



Children's Single Point of Access Application Part 1B

Youth Applicant's Information			
Legal Last Name	Legal First Name	MI	Date of Birth

Directions: This form is to be completed by the C-SPOA with the guardian and youth's assistance to gain a better understanding of the youth and family needs. This information will assist the C-SPOA in coordinating and matching the youth and family with services and supports.

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	High school graduate/GED
Regular class, above grade level	Vocational training only	Part-time Vocational/Educational	Not enrolled in a school program
Regular class, but behind at least one grade	BOCES	Residential School for students with challenging social/emotional conditions	College
Home instruction	Other (specify)		

Home School District	Grade	Date of last IEP
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Committee on Special Education Classification (CSE)- If Applicable		
Autism	Deafness	Deaf-Blindness
Emotional Disability	Hearing Impairment	Intellectual Disability
Learning Disability	Multiple Disabilities	Orthopedic Impairment
Other Health Impairment	Speech or Language Impairment	Traumatic Brain Injury
Visual Impairment		



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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 or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in 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)		

Youth Strengths

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

Caregiver Strengths

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

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Adverse Childhood Experiences (ACE)	
Has an ACE screening been conducted? Yes No Unknown	If so, please provide the score:

If so, by whom? (please provide name and contact information)

Complex Trauma Screening (Direct questions about the youth to the caregiver)			
Questions (suggested prompts/questions for assessing trauma exposure within each category)	Trauma Type	Currently Present?	Present for >6 months?
- Was there a time when adults were supposed to be taking care of the youth but did not? - Has there ever been a time when the youth did not have enough food to eat? - Did a parent or other adult in the household often: - Swear at the youth, insult the youth, put the youth down, or humiliate the youth? - Or act in a way that made the youth afraid that the youth might get physically hurt?	Physical/ Emotional Neglect OR Emotional Maltreatment	Yes No	Yes No
- Has the youth lived with someone other than the youth's parents/caregiver when the youth was growing up (because they could not take care of the youth or the youth was kicked out)? - Has the youth ever been homeless? (i.e. Has the youth ran away or was kicked out and lived on the street for more than a few days? Or the youth and the youth's family had no place to stay and lived on the street, in a car, or in a shelter?)	Displacement	Yes No	Yes No
- Has the youth lost a primary caregiver through death, incarceration, deportation, migration, or for other reasons? - Has the youth been left in the care of different people due to parental incapacity or dysfunction, even if the youth's primary place of residence did not change?	Attachment Disruption	Yes No	Yes No
- Has anyone ever made the youth do sexual things the youth didn't want to do, like touch the youth, make the youth touch them, or try to have any kind of sex with the youth? - Has anyone ever <i>tried</i> to make the youth do sexual things the youth didn't want to do? - Has anyone ever forced the youth (or tried to force the youth) to have intercourse?	Sexual abuse OR Sexual assault/rape	Yes No	Yes No

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Questions (suggested prompts/questions for assessing trauma)	Trauma Type	Currently Present?	Present for >6 months?
- Has the youth ever been hit or intentionally hurt by a family member? - If yes, did the youth have bruises, marks, or injuries?	Physical abuse	Yes No	Yes No
- Has the youth ever <i>seen</i> or <i>heard</i> someone in the youth's family/house being beaten up? - Has the youth ever <i>seen</i> or <i>heard</i> someone in the youth's family/house get threatened with harm?	Domestic violence	Yes No	Yes No
- Has the youth ever <i>seen</i> or <i>heard</i> someone being beaten, or who was badly hurt? - Has the youth seen someone who was dead or dying, or watched or heard them being killed? - Has the anyone ever hit the youth or beaten the youth up (physically assaulted the youth?) - Has anyone ever threatened to physically assault the youth (with or without a weapon)?	Community violence OR Interpersonal violence	Yes No	Yes No
- Did other youth often tease or insult the youth, put the youth down, or threaten the youth physically? - Did they spread lies about the youth or turn other people against the youth?	Bullying	Yes No	Yes No
Has the youth or anyone in the youth's family been involved in, or <i>in direct danger</i> from a terrorist attack, war, or political violence?	Terrorism/ War/Political Violence	Yes No	Yes No
- Has anyone ever stalked the youth? - Did anyone ever try to kidnap the youth?	Stalking/ Kidnapping	Yes No	Yes No
Is there anything else really scary or very upsetting that has happened to the youth 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?	Other Trauma	Yes No	Yes No