

## Instructions for completing the Children and Adolescent Interview for Assessment and Referral for Specialized Services

The Interview for Assessment & Referral for Specialized Services is used to assess children and adolescents with intense and persistent difficulties and to facilitate the referral process to secure services that suit their needs. The referral process should involve parents/ caregivers of all school aged children and adolescents, as well as the children and adolescents themselves.

The Interview for Assessment & Referral is intended to be conducted to assess the person's need for further services after the 3<sup>rd</sup> session of individual crisis counseling. . If crisis counseling continues (CCS OR SCCS), the Assessment Questions (Page 2) should be re-administered after the next three visits.

PAGE 1

PROVIDER #	The five-character number assigned to your provider agency.
PROVIDER NAME	The name of the provider agency.
EMPLOYEE NUMBER	YOUR employee number.
EMPLOYEE NAME	YOUR first and last names.
RECIPIENT NUMBER	The unique recipient number assigned by the provider agency when individual is recommended/ approved for SCCS.
NAME OF HURRICANE(S)	Enter Katrina or Rita or both
WAS THE PARENT OR CAREGIVER PRESENT	Choose "NO" or "YES"
DATE ADMINISTERED	The date the Assessment/ Referral Tool is given by month/day/year.
LOCATION OF SERVICES: (Check one)	Indicate the site where you are administering the assessment. If "Other" is checked, specify the site in the space provided.
SERVICE TYPE	Check only one type of service.
VISIT NUMBER	Enter the number of this CC or SCCS visit with this individual, i.e. 3 <sup>rd</sup> , 5 <sup>th</sup> . After referral to SCCS, begin a new series of numbers (The first SCCS visit = #1)
ZIP CODE OF SERVICE	The zip code of the location where the encounter occurred.
RISK CATEGORIES	Review with recipient and check all items that apply to his/her situation. If "Other" is checked, list risk factor as described by recipient. If thoughts about hurting self/other is endorsed, probe further and document information regarding previous attempts and/or current plan. *Consider referral for psychiatric or substance use treatment.
DEMOGRAPHIC INFORMATION	Complete this section based on your observations. If information is unknown, ask only that which is unknown.
PREFERRED LANGUAGE	Indicate the language preferred to be spoken by the individual. If "Other" is checked, list what other is.
LANGUAGE OF CONTACT	Indicate the language in which you conducted the assessment. If "Other" is checked, list what other is.

PAGE 2

ASSESSMENT QUESTIONS	
PERSON INTERVIEWED	Check only one that applies.
INTRODUCTION	<b>REVIEW AND PRACTICE INTRODUCTION PRIOR TO INTERVIEW.</b> Remind the child/ caregiver with each question, that you are referring to the PAST MONTH. Use the frequency rating scale to help answer how often a problem occurs.
ASSESSMENT QUESTIONS	For each question enter the <u>NUMBER</u> of the response in the box for that question. (0) Not at all (1) A little bit; (2) Somewhat; (3) Quite a bit; or (4) Very much.
ADDITIONAL QUESTIONS FOR PARENTS	Required for parents of young children (ages 0 - 7); Encourage parents of all children and adolescents to answer these questions.
ITEMS SCORED 3 OR 4, TOTAL HERE:	Count the number of entries in the last column of the above table that have a score of 3 or 4. Enter the total in the space provided.
REFERRAL	If the total is 4 or more for scores of 3 or 4, discuss the possibility of a referral for services.
DID YOU OFFER A REFERRAL FOR SERVICES?	If "YES" indicate if your recommendation was based on the total score .If not based on total score, specify reason for recommendation.
REFERRALS: CHECK ALL THAT APPLY	Indicate if referrals were made for SCCS, mental health, substance use. If other services were recommended, specify.
Did the child/ parent accept the referral	For each referral made, indicate if child and/or parent/caregiver accepted the referral.
Provider Agency	If outside referral was made, enter name of provider agency.
Review and Signature	Upon review for completeness, supervisor should print name sign and date the form.

***Thank you for taking the time to complete this form accurately and completely!***