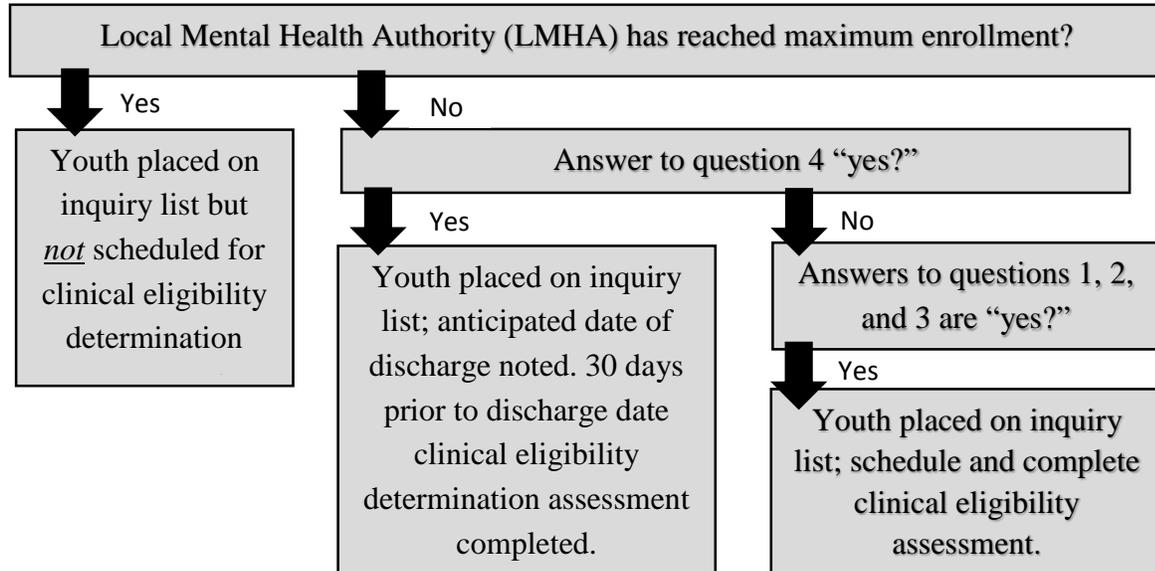




Youth Empowerment Services (YES) Waiver Pre-Screening for Eligibility

Date: _____

Name of Individual: _____



1. Is the youth age 3 through 18 years of age?
(Youth will be discharged from YES at the end of the second month prior to the youth's 19th birthday.) **Yes** **No**

2. Does the youth reside in the LMHA service area?
(If 'No' refer the child or youth to the appropriate LMHA.) **Yes** **No**

3. Does the youth reside in a community based setting with his or her legally authorized representative, or in his or her own home or apartment, if legally emancipated? **Yes** **No**

4. Does the youth reside in a non-community based setting, i.e., an institution, residential treatment center, juvenile detention center and is interested in accessing YES services upon discharge? **Yes** **No**