

Mental Health Center Intensive Family Services Screening

Child's Name	Child's DOB	JCA Phone
Parent/Guardian name(s)	Child's SSN	Medicaid Number
Relationship to Child	Child Medicaid Eligible (Y/N)	JCA Name
Current Placement	Projected date of discharge	CMHC
JCA Email Address	Date of CMHC screening	
Date of CMHC referral to DMH	IFS Case Manager	

Strengths and Resources [family-focused (individual, if known)]:

Issues and Needs [family-focused (individual, if known)]:

Intensive Family Services Screening Mental Health Center

Family Plan

Issue/Need to be Addressed:			
TASK	Target Date	Person(s) Responsible	
1.			
2.			
3.			

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Life Domain Areas:	✗ family relationships	✗ educational/vocational	✗ psychological/emotional
	✗ living situation/residence	✗ leisure/recreational	✗ medical
	✗ financial capabilities	✗ social supports/peers	✗ legal
	✗ social/cultural	✗ spiritual	✗ safety/crisis

Parent Parent

MHC-IFS Professional Date