



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
OUTCOMES MEASURES APPLICATION

Child Baseline
Age Group: 0-15

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client DOB	<input type="text"/>
Episode ID	<input type="text"/>	Provider Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Client L. Name	<input type="text"/>	Client F. Name	<input type="text"/>
Partnership Date	<input type="text"/>	Assessment Date	<input type="text"/>
Partnership Service Coordinator (Last Name)	<input type="text"/>	Assessment Completed By	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FSP Program Name (check one):

- | | |
|---|---|
| <input type="checkbox"/> FSP-Child | <input type="checkbox"/> FSP-Transitional Age Youth (TAY) |
| <input type="checkbox"/> Transitional Age Youth-Probation Camp Services | <input type="checkbox"/> Specialized Foster Care-Intensive Services |
| <input type="checkbox"/> Specialized Foster Care-Basic Mental Health Services | |

Who referred the client? (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Acute Psychiatric / State Hospital | <input type="checkbox"/> Juvenile Hall / Camp / Ranch / California Youth Authority / Division of Juvenile Justice | <input type="checkbox"/> Self |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Mental Health Facility / Community Agency | <input type="checkbox"/> Significant Other |
| <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Other | <input type="checkbox"/> Social Services Agency |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Other County / Community Agency | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Friend / Neighbor | <input type="checkbox"/> Primary Care / Medical Office | <input type="checkbox"/> Substance Abuse Treatment Facility / Agency |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> School | |

LIVING ARRANGEMENTS

RESIDENTIAL TYPE	FROM	TO	TONIGHT (check one in this column)	YESTERDAY (as of 11:59 PM the day <u>BEFORE</u> the partnership began) (check one in this column)	DURING PAST 12 MONTHS indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (check all that apply)
					# Occurrences	# Days	
GENERAL LIVING ARRANGEMENT							
With adult family members other than parents (non foster care)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
With one or both Biological / Adoptive Parents			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
D-rate Foster Home (non-relative)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
D-rate Foster Home (relative)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with non-relatives)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Foster Home (with relatives)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Kin-Guardian Assist Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Therapeutic Foster Home			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
SHELTER / HOMELESS							
Emergency Shelter			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Homeless (includes people living in their cars)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Temporary Housing (includes people living with friends but paying no rent)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
HOSPITAL							
Acute Medical Hospital			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
State Psychiatric Hospital			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
RESIDENTIAL PROGRAMS							
Alcohol or Substance Abuse Residential Rehabilitation Center			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Crisis Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 0-9)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 10-11)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 12)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Group Home (L 14)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Community Treatment Facility (CTF)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Institution for Mental Disease (IMD)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Long Term Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Transitional Residential Program			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
JUSTICE PLACEMENT							
California Youth Authority / Division of Juvenile Justice			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Juvenile Hall			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Juvenile Probation Camp / Ranch			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
OTHERS							
Other			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Unknown			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

If the client was in a residential type more than once list it on the following page

LIVING ARRANGEMENTS *continued*

[illegible]

LIVING ARRANGEMENTS *continued*

Is the client at risk of being removed from their CURRENT living arrangement?	YES	NO	UNKNOWN	<u>(circle one)</u>
Is the client's CURRENT living arrangement suitable? (According to clinician / FSP Team)	YES	NO	UNKNOWN	<u>(circle one)</u>
Is the CURRENT living arrangement in the least restrictive setting? (According to clinician / FSP Team)	YES	NO	UNKNOWN	<u>(circle one)</u>
Is the client satisfied with the CURRENT living arrangement?	YES	NO	UNKNOWN	<u>(circle one)</u>
Have there been Suspected Child Abuse reports made related to living arrangements IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	<u>(circle one)</u>
Have there been incidents of violence related to living arrangements IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	<u>(circle one)</u>

SOCIAL SUPPORT

IDENTIFY CURRENT STATUS

Socializes with others	YES	NO	UNKNOWN	<u>(circle one)</u>	Develops and maintains friendships	YES	NO	UNKNOWN	<u>(circle one)</u>
Receives spiritual support	YES	NO	UNKNOWN	<u>(circle one)</u>	Requires protection from abuse	YES	NO	UNKNOWN	<u>(circle one)</u>
Client has age appropriate, positive peer relationships?	YES	NO	UNKNOWN	<u>(circle one)</u>					
Client has age appropriate involvement in family?	YES	NO	UNKNOWN	N/A	<u>(circle one)</u>				
Client has supportive interactions / relationships with:									
Parent	YES	NO	UNKNOWN	N/A	<u>(circle one)</u>				
Family	YES	NO	UNKNOWN	N/A	<u>(circle one)</u>				
Caregiver	YES	NO	UNKNOWN	N/A	<u>(circle one)</u>				
Is the family or significant other(s) involved in the client's treatment?	YES	NO	UNKNOWN	<u>(circle one)</u>					
Client has access to at least one stable, supportive adult?	YES	NO	UNKNOWN	N/A	<u>(circle one)</u>				

FINANCIAL

BENEFITS

Identify CURRENT status (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> AB3632 / SB90 | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Healthy Families | <input type="checkbox"/> HMO |
| <input type="checkbox"/> Veteran's Assistance (VA) Benefits | <input type="checkbox"/> Participant in CalWORKs | <input type="checkbox"/> Healthy Kids |

SOURCES OF FINANCIAL SUPPORT <small>Indicate all the sources of financial support used to meet the needs of the client.</small>	DURING THE PAST 12 MONTHS		CURRENT	
	<u>Check all that apply</u>	<u>Monthly Average Amount</u>	<u>Check all that apply</u>	<u>Monthly Average Amount</u>
Caregiver's Wages	<input type="checkbox"/>		<input type="checkbox"/>	
Client's Wages	<input type="checkbox"/>		<input type="checkbox"/>	
Client's Spouse / Significant Other's Wages	<input type="checkbox"/>		<input type="checkbox"/>	
Savings	<input type="checkbox"/>		<input type="checkbox"/>	
Other Family Member / Friend	<input type="checkbox"/>		<input type="checkbox"/>	
Retirement / Social Security Income	<input type="checkbox"/>		<input type="checkbox"/>	
Veteran's Assistance (VA) Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
Loan / Credit	<input type="checkbox"/>		<input type="checkbox"/>	
Housing Subsidy	<input type="checkbox"/>		<input type="checkbox"/>	
General Relief (GR) / General Assistance (GA)	<input type="checkbox"/>		<input type="checkbox"/>	
Food Stamps	<input type="checkbox"/>		<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF) / CalWORKs	<input type="checkbox"/>		<input type="checkbox"/>	
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>		<input type="checkbox"/>	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>		<input type="checkbox"/>	
State Disability Insurance (SDI)	<input type="checkbox"/>		<input type="checkbox"/>	
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>		<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>		<input type="checkbox"/>	
Child Support	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>		<input type="checkbox"/>	
No Financial Support	<input type="checkbox"/>		<input type="checkbox"/>	

PAYEE STATUS

- | | | | | |
|--|-----|----|---------|--------------|
| Does the client CURRENTLY have a Payee? | YES | NO | UNKNOWN | (circle one) |
| Has the client had a Payee for finances IN THE LAST 12 MONTHS? | YES | NO | UNKNOWN | (circle one) |
| Did the client have a Payee anytime PRIOR TO THE LAST 12 MONTHS? | YES | NO | UNKNOWN | (circle one) |

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL

GRADE LEVEL INFORMATION

Highest Level of Education Attained **(check one)**:

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Day Care | <input type="checkbox"/> 5th Grade | <input type="checkbox"/> 12th Grade |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> 6th Grade | <input type="checkbox"/> GED Coursework |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 7th Grade | <input type="checkbox"/> High School Diploma / GED |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 8th Grade | <input type="checkbox"/> Some College / Some Technical or Vocational Training |
| <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 9th Grade | <input type="checkbox"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree |
| <input type="checkbox"/> 3rd Grade | <input type="checkbox"/> 10th Grade | <input type="checkbox"/> Level Unknown (e.g., client in non-public school) |
| <input type="checkbox"/> 4th Grade | <input type="checkbox"/> 11th Grade | |

EDUCATIONAL SETTING

- | | | | | | |
|--|----------------------|----|---------|-----|---------------------|
| Does the client have age appropriate involvement in school activities? | YES | NO | UNKNOWN | N/A | (circle one) |
| Does the client have age appropriate involvement in the community? | YES | NO | UNKNOWN | | (circle one) |
| Does the client's performance meet developmental expectations? | YES | NO | UNKNOWN | N/A | (circle one) |
| WITHIN THE LAST 4 WEEKS, on an average, how many HOURS PER DAY did the client attend classes? | <input type="text"/> | | | | |
| Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)? | YES | NO | UNKNOWN | | (circle one) |
| Is the client CURRENTLY receiving special education due to another reason? | YES | NO | UNKNOWN | | (circle one) |
| Does the client have a CURRENT Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)? | YES | NO | UNKNOWN | | (circle one) |
| Does this client CURRENTLY receive Regional Center Services? | YES | NO | UNKNOWN | | (circle one) |
| Is the client CURRENTLY receiving home study? | YES | NO | UNKNOWN | | (circle one) |
| DURING THE LAST 12 MONTHS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)? | <input type="text"/> | | | | |
| WITHIN THE LAST 4 WEEKS, on an average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)? | <input type="text"/> | | | | |

SCHOOL ATTENDANCE

Estimate the client's attendance level (excluding scheduled breaks and excused absences) DURING THE LAST 12 MONTHS: **(check one)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Always attends school (never truant) | <input type="checkbox"/> Attends school most of the time | <input type="checkbox"/> Never attends school |
| <input type="checkbox"/> Sometimes attends school | <input type="checkbox"/> Infrequently attends school | |

Estimate the client's attendance level (excluding scheduled breaks and excused absences) CURRENTLY: **(check one)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Always attends school (never truant) | <input type="checkbox"/> Attends school most of the time | <input type="checkbox"/> Never attends school |
| <input type="checkbox"/> Sometimes attends school | <input type="checkbox"/> Infrequently attends school | |

CURRENTLY, his/her grades are: **(check one)**

- | | | | | |
|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|

IN THE LAST 12 MONTHS, the client's grades were: **(check one)**

- | | | | | |
|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|

DURING THE PAST 12 MONTHS, the client had:

Number of Suspensions

Number of Expulsions

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL*continued*

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate how many weeks the client was employed in each of the following settings
DURING THE PAST 12 MONTHS.

	Number of Weeks	Average Number of Hours per Week	Average Hourly Wage
Competitive Employment Paid employment in the community in a position that is also open to individuals without disability			
Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job related support services provided			
Transitional Employment / Enclave Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work			
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community			
Non-paid (Volunteer) Work Experience Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment			
Other Gainful / Employment Activity Any informal employment activity that increases the client's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution)			
Unemployed			

CURRENT EMPLOYMENT

	Average Number of Hours per Week	Hourly Wage
Competitive Employment Paid employment in the community in a position that is also open to individuals without disability		
Supported Employment Competitive Employment (see above) with ongoing on-site or off-site job related support services provided		
Transitional Employment / Enclave Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work		
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business) Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community		
Non-paid (Volunteer) Work Experience Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment		
Other Gainful / Employment Activity Any informal employment activity that increases the client's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution)		

Is the client unemployed AT THIS TIME?

YES NO UNKNOWN (circle one)

Does one of the client's CURRENT recovery goals include any kind of employment AT THIS TIME?

YES NO UNKNOWN (circle one)

PHYSICAL HEALTH

	CURRENT (LAST 4 WEEKS) (circle one for each question)	LAST 12 MONTHS (circle one for each question)
Client states that he/she is in good physical health?	YES NO UNKNOWN	YES NO UNKNOWN
Client has access to needed medical services?	YES NO UNKNOWN	YES NO UNKNOWN
Client receives needed medical services?	YES NO UNKNOWN	YES NO UNKNOWN
Client has a primary care physician?	YES NO UNKNOWN	YES NO UNKNOWN
Client uses a primary care physician?	YES NO UNKNOWN	YES NO UNKNOWN
Client has access to needed dental services?	YES NO UNKNOWN	YES NO UNKNOWN
Client receives needed dental services?	YES NO UNKNOWN	YES NO UNKNOWN
Client demonstrates signs of regressive behavior (bed wetting, soiling)?	YES NO UNKNOWN	YES NO UNKNOWN
Client demonstrates self-injurious behavior?	YES NO UNKNOWN	YES NO UNKNOWN
Client has violent encounters?	YES NO UNKNOWN	YES NO UNKNOWN
Is the client obese (based on BMI)?	YES NO UNKNOWN	YES NO UNKNOWN
Has the client EVER been told by a physician that he/she has diabetes?	YES NO UNKNOWN	YES NO UNKNOWN

Is the client pregnant?	YES NO UNKNOWN	N/A (circle one)
Is the client receiving prenatal care?	YES NO UNKNOWN	N/A (circle one)
Did the client receive physical health services from a DHS clinic or hospital IN THE PAST 12 MONTHS?	YES NO UNKNOWN	(circle one)
Does the client have a chronic physical health care problem or problems that require periodic medical services?	YES NO UNKNOWN	(circle one)

CRISIS STABILIZATION / PMRT

Did the client receive services in an Emergency Room or Crisis Stabilization IN THE LAST 12 MONTHS?		YES	NO	UNKNOWN	How many times?	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>
		(circle one)				
Identify how many times in Emergency Room for:	Physical Health	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>	Psychiatric	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>	Substance Abuse	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>
Identify how many times in Crisis Stabilization for:			Psychiatric	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>	Substance Abuse	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>
Was the client seen by a Psychiatric Mobile Response Team or 24/7 Response Team WITHIN THE LAST 12 MONTHS?		YES	NO	UNKNOWN	How many times?	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>
		(circle one)				
Did any of the Psychiatric Mobile Response Team or 24/7 Response Team calls result in a hospitalization?		YES	NO	UNKNOWN	How many times?	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>
		(circle one)				

LEGAL

JUSTICE SYSTEM INVOLVEMENT

Did the client have contact with the police WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the contact related to mental health issues?	YES	NO	UNKNOWN	N/A (circle one)
Was the contact related to substance abuse issues?	YES	NO	UNKNOWN	N/A (circle one)
Was the client arrested anytime DURING THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Indicate the number of times the client was arrested DURING THE LAST 12 MONTHS:				
How many were misdemeanor arrests?			How many were felony arrests?	
Were any of the arrests related to a mental health issue?	YES	NO	UNKNOWN	N/A (circle one)
Were any of the arrests related to a substance abuse issue?	YES	NO	UNKNOWN	N/A (circle one)
Was the client detained in the juvenile justice system WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was treatment court ordered WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client on probation DURING THE PAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
If yes, what type: (check one)				
<input type="checkbox"/> Voluntary Probation (i.e., WIC 236/654)	<input type="checkbox"/> Informal Types of Probation (i.e., 601, 790, Summary Probation)	<input type="checkbox"/> Formal Probation (i.e., 602)		
Is the client CURRENTLY on probation?	YES	NO	UNKNOWN	(circle one)
Was the client on probation PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Is the client CURRENTLY a ward of the court according to W & I Code 601 / 602 Status?	YES	NO	UNKNOWN	(circle one)
Has the client been a ward of the court according to W & I Code 601 / 602 Status at any time DURING THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client on any kind of parole DURING THE PAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Is the client CURRENTLY on parole from the California Youth Authority / Division of Juvenile Justice?	YES	NO	UNKNOWN	(circle one)
Was the client on any kind of parole PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Was the client detained in child welfare system WITHIN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Did the client become a dependent of the court IN THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
Was the client a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(circle one)
If the client was EVER a dependent of the court, indicate the year he/she was FIRST PLACED on W & I Code 300 Status:				
Is the client CURRENTLY a dependent of the court according to W & I Code 300 Status?	YES	NO	UNKNOWN	(circle one)

LEGAL *continued*

SUBSTANCE ABUSE

Client uses substances?	YES	NO	UNKNOWN	(<u>circle one</u>)
Client abuses substances?	YES	NO	UNKNOWN	(<u>circle one</u>)
In the opinion of the Partnership Service Coordinator, has the client EVER had a co-occurring mental illness and substance use problem?	YES	NO	UNKNOWN	(<u>circle one</u>)
In the opinion of the Partnership Service Coordinator, does the client CURRENTLY have an active co-occurring mental illness and substance use problem?	YES	NO	UNKNOWN	(<u>circle one</u>)
Is the client CURRENTLY receiving substance abuse services?	YES	NO	UNKNOWN	(<u>circle one</u>)

CONSERVATORSHIP INFORMATION

Was the client on conservatorship DURING THE LAST 12 MONTHS?	YES	NO	UNKNOWN	(<u>circle one</u>)
Was the client on conservatorship anytime PRIOR to the last 12 months?	YES	NO	UNKNOWN	(<u>circle one</u>)
Is the client CURRENTLY on conservatorship?	YES	NO	UNKNOWN	(<u>circle one</u>)

CUSTODY INFORMATION

Indicate the total number of children the **client** has who are CURRENTLY:
(If client has no children enter **0** in the following boxes.)

Placed on W & I Code 300 Status (Dependent of the court):

Placed in Foster Care:

Legally Reunified with the client:

Adopted Out:

Living with the client: