

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**  
**OUTCOMES MEASURES APPLICATION**  
**Transitional Age Youth (TAY) 3-Month (3M)**  
**Age Group: 16-25**

**ADMINISTRATIVE INFORMATION**

Client ID	<input type="text"/>	Client DOB	<input type="text"/>
Episode ID	<input type="text"/>	Provider Number	<input type="text"/> (4 characters)
Client Last Name	<input type="text"/>	Client First Name	<input type="text"/>
Partnership Date	<input type="text"/>	Assessment Date	<input type="text"/>
Partnership Service Coordinator (Last Name)	<input type="text"/>	Assessment Completed By	<input type="text"/> (10 characters NPI #)

**FINANCIAL**

<b>SOURCES OF FINANCIAL SUPPORT</b> Indicate all the sources of financial support used to meet the needs of the client.	CURRENT	
	Check all that apply	Monthly Average Amount
Caregiver's Wages	<input type="checkbox"/>	
Client's Wages	<input type="checkbox"/>	
Client's Spouse / Significant Other's Wages	<input type="checkbox"/>	
Savings	<input type="checkbox"/>	
Other Family Member / Friend	<input type="checkbox"/>	
Retirement / Social Security Income	<input type="checkbox"/>	
Veteran's Assistance (VA) Benefits	<input type="checkbox"/>	
Loan / Credit	<input type="checkbox"/>	
Housing Subsidy	<input type="checkbox"/>	
General Relief (GR) / General Assistance (GA)	<input type="checkbox"/>	
Food Stamps	<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF) / CalWORKs	<input type="checkbox"/>	
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	
State Disability Insurance (SDI)	<input type="checkbox"/>	
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>	
Child Support	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
No Financial Support	<input type="checkbox"/>	/ / / / /

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

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Los Angeles County - Department of Mental Health			

**DAILY ACTIVITIES / VOCATIONAL / EDUCATIONAL LEVEL**

**EDUCATIONAL SETTING**

- Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)?  Yes  No
- Is the client CURRENTLY receiving special education due to another reason?  Yes  No
- Is the client required by law to attend school?  Yes  No
- Does the client have a CURRENT Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)?  Yes  No
- Does this client CURRENTLY receive Regional Center Services?  Yes  No

**SCHOOL ATTENDANCE**

Estimate the client's attendance level (excluding breaks and excused absences) CURRENTLY: **(select one)**

- Always attends school (never truant)
- Attends school most of the time
- Sometimes attends school
- Infrequently attends school
- Never attends school

If change reflects a DECREASE in attendance check the reasons why: **(check all that apply)**

- Physical Health Reasons
- Mental Health Reasons
- Substance Abuse Reasons
- Personal / Family Reasons
- Juvenile Justice Reasons
- Truant

If the DECREASE due to change in education plan requirements?  Yes  No

Other Reason?  Yes  No

Specify:

On average, how many HOURS PER DAY did the client attend classes?

On average, how many HOURS PER WEEK did the client participate in extra-curricular activities (sports, music, etc.)?

CURRENTLY, his/her grades are: **(select one)**

- Very Good
- Good
- Average
- Below Average
- Poor

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PHYSICAL HEALTH	
	CURRENT (LAST 4 WEEKS) (select one)
Client states that he/she is in good physical health?	<input type="radio"/> Yes <input type="radio"/> No
Client has access to needed medical services?	<input type="radio"/> Yes <input type="radio"/> No
Client receives needed medical services?	<input type="radio"/> Yes <input type="radio"/> No
Client has a primary care physician?	<input type="radio"/> Yes <input type="radio"/> No
Client uses a primary care physician?	<input type="radio"/> Yes <input type="radio"/> No
Client has access to needed dental services?	<input type="radio"/> Yes <input type="radio"/> No
Client receives needed dental services?	<input type="radio"/> Yes <input type="radio"/> No
Client demonstrates signs of regressive behavior (bed wetting, soiling)?	<input type="radio"/> Yes <input type="radio"/> No
Client demonstrates self-injurious behavior?	<input type="radio"/> Yes <input type="radio"/> No
Client has violent encounters?	<input type="radio"/> Yes <input type="radio"/> No
Is the client obese (based on BMI)?	<input type="radio"/> Yes <input type="radio"/> No
Has the client EVER been told by a physician that he/she has diabetes?	<input type="radio"/> Yes <input type="radio"/> No
Is the client pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Is the client receiving prenatal care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Did the client receive physical health services from a DHS clinic or hospital?	<input type="radio"/> Yes <input type="radio"/> No
Does the client have a chronic physical health care problem or problems that require periodic medical services?	<input type="radio"/> Yes <input type="radio"/> No

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**LEGAL**

**SUBSTANCE ABUSE**

- Client uses substances?  Yes  No
- Client abuses substances?  Yes  No
- In the opinion of the Partnership Service Coordinator, has the client EVER had a co-occurring mental illness and substance use problem?  Yes  No
- Is the client CURRENTLY receiving substance abuse services?  Yes  No

**CUSTODY INFORMATION**

Indicate the total number of children the **client** has who are CURRENTLY:  
(If the client has no children enter **0** in the following boxes.)

Placed on W & I Code 300 Status (Dependent of the court):

Placed in Foster Care:

Legally Reunified with the client:

Adopted Out:

Living with the client:

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