

CALOCUS
Youth Level of Care Utilization System

Client Name _____ MH # _____

DOB _____ Provider/Program _____

Clinician's Name _____

Refer to scoring criteria provided in separate packet when completing this form.

Dimension	Dimension Rating					_____
	<u>(Please circle score and write number on line then total)</u>					
	Minimal				Extreme	
1. Risk of Harm	1	2	3	4	5	_____
2. Functional Status	1	2	3	4	5	_____
3. Co-Morbidity: Developmental, Medical, Substance use and Psychiatric	1	2	3	4	5	_____
4. Recovery Environment						
4a. Environment Stressors	1	2	3	4	5	_____
4b. Environmental Support	1	2	3	4	5	_____
5. Resiliency and Treatment History	1	2	3	4	5	_____
6. Treatment, Acceptance Engagement						
6a. Child/Adolescent*	1	2	3	4	5	_____
6b. Parent/Care-Taker*	1	2	3	4	5	_____*
*Add only the highest of the two subscales for this item to the Total Function Rating.						
TOTAL of Subscales	Total					_____

Extent to which above total CALOCUS rating is influenced by substance abuse, unresolved medical condition, developmental disability, or situational crisis.

Minimal Extreme

1 2 3 4 5 _____

Describe:

Clinician Signature _____

Date _____