

PREPLACEMENT SCREENING FOR SUPERVISED APARTMENT LIVING FOSTER CARE

Date:

Client Name	Date of Birth	FACS ID	County
Current Living Arrangement			Legal Status: <input type="checkbox"/> CINA <input type="checkbox"/> Delinquent <input type="checkbox"/> Voluntary
Date Life Skill Assessment was completed: <i>(Attach a copy of the results to this assessment.)</i>			

School and Work History

Currently enrolled in school or GED

Grade	School	IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Performing at appropriate level in school
- Mild to moderate problems at school including underachievement or discipline problems
- Serious school difficulties including suspensions, frequent truancy, significant discipline problems or failing

Not currently enrolled in school

Last School Attended	Last Grade Completed
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Currently employed

- Full-time
- Part-time

Not currently employed

Date Last Worked

- Has held a job for at least six months with few to no problems
- Has held a job for at least one month or has mild attendance or disciplinary problems
- Serious difficulties finding or maintaining employment
- No work history
- No opportunity to work

Medical or Mental Health Issues (Including Pregnancy)

Diagnosis:

Medications:

Is the youth able to manage own medication?

- Yes
 No
 N/A

Substance Abuse

- No notable substance use difficulties currently or in recovery for at least one year
- Mild to moderate substance use problems that occasionally present problems of living or in recovery for less than one year
- Moderate to serious substance abuse problem that requires treatment and exacerbates current problems and conditions

Describe current substance abuse treatment:

Parenting

Does the youth have any children?

- Yes. If yes, how many?
- No

Does the youth have custody of the children?

- Yes
- No

Does the youth's child have any health concerns or special needs?

- Yes. If yes, please describe:
- No

Cooperation/Compliance at Current Placement

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

History of Delinquency

- Yes. If yes, describe:
- No

Date and degree of most recent charge:

Currently on probation?

- Yes. If yes, describe youth's compliance with terms of probation:
- No

History of Violence Toward Self, Others, or Property

- Yes. If yes, describe:
- No

Current (within past three months) violent/aggressive behavior:

- Yes. If yes, describe:
- No

List names of team members consulted in making the recommendations for SAL placement:

Other comments:

List the plan of services and resources available to address the identified needs of the youth in SAL placement (i.e., positive connections, economic, community programs):

Number of hours of supervision that will be authorized:

Overall assessment of suitability for Supervised Apartment Living Foster Care:

- Appropriate for SAL-scattered site
- Appropriate for SAL-cluster site
- Not appropriate for SAL

What is the plan if SAL placement is not approved or if SAL services are terminated:

Case Manager/JCO

Date