



COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
OUTCOMES MEASURES APPLICATION
Transitional Age Youth (TAY) 3-Month (3M)
Age Group: 16-25

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"/>

FINANCIAL

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

DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL

Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)?

YES NO UNKNOWN (circle one)

Date of Change:

Is the client CURRENTLY receiving special education due to another reason?

YES NO UNKNOWN (circle one)

Is the client required by law to attend school?

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 the client CURRENTLY receive Regional Center Services?

YES NO UNKNOWN (circle one)

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

- | | | |
|---|--|---|
| <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 | |

If the change reflects a DECREASE in attendance check the reasons why: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Health Reasons | <input type="checkbox"/> Mental Health Reasons | <input type="checkbox"/> Substance Abuse Reasons |
| <input type="checkbox"/> Personal / Family Reasons | <input type="checkbox"/> Juvenile Justice Reasons | <input type="checkbox"/> Truant |

Is the decrease due to a change in educational plan requirements?

YES NO (circle one)

Other Reason? YES NO (circle one)

Specify:

On an average, how many HOURS PER WEEK, did the client participate in extra-curricular activities (sports, music, etc.)?

Date of Change:

CURRENTLY, the client's grades are:

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

PHYSICAL HEALTH

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

LEGAL

SUBSTANCE ABUSE

Client uses substances?	YES NO UNKNOWN (circle one)
Client abuses substances?	YES NO UNKNOWN (circle one)
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 (circle one)
Is the client CURRENTLY receiving substance abuse services?	YES NO UNKNOWN (circle one)

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: