**YLP - Screening Case Note**

**Name:**       **Date:**

**Presenting Problem(s):**

**Current Symptoms:**

**Vulnerabilities:**

**Strengths:**

**Screening Results:**  MI  CD  MI/CD  No MI/CD

**Referral Recommendations:**

* Individual requested YLP participation:  Yes  No
* Law enforcement referred individual to YLP:  Yes  No

If **No**, specify officer's reason(s):

**Next Steps:** 

**Involved Parties:**

* Name of Officer/Badge#:
* Name of Screener:
* Names of Others:

Were all sections of "Results and Referral" form completed?   Yes  No

If **No**, indicate why: 

Was this individual booked in the jail?   Yes  No

Was there any follow-up with law enforcement after screening was complete?   Yes  No

If **Yes** **or** **No**, specify the reason(s): 

Was there follow-up with jail staff regarding immediate mental health, chemical health, or medical concerns?   Yes  No  Not Applicable

If **No**, indicate why (includes not applicable): 

Was Safety Plan completed?   Yes  No

If **No**, indicate why:

**Name of Screener:**