

**Los Angeles County Department of Children & Family Services
Social Security Income (SSI) Screening Guide**

Youth's Name:	CSW Name:	Date Completed:		
Case #:	CSW Phone:			
DOB:	SCSW Name:			
SS#:	SCSW Phone:			
DISABILITY SCREENING QUESTIONS			YES	NO
GENERAL				
1. Have the parents/caregivers indicated that the youth is receiving SSI? If "Yes," STOP, inform the eligibility worker to evaluate and, if appropriate, send change of payee information to SSA Office.				
2. Does the youth have a serious physical or mental health impairment that requires assistance for them to complete daily activities, for example, (1) attending to and completing tasks; (2) interacting and relating to others; (3) moving about and manipulating objects; (4) caring for himself/herself?				
3. Has the youth been assessed for a Specialized Care Increment (SCI) or Dual Agency Regional Center Rate?				
MEDICAL				
4. Has the youth been hospitalized or required medical treatment for a medical disability that has lasted or can be expected to last 12 months, or result in death?				
5. Does the child have a presumptive disability, such as amputation, deafness, blindness, wheelchair or bed-bound, prematurity with birth weight of 1,200 grams or less, or HIV/AIDS?				
6. Does the youth require adaptations in order to function, including assistive devices (hearing aids, communication devices), orthopedic devices (braces, wheelchair), or devices for self-care activities (bathing chair)?				
MENTAL HEALTH				
7. Does the youth receive intensive mental health services, such as Therapeutic Behavioral Services (TBS), Wraparound or Intensive Field Capable Services (IFCCS)?				
8. Has the youth had any psychiatric hospitalizations?				
9. During the past year, has the youth required psychotropic medication?				
DEVELOPMENTAL				
10. Does the youth have a Regional Center Individualized Family Service Plan (IFSP) or Individualized Program Plan (IPP) with a diagnosis of permanent disability, such as Intellectual Disability, Autism, Cerebral Palsy, Epilepsy, or other disabling conditions closely related to Intellectual Disability (ID); for example, individuals with borderline IQ and adaptive impairments, or other disabling genetic medical conditions, such Down Syndrome, Prader-Willi Syndrome, chromosome deletion, duplications and abnormalities, traumatic brain injury (Shaken Baby Syndrome, Fetal Alcohol Spectrum Disorder), anoxic brain injury, or congenital brain abnormalities (hydrocephalus)?				
EDUCATIONAL				
11. Does the youth have an Individualized Education Plan (IEP) which specifies special education classes or a non-public school setting? Does the youth qualify for services under Section 504, or is the youth being assessed for these services? Has the youth been designated as Severely Emotionally Disturbed (SED) or Other Health Impairment (OHI)?				
Comments:				