APPENDIX C

Sample Screening Instrument to Identify Target Population Eligibility

_______ COUNTY TARGET POPULATION SURVEY FOR CHILDREN’S SYSTEM OF CARE

NAME OF CHILD/ADOLESCENT: _____________________________________________________
SEX: □ MALE  □ FEMALE
AGE: ___________

ETHNICITY (Use Code):

1.  WHITE
2.  SPANISH/HISPANIC
3.  AFRICAN AMERICAN
4.  ASIAN/PACIFIC (EXCEPT SOUTHEAST)
5.  AMERICAN IND/ESKIMO/ALEUT
6.  SOUTHEAST ASIAN
7.  FILIPINO
8.  OTHER
9.  UNKNOWN

SIGNIFICANT MEDICAL PROBLEMS (Describe): _______________________________________
________________________________________________________________________________

I.  DIAGNOSTIC IMPRESSION  (DSM-IV or describe symptoms & behaviors that support diagnosis):
________________________________________________________________________________
________________________________________________________________________________

II. IMPAIRMENT

AS THE RESULT OF A MENTAL DISORDER, DOES THIS CHILD/ADOLESCENT HAVE SUBSTANTIAL IMPAIRMENT IN ANY
OF THE FOLLOWING AREAS?  (check as many as apply)

□ SELF CARE  □ SCHOOL PERFORMANCE
□ FAMILY RELATIONSHIPS  □ ABILITY TO FUNCTION IN THE COMMUNITY

AS THE RESULT OF A MENTAL DISORDER, ARE ANY OF THE FOLLOWING TRUE?  (check as many as apply)

□ THE CHILD/ADOLESCENT IS AT RISK OF REMOVAL FROM HOME
□ THE CHILD/ADOLESCENT HAS BEEN REMOVED FROM HOME
□ THE MENTAL DISORDER AND IMPAIRMENTS HAVE BEEN PRESENT FOR MORE THAN 6 MONTHS
□ THE MENTAL DISORDER AND IMPAIRMENTS ARE LIKELY TO CONTINUE FOR MORE THAN ONE YEAR
   WITHOUT TREATMENT

III. SYMPTOMS & RISK FACTORS

AS THE RESULT OF A MENTAL DISORDER, DOES THE CHILD/ADOLESCENT DISPLAY ONE OR MORE OF THE
FOLLOWING CHARACTERISTICS?  (check as many as apply)

□ PSYCHOTIC FEATURES  □ RISK OF SUICIDE  □ RISK OF VIOLENCE

IV. SPECIAL EDUCATION ELIGIBILITY

DOES THIS CHILD/ADOLESCENT MEET THE SPECIAL EDUCATION ELIGIBILITY REQUIREMENTS UNDER CHAPTER 26.5
OF DIVISION 7 OF TITLE 1 OF THE GOVERNMENT CODE?

□ YES  □ NO

Staff Signature/Discipline: ____________________________  Date: ____________________________

*Copy of Release of Information Form must be attached