTES

Case Worker's Signature Date

ILP Staff Signature Date