**COMPLETED BY:**

1. Client
2. Staff may offer assistance should the client need assistance.

**COMPLIANCE REQUIREMENTS**

1. All prompts should be completed.
2. The following five life domains are rated by circling a 1-5 or non-applicable:
	1. Health/Mental Health
	2. Social Skills
	3. Daily Living Skills
	4. Financial
	5. Educational/Vocational
3. Any responses with a 3 or below must be addressed in the ACTIONS/COMMENTS section of the form.

**DOCUMENTATION STANDARDS:**

1. For clients 16 years or older, within 30 calendar days of opening the client to the program. When client has been in the System of Care, the evaluation form should be requested from the prior provider. If the evaluation is not received prior to the thirty days, a new evaluation shall be completed.
2. If client is younger than 16 upon admission to the program and turns 16 throughout the course of treatment, the form must be completed within 30 calendar days of the client’s 16th birthday.
3. The evaluation form must be updated within 30 days following birthday at age 17, 17 1/2, 18 and yearly thereafter until client is discharged from Children’s Mental Health System of Care.
4. Youth Transition Self-Evaluationform (MHS-624) and filed in the hybrid chart.