**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:**