

SSI SCREENING GUIDE

SECTION A - DISABILITY SCREENING

CHILD'S NAME:	CHILD'S DOB:	CHILD'S SS#:
CHILD'S CASE #:	DATE COMPLETED:	NEXT SCREENING DUE (MUST BE DONE AT LEAST ANNUALLY):

DISABILITY SCREENING QUESTIONS	YES	NO	Info. Not Available
1. Have the parents/caregivers indicated that the child is receiving SSI? ^{**} ^{**} If "Yes," STOP, inform eligibility worker (or appropriate county staff person) to evaluate and send, if appropriate, change of payee information to SSA.			
2. Does the child have a serious physical or mental impairment which limits his/her daily activities? [Check yes if the child has difficulty, as compared to other children of the same age who do not have impairments, doing any of the following: (1) attending to and completing tasks; (2) interacting and relating to others; (3) moving about and manipulating objects; (4) caring for himself/herself.]			
3. Has the child been hospitalized or required medical treatment for a medical disability or psychiatric condition that has lasted or can be expected to last 12 months or result in death?			
4. During the past year, has child required medication on a daily basis?			
5. Has the child had school absenteeism due to health or behavioral problems?			
6. Has the child been tested for OR does the child attend special education classes? (Does the child have an Independent Education Plan (IEP), a pending IEP, or does the child qualify for services under Section 504 (504 Plan or accommodations) or is the child being assessed for these services? Has the child been designated Seriously Emotionally Disabled (SED)? Does the child have an Individualized Family Support Plan (IFSP) with Regional Center?			
7. Does the child require adaptations in order to function including assistive devices or appliances such as eyeglasses, hearing aids, orthopedic devices, or devices for self-care activities such as bathing, feeding, toileting, and dressing?			
8. Are the child's standardized test scores lower than average?			
9. Does the child receive special services such as counseling or speech therapy?			

FAST-TRACK SCREENING QUESTIONS	YES	NO	Info. Not Available
10. Is the child 16.5 years old or older?			
11. Is the child likely to exit Foster Care, through adoption, guardianship, emancipation, or reunification, in less than one year?			
12. Does the child have a presumptive disability: amputation, deafness, blindness, wheelchair or bed-bound, cerebral palsy, Down syndrome or obvious mental retardation, prematurity with birth weight of 1,200 grams or less, or HIV/AIDS?			
13. Is the child a minor parent?			
14. Is the child eligible for or does the child receive a Specialized Care Increment (SCI) or Regional Center Rate?			

INSTRUCTIONS: Any affirmative response in questions 1 through 9, warrants referral of the child for an SSI assessment. Any affirmative response in questions 10 through 14 requires that the child be placed in the "Fast Track" assessment process.

Referred to SSI Assessment? YES NO

Fast Track? YES NO

SIGNATURE OF EMPLOYEE COMPLETING SECTION A	DATE
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PRINTED NAME/ID #/CLASSIFICATION OF EMPLOYEE COMPLETING SECTION A