INDIVIDUAL'S NAME: _____CHART #:_____

**FULL-SERVICE PARTNERSHIP**
**CHILDREN/YOUTH: AGES 0-15**
**INCLUSION AND PRIORITY CRITERIA**

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| **INCLUSION CRITERIA** | | | | |
| 1. | Individual has a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI) or has a parent/caregiver with SED or SPMI or a parent/caregiver who has a substance abuse disorder or co-occurring disorder **AND** | Yes | No | N/A |
| 2. | Individual has a history of high utilization of the system, including chronic psychiatric hospitalizations; frequent emergency room encounters; involvement with Public service agencies **OR** | Yes | No | N/A |
| 3. | Individual is in Foster Care with a history of multiple placements **OR** | Yes | No | N/A |
| 4. | Individual has been removed or is at risk of being removed from their home by DSS and/or is in transition to a less restrictive placement **OR** | Yes | No | N/A |
| 5. | Individual is homeless, at risk of being homeless **OR** | Yes | No | N/A |
| 6. | Individual is involved with the juvenile justice system or has a history of law enforcement involvement **OR** | Yes | No | N/A |
| 7. | Individual is new to the system (System of Care or Mental Health) and has not been served in the past. | Yes | No | N/A |
| **If answered "No" to Question #1, the Individual is *not eligible* for Full-Service Partnership. To meet eligibility criteria, a "Yes" response is required for Question #1 and at least one of the questions #2-7.** | | | | |
| | **PRIORITY POPULATIONS** | | | |
| 8. | Individual is experiencing serious academic problems and/or is failing in school, and/or meets 26.5 (AB3632) criteria. | Yes | No | N/A |
| 9. | Individual has co-occurring substance use/abuse issues | Yes | No | N/A |
| 10. | Individual is exposed to violence at home and in the community, traumatized because of loss of family members or friends due to homicide or multi-generational behavioral health issues. | Yes | No | N/A |
| 11. | Individual has been underserved or unserved in the past, including those who are uninsured or indigent. | Yes | No | N/A |
| 12. | Individual belongs to a minority or disadvantaged group (Asian American, Latino, Asian Pacific Islander, Native American, African American, LGBTQ) | Yes | No | N/A |
| **NOTE: Total number of "Yes" responses to Questions 2-12 will determine priority enrollment.** | | | | |

Staff Provider Printed Name: _____
Staff Provider Signature: _____Date: _____
Staff Provider Number: _____