MYPAC IOP Initial Screening Form

Mississippi Children's Home Services
P.O. Box 1078
Jackson, MS 39215
Office: 601-352-7784 / Fax: 769-777-1242
Attention: Jodie Wright (Admission Coordinator)

Date _____

Youth's Name _____

DOB: _____ Age: _____ Gender: _____ Race: _____

Social Security #_____ Medicaid # _____

Youth's Current Address: _____

City:_____ State: _____ Zip:_____

County: _____ Telephone #:_____

In DHS Custody? ☐ Yes ☐ No Social Worker: _____

Telephone #: _____

Parent/Caregiver Name: _____

Relationship to Youth: _____

Address: _____ City: _____

State: _____ Zip:_____ County: _____

Telephone #_____ Cell# _____

Has the youth received any services through Mississippi Children's Home Services?

☐ MYPAC ☐ CFSSP ☐ TFC ☐ Shelters

☐ ARK ☐ TLC ☐ CARES ☐ CARES School ☐ Other

What is the primary behavioral issue that is prompting this referral?

_____

_____

_____

☐ Yes ☐ No	Has the youth ever applied for MYPAC before? Where & When?
☐ Yes ☐ No	Do you think this youth is at risk to be admitted into a Psychiatric Residential Treatment Facility (PRTF)?
☐ Yes ☐ No	Has the youth ever been in a PRTF? If yes, number of times, when, & where?
☐ Yes ☐ No	Has the youth ever required/received acute psychiatric care? If yes, where & when?
☐ Yes ☐ No	Has the youth ever received services from a community mental health center? If yes, where and when?
☐ Yes ☐ No	Is the youth under the care of a psychiatrist/psychologist? If yes, who & where?
☐ Yes ☐ No	Has the youth ever been diagnosed with any type of Serious Emotional Disorder (SED)? If yes, provide DSM diagnosis **(AXIS I).**
☐ Yes ☐ No	Does the youth regularly take any prescription drugs? If yes, list them.

School Setting: Does the youth experience problems now or in the past with …

☐ Yes ☐ No	school attendance?
☐ Yes ☐ No	disciplinary actions?
☐ Yes ☐ No	poor grades?

Juvenile Justice System: Does the youth experience problems now or in the past with …

☐ Yes ☐ No	being arrested?
☐ Yes ☐ No	being placed in a detention center?
☐ Yes ☐ No	being placed on youth court probation?

Drug or Alcohol Abuse: Does the youth experience problems now or in the past with …

☐ Yes ☐ No	drugs or alcohol?
☐ Yes ☐ No	relationships or school being affected by use?
☐ Yes ☐ No	Has the youth received treatment for substance abuse?
☐ Yes ☐ No	Has the youth been observed using drugs and alcohol by you or reported by others?

Safety / Risk Factors: Does the youth experience problems now or in the past with …

☐ Yes ☐ No	threatening or attempting to harm self or others?

Family Functioning Issues: Does the youth experience problems now or in the past with …

☐ Yes ☐ No	abuse and/or neglect?
☐ Yes ☐ No	running away from home?
☐ Yes ☐ No	causing severe strain on the family/family relationships?

The following questions are to be answered by the parent/guardian of youth:

☐ Yes ☐ No	Would you and the family be willing to actively participate and be supportive of the youth and the MYPAC community-based program?
How did you hear about MYPAC?	

<u>Contact Information for the person making this referral</u>

Referral Name: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____