



## Initial Assessment Screening Tool (Revised 10/4/2023)

Potential Resident Name  Current LOC  Recommended LOC   
 Date of Birth  Payer  Guardian   
 Care Coordinator  E-Mail

Required Document Review	Date	Loaded on Server	QP Review
Comprehensive Clinical Assessment (Minimum of last 6 months)			<i>After review the resident's documents meet criteria for authorization approval</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
Comprehensive Clinical Assessment Addendum (Recommending Level of Care within 30 Days)			
Person Centered Plan with Signed Service Order			
Innovations Waiver / ISP Plan			

Medical Questions	Yes	No	Comments
1. Does potential resident have any life-threatening illnesses?			
2. Does potential resident have any ambulation concerns?			
3. Does the potential resident have full use of arms and legs?			
4. Does the potential resident have any cognitive disabilities?			If Yes, FSIQ <input type="text"/> Adaptive Score <input type="text"/>
5. Is potential resident's aptitude currently on grade level for their age?			
6. Does the resident have inhalers for Asthma or a breathing disorder?			
7. Does the potential resident have a good appetite?			Height <input type="text"/> Weight <input type="text"/>
8. Does the potential resident have any diagnosis of any impulsive or explosive type disorders? Please share.			
9. Current Presenting Diagnosis: <i>(Primary Diagnosis must be Mental Health Based)</i>			



Behavioral Questions	Yes	No	Comments
1. Does potential resident have a history of physical aggression? Property Damage?			Date of Last Incident <input type="text"/> Include Incident Report <input type="text"/>
2. Does potential resident have any history of elopement?			Date of Last Elopement <input type="text"/> Include Incident Report <input type="text"/>
3. Does the potential resident have behavioral concerns at school or home?			
4. Does the potential resident have any sexualized behaviors? If so, elaborate in detail.			DJJ Reports <input type="text"/> Incident Reports <input type="text"/>
5. Does the potential resident have any past history of gang activity or family members involved in gangs?			
6. Does the potential resident have any pending charges and/or DJJ Involvement?			DJJ Contact <input type="text"/> Petitions or Charges <input type="text"/>
7. Does the potential resident have a history of fire starting? Or Arson type behaviors?			
8. Does the potential resident have any history of "Bullying" others?			
9. Does the potential resident have issues with staff prompts and following basic house rules?			
10. Does the potential resident have concerns with homicidal or suicidal ideations?			
11. Does the potential resident have any video game or internet related addictions or behaviors?			Type of Games or Social Media? How much screen time does the resident have in a day?

Hygiene Questions	Yes	No	Comments
1. Does potential resident present a clean appearance?			
2. Does potential resident have any concerns with taking proper and daily showers?			
3. Does the potential resident keep the personal space in neat and tidy?			
4. Does the potential resident have dental concerns or concerns with proper oral hygiene?			Date of Last Visit:
5. Does the potential resident have any vision concerns?			Date of Last Visit:
6. Would potential resident have concerns with toileting?			
7. Does the resident have any past issues with "bed wetting"?			
8. Does the resident have sensory issues?			List:

Future Goals Questions	Yes	No	Comments
1. How will CSB serve the potential resident educationally? Type of school needed?			
2. Does the potential resident have future plans or career goals? Please share			
3. Does the potential resident have an interest in participating in sports?			

**Professional Review**

*"Based on the questions above, the resident **HAS** / **HAS NOT** passed our Initial Review for placement consideration"*

Qualified Professional  Date

***Forwarded for Final Document Review and Meet and Greet----->***

Final Review of Clinical Documents	Date	Loaded on Server	Clinician Signature
Psychological Evaluation			After review the client meets criteria for acceptance to into the Clear Sky Behavioral residential program  YES <input type="checkbox"/> NO <input type="checkbox"/>
NC Start Evaluation			
Placement History Form			
Other Documents Presented:			

Licensed Clinician  Date

***Forwarded for Meet and Greet----->*** Date  Time

**Challenges with Serving the Potential Resident?**

**Issues to Address Prior to Admission? Any Client Specific Trainings for Employees?**

**Request for Acceptance**

Tentative Recommendation for Admission: ☐ YES ☐ NO

Behavioral Health Director  Date

**Final Documents Review by Administrator**

I have performed a review of all admitting documents and they are in compliance with company Admission Policy standards. This constitutes a desk review only and assumed that due diligence has been completed during the initial screening process by the CSB Operational Team.

Final Acceptance ☐ YES ☐ NO

Comments

Administrator Signature  Date