



Youth Crisis Response Team (YCRT) Case Management Needs Assessment

Youth Name:

Youth ID#:

Assessment Date:

1. Are you currently working with any other Case Managers, or community-based professionals to obtain additional support for your child(ren) or family?

Yes ____ No ____

Permission for YRCT to Contact? Y / N / N/A

Name(s) and Contact information:

2. Translation services needed or preferred?

Yes ____ No ____

3. Does your family need additional support in any of the following areas? Circle all that apply:

Housing Finance Immigration Services

Medical (signing up for insurance/welfare benefits) Medical (locating providers)

Regular access to food (signing up for TANF/WIC) Transportation

4. Which of the following YCRT programs do you have interest in working with? Select all that apply.

Case Management Behavior Coaching Individual Therapy

Family Support Parent Support

5. Does your youth currently have any active or pending legal charges?

Yes ____ No ____

6. Does your family currently have an open Dependency/Neglect Case open with the Department of Human Services?

Yes ____ No ____

7. Is there a history of substance use with any individual(s) in the home?

Yes ____ No ____

*If so, the last date of use was _____

8. Is there a history of domestic violence within the home?

Yes ____ No ____