

YLP - Screening Case Note

Name:

Date:

Presenting Problem(s):

Current Symptoms:

Vulnerabilities:

Strengths:

Individual requested YLP participation: Yes No

Was this individual booked in the jail? Yes No

Was there follow-up with jail staff regarding immediate mental health, chemical health, or medical concerns? No Not Applicable Yes

If **No**, indicate why (includes not applicable):

Was Safety Plan completed? Yes No

If **No**, indicate why:

Name of Screener: