

Preplacement Screening for Supervised Apartment Living Foster Care

Date:

Client Name	Date of Birth	FACS ID	County
Current Living Arrangement			Legal Status: <input type="checkbox"/> CINA <input type="checkbox"/> Voluntary <input type="checkbox"/> Delinquent <input type="checkbox"/> Consent Decree
Date Life Skill Assessment was completed: <i>(Attach a copy of the results to this assessment.)</i>			

School and Work History

☐ **Currently enrolled in school or working toward high school equivalency**

Grade	School	IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- ☐ Performing at appropriate level in school
☐ Mild to moderate problems at school including underachievement or discipline problems
☐ Serious school difficulties including suspensions, frequent truancy, significant discipline problems or failing

☐ **Not currently enrolled in school**

Last School Attended	Last Grade Completed
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☐ **Currently employed**

- ☐ Full-time
☐ Part-time

☐ **Not currently employed**

Date Last Worked

- ☐ Has held a job for at least six months with few to no problems
☐ Has held a job for at least one month or has mild attendance or disciplinary problems
☐ Serious difficulties finding or maintaining employment
☐ No work history
☐ No opportunity to work

Medical or Mental Health Issues (Including Pregnancy)

Diagnosis:	
Medications:	Is the youth able to manage own medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Substance Abuse

- ☐ No notable substance use difficulties currently or in recovery for at least one year
- ☐ Mild to moderate substance use problems that occasionally present problems of living or in recovery for less than one year
- ☐ Moderate to serious substance abuse problem that requires treatment and exacerbates current problems and conditions

Describe current substance abuse treatment:

Parenting

Does the youth have any children?

- ☐ Yes. If yes, how many?
- ☐ No

Does the youth have custody of the children?

- ☐ Yes
- ☐ No

Does the youth's child have any health concerns or special needs?

- ☐ Yes. If yes, please describe:
- ☐ No

Cooperation/Compliance at Current Placement

- ☐ Generally compliant and cooperative
- ☐ Occasionally noncompliant to some rules or adult instructions
- ☐ Frequently noncompliant to rules and adult instructions

History of Delinquency

- ☐ Yes. If yes, describe:
- ☐ No

Date and degree of most recent charge:

Currently on probation?

- ☐ Yes. If yes, describe youth's compliance with terms of probation:
- ☐ No

Consent Decree

Does youth meet both of these criteria:

1. Previously and continuously placed in QRTP and/or Shelter for a period of not less than six (6) months immediately preceding the date of determination and
2. Does the youth lack the family support needed to successfully transition to independent living?

- ☐ Yes
- ☐ No

History of Violence Toward Self, Others, or Property

☐ Yes. If yes, describe:

☐ No

Current (within past three months) violent/aggressive behavior:

☐ Yes. If yes, describe:

☐ No

List names of team members consulted in making the recommendations for SAL placement:

Other comments:

List the plan of services and resources available to address the identified needs of the youth in SAL placement (e.g., positive connections, economic, community programs):

Overall assessment of suitability for Supervised Apartment Living Foster Care:

- ☐ Not appropriate for SAL
- ☐ Appropriate for SAL-cluster site
- ☐ Appropriate for SAL-scattered site (Define below the evidence considered by the Department or Juvenile Court Services to determine this youth has lived successfully in a SAL cluster setting and has the ability to live in a more independent placement.)

What is the plan if SAL placement is not approved or if SAL services are terminated:

Case Manager/JCO

Date