# Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

**EXPIRES: MM/DD/YYYY** 

#### **CLIENT OR CAREGIVER FORM**

Version: September 2024

Age Range	Respondent Type	Assessment	Link
Adult (18 years+)	Client (or proxy)	Baseline	Adult Client Baseline
Adult (18 years+)	Client (or proxy)	Reassessment	Adult Client Reassessment
Adult (18 years+)	Client (or proxy)	Annual	Adult Client Annual
Youth (12-17 years)	Client (or proxy)	Baseline	Youth Client Baseline
Youth (12-17 years)	Client (or proxy)	Reassessment	Youth Client Reassessment
Child (5-17 years)	Caregiver/Parent	Baseline	Child Caregiver Baseline
Child (5-17 years)	Caregiver/Parent	Reassessment	Child Caregiver Reassessment
Young Child (0-4 years)	Caregiver/Parent	Baseline	YoungChild Caregiver Baseline
Young Child (0-4 years)	Caregiver/Parent	Reassessment	YoungChild Caregiver Reassessment

Age: ADULT Respondent: CLIENT Assessment: BASELINE

#### SUPRT-C FORM VERSION: Adult / Client / Baseline

#### **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

#### How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 15 minutes.

#### How do I agree to participate?

Age: ADULT Respondent: CLIENT Assessment: BASELINE

#### A. DEMOGRAPHICS

П

Chamorro

1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group White – Provide details below. German Italian П Polish П Irish **English** French Enter, for example, Scottish, Norwegian, Dutch, etc. Hispanic or Latino – Provide details below. Mexican or Mexican American Salvadoran Puerto Rican Dominican П П Cuban Colombian Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. Black or African American – Provide details below. Nigerian African American Ethiopian Jamaican Somali Haitian Enter, for example, Ghanaian, South African, Barbadian, etc.\_\_\_\_ Asian – Provide details below. П Chinese Vietnamese Filipino Korean Asian Indian Japanese Enter, for example, Pakistani, Cambodian, Hmong, etc. American Indian or Alaska Native – Provide details below. Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. Middle Eastern or North African – Provide details below. Lebanese **Syrian** Iranian Moroccan Egyptian Israeli Enter, for example, Algerian, Iraqi, Kurdish, etc. \_\_\_\_ Native Hawaiian or Pacific Islander – Provide details below. Native Hawaiian Tongan П Fijian Samoan 

Enter, for example, Palauan, Tahitian, Chuukese etc. \_\_\_\_

Marshallese

#### SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE** 2. What is your gender? O Female O Two-Spirit [If you are American Indian O Male or Alaska Native] O I don't know O I use a different term – specify: \_\_\_\_\_ O Prefer not to answer 3. What was your sex assigned at birth, for example on your original birth certificate? O Female O I don't know O Male **O** Prefer not to answer 4. Which of the following best represents how you think of yourself? ○ I use a different term – specify: \_\_ Lesbian or gay O Straight or Heterosexual O I don't know O Bisexual O Prefer not to answer O Two-Spirit [If you are American Indian or Alaska Native] 5. Do you speak a language other than English at home? (If no, please skip to question 6) O No O Prefer not to answer O Yes 5a. For persons speaking a language other than English (answering yes to the question above): What is this language(s)? (Check all that apply) American Sign Language (ASL) П French П Arabic Portuguese П Spanish Chinese Other Language (Identify): Prefer not to answer 6. Have you ever served in the Armed Forces, the Reserves, the National Guard or other **Uniformed Services?** O Yes, currently serving O No

O Prefer not to answer

O Yes, served in the past

Age: ADULT Respondent: CLIENT Assessment: BASELINE

7. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	0	0	0
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	0	0	0
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	0	0	0
d. Do you have serious difficulty walking or climbing stairs?	0	0	0
e. Do you have difficulty dressing or bathing?	0	0	0
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	0	0	0

#### **B. SOCIAL DRIVERS OF HEALTH**

8. How hard is it for yo	u to pay for	the very	basics like	e food, housing,	, medical care, an	ıd
heating?						

○ Very hard	0	Not hard at al
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Somewhat hardPrefer not to answer

#### 9. What is your living situation today?

- O I have a steady place to live
- O I have a place to live today but I am worried about losing it in the future
- O I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- O Prefer not to answer

#### SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE 10.** Which of the following best describes your current living situation? O House or apartment Emergency shelter O Voucher hotel or motel Your partner's place O A friend or relative's and paying rent O Hotel or motel you pay for O A friend or relative's and not paying O Residential drug or alcohol program Jail or prison rent Car or other vehicle Permanent housing program Transitional housing program Abandoned building Domestic violence shelter Anywhere outside O Somewhere else [where]: O Prefer not to answer 11. Are you currently employed? O Employed, full time or part time (includes temporary, seasonal, hours change each week) O Not employed, seeking employment O Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.) O Other – specify: O Prefer not to answer What is the highest level of education you have finished? **12.** O Less than high school diploma O Associate's degree O 4-year degree or higher O High school degree or GED O Some vocational, technical or college, O Prefer not to answer university In the last 3 months, have you attended school/college, homeschool, or vocational training 13. regularly? O Enrolled, attending regularly O Not enrolled O Enrolled, not attending regularly O Prefer not to answer

14. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

Yes, it has kept me from medical appointments or from getting my medications.

Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

No

Prefer not to answer

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT Respondent: CLIENT Assessment: BASELINE

#### C. CLIENT-REPORTED CORE OUTCOMES

#### 15. Please choose the option that best applies to you right now:

- O I consider myself to be in recovery from substance use issues
- O I consider myself to be in recovery from mental health issues
- O I consider myself to be in recovery from substance use **and** mental health issues
- O I do **not** consider myself to be in recovery for substance use or mental health issues
- O I Prefer not to answer

# 16. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.	0	0	0	0	0	0	0
b. My mental health is fine most days.	0	0	0	0	0	0	0
c. My substance use does not cause problems in my life.	0	0	0	0	0	0	0
d. I have stable housing.	0	0	0	0	0	0	0
e. I have a steady job or am involved in things like school, training, or volunteering.	0	0	0	0	0	О	0
f. My life has purpose and meaning.	0	0	0	0	0	0	0
g. I have enough money to meet my needs.	0	0	0	0	0	0	0
h. I am proud of the community I live in and feel a part of it.	0	0	0	0	0	Ο	0
i. I am supported by the people around me.	0	0	0	0	0	0	0
j. The future appears bright to me.	0	0	0	0	0	0	0
k. I am in control of my life.	0	0	0	0	0	0	0
l. I bounce back quickly after hard times.	0	0	0	0	0	0	0

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE** On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how **17.** would you rate your quality of life? **18.** Which goals do you have for participating in this program? Check all that apply. Improve the symptoms that led me to services (for example distress, anxiety) Reduce my drug and/or alcohol use Gain access to medical services I need Enroll in or finish education (for example GED, degree, vocational training) Get or maintain a job Live in stable housing П Be a better parent or caregiver П Improve my friendships and relationships Comply with court order or avoid contact with the police and/or justice system Other goal - Please describe: \_ П Prefer not to answer Thank you for completing this baseline form. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW. [OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / BASELINE Site ID | | | | | | | | | | Grant ID |\_\_|\_|\_|\_|\_| 1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No 1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |\_\_|\_/\_|\_/\_|\_|

O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Age: ADULT Respondent: CLIENT Assessment: BASELINE

#### SUPRT-C FORM VERSION: Adult / Client / Reassessment

#### **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

#### How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 10 minutes.

#### How do I agree to participate?

By answering the following questions, you are agreeing to participate.

#### A. SOCIAL DRIVERS OF HEALTH

#### SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE** 1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Very hard O Not hard at all Somewhat hard O Prefer not to answer 2. What is your living situation today? O I have a steady place to live O I have a place to live today but I am worried about losing it in the future O I do not have a steady place to live O Prefer not to answer 3. Which of the following best describes your current living situation? O Voucher hotel or motel House or apartment Your partner's place O Hotel or motel you pay for O A friend or relative's and paying rent O Residential drug or alcohol program A friend or relative's and not paying Jail or prison Car or other vehicle rent Abandoned building Permanent housing program O Transitional housing program Anywhere outside Domestic violence shelter O Somewhere else [where]: \_\_\_\_\_\_ Prefer not to answer Emergency shelter 4. Are you currently employed? O Employed, full time or part time (includes temporary, seasonal, hours change each week) O Not employed, seeking employment O Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc) O Other – specify: \_\_\_\_

#### 5. What is the highest level of education you have finished?

- O Less than high school diploma
- High school degree or GED

O Prefer not to answer

- Some vocational, technical or college, university
- Associate's degree
- O 4-year degree or higher
- O Prefer not to answer

# SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT Respondent: CLIENT Assessment: BASELINE In the last 3 months, have you attended school/college, homeschool, or vocational training regularly? Enrolled, attending regularly Not enrolled Enrolled, not attending regularly Prefer not to answer In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. Yes, it has kept me from medical appointments or from getting my medications. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that

I need No

Prefer not to answer

 SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT Respondent: CLIENT Assessment: BASELINE

#### **B. CLIENT-REPORTED CORE OUTCOMES**

8.	Please	choose	the op	tion tha	t best	applies t	o you rigl	it now:

- O I consider myself to be in recovery from substance use issues
- O I consider myself to be in recovery from mental health issues
- O I consider myself to be in recovery from substance use **and** mental health issues
- O I do **not** consider myself to be in recovery for substance use or mental health issues
- O I Prefer not to answer

# 9. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.	0	0	0	0	0	0	0
b. My mental health is fine most days.	0	0	0	0	0	0	0
c. My substance use does not cause problems in my life.	0	0	0	0	0	0	0
d. I have stable housing.	0	0	0	0	0	0	0
e. I have a steady job or am involved in things like school, training, or volunteering.	0	0	0	0	0	0	0
f. My life has purpose and meaning.	0	0	0	0	0	0	0
g. I have enough money to meet my needs.	0	0	0	0	0	0	0
h. I am proud of the community I live in and feel a part of it.	0	0	0	0	0	0	0
i. I am supported by the people around me.	0	0	0	0	0	0	0
j. The future appears bright to me.	0	0	0	0	0	0	0
k. I am in control of my life.	0	0	0	0	0	0	0

#### SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C) Age: ADULT **Respondent: CLIENT Assessment: BASELINE** l. I bounce back quickly after 0 0 0 0 0 0 0 hard times. 10. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? \_\_\_\_\_ 11. As a result of the services you received, which goals did you make progress on? Check all that apply. Improve the symptoms that led me to services (for example distress, anxiety) Reduce my drug and/or alcohol use Gain access to medical services I need Enroll in or finish education (for example GED, degree, vocational training) Get or maintain a job Live in stable housing Be a better parent or caregiver Improve my friendships and relationships Comply with court order or avoid contact with the police and/or justice system П Other goal - Please describe: Prefer not to answer Thank you for completing this reassessment form. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / REASSESSMENT	
Client ID	
Site ID   _ _ _ _  Grant ID   _ _ _	
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy	0 No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _	
1h [IF OUESTION 1 IS NO] Why not? Choose the primary reason	

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Age: ADULT Respondent: CLIENT Assessment: BASELINE

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

Age: ADULT Respondent: CLIENT Assessment: ANNUAL

SUPRT-C FORM VERSION: Adult / Client / Annual

#### **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

#### How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 7 minutes.

#### How do I agree to participate?

Age: ADULT Respondent: CLIENT Assessment: ANNUAL

#### A. CLIENT-REPORTED CORE OUTCOMES

1.	Please	choose	the o	ption	that	best	applies	to	you i	right	now

- O I consider myself to be in recovery from substance use issues
- O I consider myself to be in recovery from mental health issues
- O I consider myself to be in recovery from substance use **and** mental health issues
- O I do **not** consider myself to be in recovery for substance use or mental health issues
- O I Prefer not to answer

# 2. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.	0	0	0	0	0	0	0
b. My mental health is fine most days.	0	0	0	0	0	0	0
c. My substance use does not cause problems in my life.	0	0	0	0	0	0	0
d. I have stable housing.	0	0	0	0	0	0	0
e. I have a steady job or am involved in things like school, training, or volunteering.	0	0	0	0	0	0	0
f. My life has purpose and meaning.	0	0	0	0	0	0	0
g. I have enough money to meet my needs.	0	0	0	0	0	0	0
h. I am proud of the community I live in and feel a part of it.	0	0	0	0	0	0	0
i. I am supported by the people around me.	0	0	0	0	0	0	0
j. The future appears bright to me.	0	0	0	0	0	0	0
k. I am in control of my life.	0	0	0	0	0	0	0
l. I bounce back quickly after hard times.	0	0	0	0	0	0	0

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT Respondent: CLIENT Assessment: ANNUAL

3. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? \_\_\_\_\_\_

4. As a result of the services you received, which goals did you make progress on? Check all that apply.

□ Improve the symptoms that led me to services (for example distress, anxiety)

□ Reduce my drug and/or alcohol use

□ Gain access to medical services I need

□ Enroll in or finish education (for example GED, degree, vocational training)

□ Get or maintain a job

□ Live in stable housing

□ Be a better parent or caregiver

Comply with court order or avoid contact with the police and/or justice system

### Thank you for completing this annual assessment form.

Improve my friendships and relationships

Other goal - Please describe:

Prefer not to answer

Public reporting burden for this collection of information is estimated to average 7 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / ANNUAL
Client ID
Site ID  _ _ _ _ _  Grant ID  _ _ _ _
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: BASELINE

#### SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Baseline

#### **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

#### How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 10 minutes.

#### How do I agree to participate?

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: BASELINE

#### A. **DEMOGRAPHICS**

1. What is your race or ethnicity? Select all that apply and enter additional details in below. Note, you may report more than one group										
		White – Provide detail  German  Irish English Enter, for exar	ls below. nple, Scottish, Norwegian, E	[] [] Outch, etc	Italian Polish French					
		<ul><li>Puerto Rican</li><li>Cuban</li></ul>	Provide details below. exican American nple, Guatemalan, Spaniard,	0 0 0 Ecuadorian,	Salvadoran Dominican Colombian etc					
		<ul><li>African Ameri</li><li>Jamaican</li><li>Haitian</li></ul>	rican – Provide details belov can nple, Ghanaian, South Africa	0	Nigerian Ethiopian Somali n, etc					
		Asian – Provide detail  Chinese Filipino Asian Indian Enter, for exar	s below. nple, Pakistani, Cambodian,	[] [] Hmong, etc.	Vietnamese Korean Japanese					
		□ Specify, for ex	laska Native – Provide detai ample, Navajo Nation, Blac t Traditional Government, T	kfeet Tribe,	Mayan, Aztec, Native Village of					
		<ul><li>Lebanese</li><li>Iranian</li><li>Egyptian</li></ul>	rth African – Provide details nple, Algerian, Iraqi, Kurdis	0 0 0	Syrian Moroccan Israeli					
		Native Hawaiian or Pa  Native Hawaii Samoan Chamorro	acific Islander – Provide deta an	ails below.	Tongan Fijian Marshallese					

Enter, for example, Palauan, Tahitian, Chuukese etc.

#### Age: YOUTH (12 to 17) **Respondent: CLIENT Assessment: BASELINE** 2. What is your gender? O Female O Two-Spirit [If you are American Indian O Male or Alaska Native] O I don't know O I use a different term – specify: \_\_\_\_\_ O Prefer not to answer 3. What was your sex assigned at birth, for example on your original birth certificate? O Female O I don't know O Male **O** Prefer not to answer 4. Which of the following best represents how you think of yourself? ○ I use a different term – specify: \_ Lesbian or gay O Straight or Heterosexual O I don't know O Bisexual O Prefer not to answer O Two-Spirit [If you are American Indian or Alaska Native] 5. Do you speak a language other than English at home? (If no, please skip to question 6) O No O Prefer not to answer O Yes 5a. For persons speaking a language other than English (answering yes to the question above): What is this language(s)? (Check all that apply) American Sign Language (ASL) П French П Arabic Portuguese Spanish Chinese Other Language (Identify): Prefer not to answer 6. Have you ever served in the Armed Forces, the Reserves, the National Guard or other **Uniformed Services?** O Yes, currently serving O No O Yes, served in the past O Prefer not to answer

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: BASELINE

7. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	0	0	0
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	0	0	0
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	0	0	0
d. Do you have serious difficulty walking or climbing stairs?	0	0	0
e. Do you have difficulty dressing or bathing?	0	0	0
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	0	0	0

#### **B. SOCIAL DRIVERS OF HEALTH**

^	T 471	10 0	• • • • • •		
×	W/hat ic v	MINITED ALIAN	ciffliation	today	7,
υ.	vv mat 15	your living	Situativii	wua	/ ÷

- O I have a steady place to live
- O I have a place to live today but I am worried about losing it in the future
- O I do not have a steady place to live
- O Prefer not to answer

#### 9. Which of the following best describes your current living situation?

0	My parent/gaurdian's house or	0	Voucher hotel or motel;
	apartment;	0	Hotel or motel you pay for;
0	Your partner's place;	0	Residential drug or alcohol program;
0	A friend or relative's and paying rent;	0	Jail or prison;
0	A friend or relative's and not paying rent;	0	Car or other vehicle;
0	Permanent housing program;	0	Abandoned building;
0	Transitional housing program;	0	Anywhere outside;
0	Domestic violence shelter;	0	Somewhere else [where]:
0	Emergency shelter;	0	Prefer not to answer

SAMHSA Unified Performance Repo	orting Tool - Client Form (SUP	RT-C)
Age: YOUTH (12 to 17)	Respondent: CLIENT	Assessment: BASELINE
10. What is the highest level of ed	ucation you have finished?	
O Preschool-Kindergarten	0	Grade 9 – 12
O Grade 1 – Grade 5	0	High school degree or GED
O Grade 6 – Grade 8	0	Prefer not to answer
11. In the last 3 months, have you regularly?	attended school/college, hor	neschool, or vocational training
O Enrolled, attending regula	arly O	Not enrolled
O Enrolled, not attending re	gularly O	Prefer not to answer
Thank you for completing this bas	eline form.	
response. Send comments regardin information, to the Substance Abus Clearance Officer, Room 15E57B, conduct or sponsor, and a person i	g this burden estimate, or a e and Mental Health Service: 5600 Fishers Lane, Rockvil s not required to respond to, of Management and Budget	estimated to average 10 minutes per ny other aspect of this collection of s Administration (SAMHSA) Reports le, MD 20857. An agency may not a collection of information unless it (OMB) control number. The control
[OFFICE USE ONLY] RECORD MANAC	GEMENT - YOUTH / CLIENT / E  Grant ID   _ _	BASELINE

O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |\_\_|\_/\_|\_\_|\_|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: REASSESSMENT

SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Reassessment

#### **CLIENT CONSENT**

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

#### How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 5 minutes.

#### How do I agree to participate?

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: REASSESSMENT

#### A. SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?

0	I have a steady place to live			
0	I have a place to live today but I am worried about losing it in the future			
0	I do not have a steady place to live			
0	Prefer not to answer			
2.	Which of the following best describes your current	nt li	ving situation?	
0	My parent/gaurdian's house or apartment	0	Voucher hotel or motel	
0	Your partner's place	0	Hotel or motel you pay for	
0	A friend or relative's and paying rent	0	Residential drug or alcohol program	
0	A friend or relative's and not paying	0	Jail or prison	
	rent	0	Car or other vehicle	
0	Permanent housing program	0	Abandoned building	
0	Transitional housing program	0	Anywhere outside	
0	Domestic violence shelter	0	Somewhere else [where]:	
0	Emergency shelter	0	Prefer not to answer	
<b>n</b> .	547h - 4 :- 4   - 1 :- 1 - 4   4   4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 :-	- L	.10	
3.	What is the highest level of education you have fin	isne		
0	Preschool-Kindergarten	0	Grade 9 - 12	
0	Grade 1 – Grade 5	0	High school degree or GED	
0	Grade 6 – Grade 8	0	Prefer not to answer	
1	In the last 3 months, have you attended school/coll	امعم	homoschool or vocational training	
	regularly?	lege,	, nomeschool, or vocational training	
		_	27 11 1	
	Enrolled, attending regularly	0	Not enrolled	
0	Enrolled, not attending regularly	O	Prefer not to answer	

#### Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Age: YOUTH (12 to 17) Respondent: CLIENT Assessment: REASSESSMENT

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUTH / CLIENT / REASSESSMENT			
Client ID			
Site ID   _ _ _  Grant ID   _ _			
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No			
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _			
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.			
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care			

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

#### SUPRT-C FORM VERSION: Child (5 to 17) / Caregiver / Baseline

#### CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

#### How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 10 minutes.

#### How do I agree to participate?

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17) Respondent: CAREGIVER

#### A. DEMOGRAPHICS

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

**Assessment: BASELINE** 

White	– Provide details below.		
	German		Italian
	Irish		Polish
	English		French
	Enter, for example, Scottish, Norwegian, Dutch,	etc	
Hispar	nic or Latino – Provide details below.		// // / / / / / / / / / / / / / / / /
	Mexican or Mexican American		Salvadoran
	Puerto Rican		Dominican
	Cuban		Colombian
	Enter, for example, Guatemalan, Spaniard, Ecuad	orian,	, etc
Black	or African American – Provide details below.		
	African American	0	Nigerian
	Jamaican		Ethiopian
	Haitian		Somali
	Enter, for example, Ghanaian, South African, Bar	badia	n, etc
Asian	– Provide details below.		
	Chinese		Vietnamese
	Filipino		Korean
	Asian Indian		Japanese
	Enter, for example, Pakistani, Cambodian, Hmon	_	·
Ameri	can Indian or Alaska Native – Provide details belo	W.	
	Specify, for example, Navajo Nation, Blackfeet T	ribe,	Mayan, Aztec, Native Village of
	Barrow Inupiat Traditional Government, Tlingit,	etc	
Middle	e Eastern or North African – Provide details below	•	
	Lebanese		Syrian
	Iranian		Moroccan
0	Egyptian		Israeli
	Enter, for example, Algerian, Iraqi, Kurdish, etc.		
Native	Hawaiian or Pacific Islander – Provide details bel	ow.	
	Native Hawaiian		Tongan
	Samoan		Fijian
	Chamorro		Marshallese
П	Enter for example Palauan Tahitian Chuukese	etc	

2. <b>V</b>	2. What was your child's sex assigned at birth, for example on their original birth certificate?				
0	Female	0	I don't know		
O Male O Prefer not to answer		Prefer not to answer			
3. Does your child speak a language other than English at home?			t home?		
0	Yes O No		O Prefer not to answer		
3a. For persons speaking a language other than English (answering yes to the questionabove): What is this language(s)? (Check all that apply)					
	A	П			
	American Sign Language (ASL)		Portuguese		
	Arabic		Spanish		
	Chinese		Other Language (specify):		
	French		Prefer not to answer		

4. Please respond to the following questions about your child's physical health.

**Respondent: CAREGIVER** 

**Assessment: BASELINE** 

**SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)** 

Age: CHILD (5 to 17)

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	0	0	0
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	0	0	0
c. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering, or making decisions?	0	0	0
d. Does your child have serious difficulty walking or climbing stairs?	0	0	0
e. Does your child have difficulty dressing or bathing?	0	0	0
f. Because of a physical, mental, or emotional condition, does your child have difficulty doing errands alone such as visiting a doctor's office or shopping?	0	0	0

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

#### **B. SOCIAL-DRIVERS OF HEALTH**

	How hard is it for you to pay for the very basics lile for your child?	ke f	ood, housing, medical care, and heating
0	Very hard	0	I am not the person responsible for
0	Somewhat hard		paying for the basics for my child
0	Not hard at all	0	Prefer not to answer
6.	What is your child's living situation today?		
0	My child has a steady place to live		
0	My child has a place to live today but I am worried	the	y may lose it in the future
0	My child does not have a steady place to live		
0	Prefer not to answer		
7.	Which of the following best describes your child's	cui	rrent living situation?
0	My parent/gaurdian's house or apartment	0	Hotel or motel you pay for
0	Your partner's place	0	Residential drug or alcohol program
0	A friend or relative's and paying rent	0	Jail or prison
0	A friend or relative's and not paying rent	0	Car or other vehicle
0	Permanent housing program	0	Abandoned building
0	Transitional housing program	0	Anywhere outside
0	Domestic violence shelter	0	Somewhere else [where]:
0	Emergency shelter	0	Prefer not to answer
0	Voucher hotel or motel		
8.	What is the highest level of education your child h	as f	inished?
0	Preschool-Kindergarten	0	Grade 9 - 12
0	Grade 1 – Grade 5	0	High school degree or GED
0	Grade 6 – Grade 8	0	Prefer not to answer
9.	In the last 3 months, has your child attended school	ol/co	ollege, homeschool, or vocational
	training regularly?		
0	Enrolled, attending regularly	0	Not enrolled
0	Enrolled, not attending regularly	0	Prefer not to answer

Thank you for completing this baseline form.

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 10 minutes per response at baseline. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - CHILD / CAREGIVER / BASELINE			
[OFFICE USE ONLY] RECORD MANAGEMENT - CHILD / CAREGIVER / BASELINE			
Client ID			
Site ID   _ _ _ _  Grant ID   _ _ _ _			
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No			
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _			
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.			
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care			

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: REASSESSMENT

FORM VERSION: Child (5 to 17) / Caregiver / Reassessment

#### CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

#### How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 5 minutes.

#### How do I agree to participate?

Age: CHILD (5 to 17) Respondent: CAREGIVER Assessment: REASSESSMENT

#### A. SOCIAL DRIVERS OF HEALTH

	How hard is it for you to pay for the very basics lil for your child?	ke fo	ood, housing, medical care, and heating
0	Very hard	0	I am not the person responsible for
0	Somewhat hard		paying for the basics for my child
0	Not hard at all	0	Prefer not to answer
2.	What is your child's living situation today?		
0	My child has a steady place to live		
0	My child has a place to live today but I am worried	the	y may lose it in the future
0	My child does not have a steady place to live		
0	Prefer not to answer		
3.	Which of the following best describes your child's	cui	rent living situation?
0	Your house or apartment	0	Hotel or motel you pay for
0	Your partner's place	0	Residential drug or alcohol program
0	A friend or relative's and paying rent	0	Jail or prison
0	A friend or relative's and not paying rent	0	Car or other vehicle
0	Permanent housing program	0	Abandoned building
0	Transitional housing program	0	Anywhere outside
0	Domestic violence shelter	0	Somewhere else [where]:
0	Emergency shelter	0	Prefer not to answer
0	Voucher hotel or motel		
4.	What is the highest level of education your child h	as fi	inished?
0	Preschool-Kindergarten	0	Grade 9 - 12
0	Grade 1 – Grade 5	0	High school degree or GED
0	Grade 6 – Grade 8	0	Prefer not to answer
	In the last 3 months, has your child attended schootraining regularly?	ol/co	ollege, homeschool, or vocational
0	Enrolled, attending regularly	0	Not enrolled
0	Enrolled, not attending regularly	0	Prefer not to answer

Age: CHILD (5 to 17) **Respondent: CAREGIVER Assessment: REASSESSMENT** 

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - CHILD / CAREGIVER / BASELINE			
Client ID			
Site ID   _ _ _ _ _  Grant ID   _ _ _ _ _ _			
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No			
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _			
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.			
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care			

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER Assessment: BASELINE

#### SUPRT-C FORM VERSION: Young Child (0 to4) / Caregiver / Baseline

#### CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child (aged 0 to 4) as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for a Child (5 to 17) or Youth (12 to 17) responding for themselves.

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

#### How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 6 minutes.

#### How do I agree to participate?

SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C)

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER

#### A. **DEMOGRAPHICS**

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

**Assessment: BASELINE** 

	White	– Provide details below.			
		German		Italian	
		Irish		Polish	
		English		French	
		Enter, for example, Scottish, Norwegian, Dutch,	etc		
	Hispar	nic or Latino – Provide details below.			
		Mexican or Mexican	0	Salvadoran	
		American		Dominican	
		Puerto Rican	0	Colombian	
		Cuban			
		Enter, for example, Guatemalan, Spaniard, Ecua	dorian,	etc	
	Black	or African American – Provide details below.	1 >		
		African American		Nigerian	
		Jamaican		Ethiopian	
		Haitian		Somali	
		Enter, for example, Ghanaian, South African, Ba	arbadia	n, etc	
	Asian	– Provide details below.			
		Chinese		Vietnamese	
		Filipino		Korean	
		Asian Indian		Japanese	
American Indian or Alaska Native					
Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Vi					
of Barrow Inupiat Traditional Government, Tlingit, etc.					
	Middle	e Eastern or North African – Provide details below	w.		
		Lebanese		Syrian	
		Iranian		Moroccan	
		Egyptian		Israeli	
		Enter, for example, Algerian, Iraqi, Kurdish, etc	•		
Native Hawaiian or Pacific Islander – Provide details below.					
		Native Hawaiian		Tongan	
		Samoan		Fijian	
		Chamorro		Marshallese	
		Enter, for example, Palauan, Tahitian, Chuukese	e etc		

<b>SAMHSA Unified Performance Reporting Tool-Clie</b>	ent Form (SUPRT-C)			
Age: YOUNG CHILD (0 to 4) Respondent: C	CAREGIVER	Assessr	nent: BASELINE	
2. What was your child's sex assigned at birth	, for example on the	ir origina	l birth certificate	?
O Female	O I	don't kno	W	
O Male	<b>O</b> P	refer not t	o answer	
3. Please respond to the following questions al	oout your child's ph	ysical hea	lth.	
		Yes	No Prefer to answ	
a. Is your child deaf or does your child have serious	difficulty hearing?	0	0 0	
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?			0 0	
B. SOCIAL DRIVERS OF HEALTH				
b. Soen in playens of the main		12		
4. How hard is it for you to pay for the very be for your child?	asics like food, hous	ing, medi	cal care, and heat	ing
O Very hard	O I am not	the persor	responsible for	
O Somewhat hard	paying fo	or the basi	cs for my child	
O Not hard at all	O Prefer no	ot to answ	er	
5. What is your child's living situation today?				
<ul> <li>My child has a steady place to live</li> </ul>				
O My child has a place to live today but I am worried they may lose it in the future				
O My child does not have a steady place to live	<ul> <li>My child does not have a steady place to live</li> </ul>			
O Prefer not to answer				
6. Which of the following best describes your	child's current livin	g situatio	n?	
<ul> <li>Their parent/gaurdian's house or</li> </ul>	<ul><li>Voucher</li></ul>	hotel or n	notel	
apartment	<ul><li>Hotel or</li></ul>	motel you	pay for	
O Your partner's place	<ul> <li>Resident</li> </ul>	ial drug o	alcohol program	
O A friend or relative's and paying rent	<ul><li>Jail or pr</li></ul>	ison		
O A friend or relative's and not paying rent	<ul><li>Car or ot</li></ul>	her vehicl	e	
<ul> <li>Permanent housing program</li> </ul>	<ul> <li>Abandon</li> </ul>	ed buildir	ng	
<ul> <li>Transitional housing program</li> </ul>	<ul> <li>Anywhei</li> </ul>	re outside		
<ul> <li>Domestic violence shelter</li> </ul>	<ul><li>Somewh</li></ul>	ere else [v	vhere]:	
<ul> <li>Emergency shelter</li> </ul>	<ul><li>Prefer no</li></ul>	t to answ	er	

Thank you for completing this baseline form.

## SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C) Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 6 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

#### FORM VERSION: Young Child (0 to 4) / Caregiver / Reassessment

#### CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for Child (5 to 17) or Youth (12 to 17) responding for themselves.

#### What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

#### How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### How long does it take to fill in the form?

It should take you about 3 minutes.

#### How do I agree to participate?

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER/PARENT Assessment: REASSESSMENT

#### A. SOCIAL DRIVERS OF HEALTH

1.	How hard is it for you to pay for the very basics for your child?	like fo	ood, housing, medical care, and heating				
0	Very hard	0	I am not the person responsible for				
0	Somewhat hard		paying for the basics for my child				
0	Not hard at all	0	Prefer not to answer				
2.	What is your child's living situation today?						
0	My child has a steady place to live						
0							
0	My child does not have a steady place to live						
0	Prefer not to answer						
3.	Which of the following best describes your child	d's cu	rrent living situation?				
0	Their parent/gaurdian's house or	0	Voucher hotel or motel				
	apartment	0	Hotel or motel you pay for				
0	Your partner's place	0	Residential drug or alcohol program				
0	A friend or relative's and paying rent	0	Jail or prison				
0	A friend or relative's and not paying rent	0	Car or other vehicle				
0	Permanent housing program	0	Abandoned building				
0	Transitional housing program	0	Anywhere outside				
0	Domestic violence shelter	0	Somewhere else [where]:				
0	Emergency shelter	0	Prefer not to answer				

#### Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER/PARENT Assessment: REASSESSMENT

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUNG CHILD / CAREGIVER / REASSESSMENT			
Client ID			
Site ID   _ _ _  Grant ID   _ _ _			
1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No			
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?   _/_ _/_ _			
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.			
0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care			