

# Napa County Pathways to Wellbeing Program Class/Subclass Eligibility Screening

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ CWS \_\_\_\_ Probation \_\_\_\_  
 New screening? \_\_\_\_\_ 90 day screening? \_\_\_\_\_ Annual Screening? \_\_\_\_\_  
 Last screening date: \_\_\_\_\_ NO CHANGES TO ELIGIBILITY: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Client Date of Birth: \_\_\_\_\_  
 Current living situation: \_\_\_\_\_  
 Male \_\_\_\_ Female \_\_\_\_ Full Scope MediCal? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

Eligibility Criteria and Info:	Yes	No	Not known	Additional Info
1. Open Child Welfare or Probation case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. In foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Out of county? If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If not in foster care, at imminent risk of foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. In a Group Home or residential placement (RCL 10 or above)? If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there a documented mental health diagnosis? If so, by whom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the child/youth receiving mental health services? If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Is Child/Youth receiving or being considered for any of the following services:</b>				
Therapeutic Behavioral Services (TBS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wraparound program (i.e. CFSP, or NEXUS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intensive Home Based Services (IHBS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Eligibility Criteria and Info cont:</b>	<b>Yes</b>	<b>No</b>	<b>Not known</b>	<b>Additional info:</b>
Crisis Stabilization (CIRT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement in psychiatric hospital or 24-hour mental health treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialized Care rate (SCI) due to behavioral needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intensive Therapeutic Foster Care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement in an RCL 10 or above facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
➤ If not, are they being considered for this service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the child had three or more placements within 24 months due to behavioral needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments/Other information:

---



---



---

**Eligibility – to be completed by Pathways to Wellbeing program**

Child/youth meets criteria for: Class  Subclass

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_