**Client’s Name:** **Click or tap here to enter text.**

**NetMIS ID: Click or tap here to enter text. JJIS ID: Click or tap here to enter text.**

**Parent/Guardian: Click or tap here to enter text.** **Contact Number: Click or tap here to enter text.**

**Place of Birth: Click or tap here to enter text.** **Religion: Click or tap here to enter text.**

|  |  |
| --- | --- |
| **Substance Abuse Screening** | |
| Is the client currently using or under the influence of alcohol or drugs?   Date of last use: Click or tap to enter a date. | YES  NO |
| If yes, are you currently receiving services for substance use?  (*If NO, additional screening required)* | YES  NO |

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| --- | --- |
| **Risk Screening** | |
| 1. Have you recently been in a situation where you did not care whether you lived or died? | YES  NO |
| 1. Have you felt continuously sad or hopeless to the point of wanting to die? | YES  NO |
| 1. Do you feel like life is not worth living or wish you were dead? | YES  NO |
| 1. Have you ever tried to harm or kill yourself? | YES  NO |
| 1. Are you thinking about harming or killing yourself now or in that last two weeks? | YES  NO |
| If yes, do you have a plan (specific method) to kill yourself? | YES  NO |
| *NOTE: If using the 5 questions above for suicide screening and a “yes” is indicated for any of the questions, administer suicide risk assessment to determine appropriate course of action per agency policy and attach to this form.* | |

|  |  |
| --- | --- |
| **Staff Observations Regarding Youth** | |
| Behavior: Choose an item. | Speech: Choose an item. |
| Does the youth know their name? YES  NO | Does youth know where they are? YES  NO |
| Does youth know today’s date? YES  NO | Does youth know the time of day? YES  NO |
| Does the youth see things and/or hear voices? YES ☐ NO ☐ | |
| **Summary observations/comments:** | |
|  | |

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Peer/Supervisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**