

Integrated Young Adult Case Management (IYACM) is most appropriate for:

A youth/young adult (YYA) ages 16-25 with a Mental Health diagnosis currently involved in N180 services and/or has been screened as requiring an intensive level of care and needs assistance with skills to transition into adulthood with at least one of the following risk factors:

- ☐ Homeless/at risk for homelessness/unstable or unsafe housing
- ☐ Emancipated youth/court ward discharging from residential placement or aging out of foster care
- ☐ Facing challenges associated with being LGBTQ
- ☐ Outpatient/family-focused services are not appropriate to meet the youth's needs (explain): _____

1. **YYA Legal name:** _____ **Preferred name:** _____

Pronouns: _____ **N180 #** _____ **Youth's date of birth:** _____

2. **What sex was the youth assigned at birth, on the original birth certificate?** ☐ Male ☐ Female

3. **Sexual Orientation:** ☐ Heterosexual/straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Unknown/Other

4. **How does the youth describe themselves? (Check one)**

☐ Male ☐ Female ☐ Transgender ☐ Other: _____

5. **If minor: name of legal guardian:** _____ ☐ N/A

Address: _____

Relationship to youth: _____ **Phone:** _____

Legal Guardian's email address: _____

6. **Current living situation/placement:** _____

7. **Is the youth court-involved/foster care?** ___ No ___ Yes - please specify:

___ JJ ward ___ TCW ___ PCW ___ Adult probation ___ Treatment court

8. **In what areas does this youth need support in their transition to adulthood?**

___ Education support ___ Employment support
 ___ Housing skills ___ Transition to adult services
 ___ Independent living skills ___ Clinical/Therapeutic supports
 ___ Other: (Please describe) _____

9. **Additional considerations or pertinent information regarding youth prior to meeting** (e.g. pregnant or parenting, necessary accommodations, etc.): _____

10. **Primary language spoken in client's home:** _____ **Interpreter needed?** ☐ Yes ☐ No

11. **List presenting crises and safety issues (e.g. self-harm, substance use, suicidal ideation):**

Name of person initiating HTP Inquiry: _____ **Organization:** _____

Source of Inquiry: ☐ Access Center ☐ N180 BHH ☐ MH Provider ☐ Foster Care
☐ Education ☐ N180 CCRT ☐ Juvenile Justice ☐ Treatment Court ☐ Other: _____

Phone Number: _____ **Email:** _____

Relationship to child/youth: _____ **Date Inquiry submitted:** ____/____/____

Current services received by youth: _____

Please fax or securely email this form to (616) 336-3593, nathan.goldsmith@network180.org