



**ISA Eligibility Screening Checklist**  
(To be completed within 3 days of receipt of completed referral packet)

Client:	Date:	CC:
<b>Must meet all of the following criteria:</b>	<b>YES</b>	<b>NO</b>
CASII score 19 or higher		
Current serious functional impairment in multiple areas		
Treatment intensity at a lower level of care insufficient to maintain functioning		
Need for service frequency/intensity consistent with this level is <b>in addition to</b> services or entitlements provided by other agencies or education		
Service needs require the involvement of multiple components within the system of care; i.e. Child Welfare, Juvenile Justice or OYA system involvement		
Significant risk of out-of-home placement		
Mental health "above the line" diagnosis is the focus of the needed ISA services		
Elevating or serious risk of harm to self and/or others		
<b>(Additional Considerations)</b>		
Recent or multiple out-of-home placements due to symptoms of mental health disorder		
Recent or current psychiatric hospitalization		
School disruption due to mental health symptoms		
Significant , chronic caregiver stress		

**ISA ELIGIBILITY:**      YES\_\_\_\_\_      NO\_\_\_\_\_

**If NO, Justification:**

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