Children's Single Point of Access Application Part 2

Child's Information						
Full Name (Last, First MI)						
Date of Birth	Social Security Number (SSN)					
Symptom Checklist – current and leading to referral	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	**Unknown**
Psychotic symptoms	☐	☐	☐	☐	☐	☐
Attention deficit/impulse control	☐	☐	☐	☐	☐	☐
Depressed mood	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐
Antisocial/unlawful behaviors	☐	☐	☐	☐	☐	☐
Alcohol/substance use/abuse	☐	☐	☐	☐	☐	☐
Self-injurious behaviors	☐	☐	☐	☐	☐	☐
Suicidal ideation/threats	☐	☐	☐	☐	☐	☐
Suicide gestures/attempts	☐	☐	☐	☐	☐	☐
Fire setting	☐	☐	☐	☐	☐	☐
Physical aggression	☐	☐	☐	☐	☐	☐
Running away	☐	☐	☐	☐	☐	☐
Sexually inappropriate/aggressive behavior	☐	☐	☐	☐	☐	☐
Difficulty in peer interactions	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐
Truancy	☐	☐	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐	☐	☐

Current Educational Placement/Program			
☐ Regular class in age-appropriate grade	☐ Special class for students with challenging social/emotional conditions	☐ Day treatment program	☐ GED
☐ Regular class, above grade level	☐ Education, in-district	☐ Part-time vocational/ educational	☐ Other (specify)
☐ Regular class, but behind at least one grade	☐ Home instruction	☐ Residential school	☐ Not enrolled in school
Boards of Cooperative Educational Services (BOCES)	Home School District	Grade	Building
Alternate School Placement			
Date of last individualized education program (IEP)			

Committee on Special Education Classification (CSE)		
☐ Emotional impairment	☐ Serious impairment (vision, hearing)	☐ Other health impairment
☐ Intellectual impairment	☐ Autism	☐ Unknown
☐ Learning impairment	☐ Physical impairment	☐ Other (specify)
☐ Multiple impairments	☐ Speech/language impaired	

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Diagnostic Information	
Diagnosis 1.	Date of diagnosis
2.	Name and credentials of person making diagnosis
3.	
4.	Organization
5.	Phone
Medication for a medical condition	
Medication for a psychiatric condition	

Functional Limitation(s)	Moderate	Severe
Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries)	☐	☐
Family life (e.g. capacity to live in a family; relationships with parents or substitute parents, siblings and other relatives; behavior in a family setting)	☐	☐
Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time)	☐	☐
Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability)	☐	☐
Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school)	☐	☐

Child Strengths	
☐ Self-advocacy	☐ Family support
☐ Conflict resolution skills	☐ Good ability to establish rapport
☐ Sets goals/works	☐ Good personal hygiene and care in appearance
☐ Seeks outside assistance when needed	☐ Good physical health
☐ Follows through with recommendations/addresses needs	☐ Healthy social supports/peer group
	☐ Involvement in activities/community
☐ Open to/accepting of service/treatment	☐ Religious institution/spiritual involvement
☐ Capacity for openness	☐ Views self as belonging to a specific cultural group
☐ Interested in relationships with others	
☐ Capacity to tolerate painful emotions	☐ Other (Please specify.) _____ _____

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Caregiver Strengths	
☐ Ability to appropriately monitor and discipline ☐ Involved in seeking and supporting care to address the child's need ☐ Seek additional information to advocate for the child ☐ Ability to organize and manage household ☐ Presence of natural supports to help raise child ☐ Provides stable housing ☐ Healthy social supports/peer group	☐ Problem-solving skills ☐ Ability to navigate other systems involved (e.g. legal, medical, developmental disabilities, etc.) ☐ Maintains safe, secure environment for the child ☐ Religious institution/spiritual involvement ☐ Views self as belonging to a specific cultural group ☐ Other (Please specify.) _____ _____

Adverse Chldhood Experiences (ACE)	
Has an ACE screening been conducted? ☐ YES ☐ NO ☐ UNKNOWN	If so, by whom? (Please provide name and contact information.)
If so, please provide the score:	

Complex Trauma Screening		
Prompts/Questions **If the answer to any question in one row is yes, please move on to the next row.**	**Present? Y/N**	**> 6 months?**
• Was there a time when adults who were supposed to be taking care of the child didn't? • Has there ever been a time when the child did not have enough food to eat? • Did a parent or other adult in the household often Swear at the child, insult the child, put the child down or humiliate the child? Or act in a way that made the child afraid that the child might be physically hurt?	☐ **Yes** ☐ **No**	☐
• Has the child lived with someone other than the child's parents/caregiver while the child was growing up (because they couldn't take care of the child or the child was kicked out)? • Has the child ever been homeless? This means the child ran away or was kicked out and lived on the street for more than a few days or the child and the child's family had no place to stay and lived on the street, or in a car, or in a shelter.	☐ **Yes** ☐ **No**	☐

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• Has the child lost a primary caregiver through death, incarceration, deportation, migration or for other reasons? • Has the child been left in the care of different people due to parental incapacity or dysfunction, even if the child's primary place of residence did not change? • Has the child had two or more changes in primary caregiver or guardian, either formally (legally) or informally? • Has anyone ever made the child do sexual things the child didn't want to do, like touch the child, make the child touch them or try to have any kind of sex with the child? • Has anyone ever *tried* to make the child do sexual things the child didn't want to do? • Has anyone ever forced the child (or tried to force the child) to have intercourse?	☐**Yes** ☐**No**	☐
• Has the child ever been hit or intentionally hurt by a family member? If yes, did the child have bruises, marks or injuries?	☐**Yes** ☐**No**	☐
• Has the child ever *seen* or *heard* someone in the child's family/house being beaten up? • Has the child ever *seen* or *heard* someone in the child's family/house get threatened with harm?	☐**Yes** ☐**No**	☐
• Has the child ever *seen* or *heard* someone being beaten, or who was badly hurt? • Has the child seen someone who was dead or dying, or watched or heard them being killed? • Has anyone ever hit anyone or beaten anyone up (or physically assaulted anyone)? • Has anyone ever threatened to physically assault anyone (with or without a weapon)? • Did the child themselves see other children often tease or insult anyone, put anyone down, or threaten anyone physically? • Did they spread lies about anyone or turn other people against anyone?	☐**Yes** ☐**No**	☐
• Has anyone or anyone in the child's family been involved in, or in direct danger, from a terrorist attack, war or political violence?	☐**Yes** ☐**No**	☐
• Has anyone ever stalked the child? • Did anyone ever try to kidnap the child?	☐**Yes** ☐**No**	☐
• Is there anything else really scary or very upsetting that has happened to the child that I haven't asked about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?	☐**Yes** ☐**No**	☐

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Service Utilization History

History of Past and Present Services (Please check all that apply.):

- ☐ Intensive case management
- ☐ Service coordination/case management
- ☐ Individualized care coordination
- ☐ Clinic treatment
- ☐ Private/individual therapy
- ☐ Crisis response services
- ☐ Home-based crisis
- ☐ Intervention day treatment
- ☐ Respite
- ☐ Medication management
- ☐ Vocational training
- ☐ Activities of Daily Living (ADL) or independent living skills
- ☐ Alcohol abuse treatment
- ☐ Substance abuse treatment
- ☐ Family support services
- ☐ After-school/weekend program
- ☐ Specialized summer program
- ☐ Specialized educational services
- ☐ Speech and language therapy
- ☐ Mentoring
- ☐ Flexible funding
- ☐ Foster care
- ☐ State psychiatric facility
- ☐ Private psychiatric facility
- ☐ General hospital psychiatric inpatient
- ☐ Office for People with Developmental Disabilities (OPWDD) Developmental Center
- ☐ Intensive in home
- ☐ Coordinated Care Services, Inc. (CCSI)
- ☐ Supportive case manager
- ☐ Residential treatment facility
- ☐ Other (Please specify.) _____

Service Utilization Detail

Provider name and service type	Date(s) of service