

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: