**YLP - Screening Case Note**

**Name:**       **Date:**

**Presenting Problem(s):**

**Current Symptoms:**

**Vulnerabilities:**

**Strengths:**

Individual requested YLP participation:  Yes  No

Was this individual booked in the jail?   Yes  No

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

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

Was Safety Plan completed?   Yes  No

If **No**, indicate why:

**Name of Screener:**

JS/, 4-23

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