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

CLIENT OR CAREGIVER FORM

**Version: September 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Range** | **Respondent Type** | **Assessment** | **Link** |
| Adult (18 years+) | Client (or proxy) | Baseline | [Adult\_Client\_Baseline](#Adult_Client_Baseline) |
| Adult (18 years+) | Client (or proxy) | Reassessment | [Adult\_Client\_Reassessment](#Adult_Client_Reassessment) |
| Adult (18 years+) | Client (or proxy) | Annual | [Adult\_Client\_Annual](#Bookmark1) |
| Youth (12-17 years) | Client (or proxy) | Baseline | [Youth\_Client\_Baseline](#Youth_Client_Baseline) |
| Youth (12-17 years) | Client (or proxy) | Reassessment | [Youth\_Client\_Reassessment](#Youth_Client_Reassessment) |
| Child (5-17 years) | Caregiver/Parent | Baseline | [Child\_Caregiver\_Baseline](#Child_Caregiver_Baseline) |
| Child (5-17 years) | Caregiver/Parent | Reassessment | [Child\_Caregiver\_Reassessment](#Child_Caregiver_Reassessment) |
| Young Child (0-4 years) | Caregiver/Parent | Baseline | [YoungChild\_Caregiver\_Baseline](#YoungChild_Caregiver_Baseline) |
| Young Child (0-4 years) | Caregiver/Parent | Reassessment | [YoungChild\_Caregiver\_Reassessment](#YoungChild_Caregiver_Reassessment) |

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?**

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

1. DEMOGRAPHICS
2. 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
	+ Irish
	+ English
	+ Italian
	+ Polish
	+ French
	+ Enter, for example, Scottish, Norwegian, Dutch, etc. \_\_\_\_\_\_\_\_\_\_\_\_
* Hispanic or Latino – Provide details below.
	+ Mexican or Mexican American
	+ Puerto Rican
	+ Cuban
	+ Salvadoran
	+ Dominican
	+ Colombian
	+ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.\_\_\_\_\_\_\_\_
* Black or African American – Provide details below.
	+ African American
	+ Jamaican
	+ Haitian
	+ Nigerian
	+ Ethiopian
	+ Somali
	+ Enter, for example, Ghanaian, South African, Barbadian, etc.\_\_\_\_\_\_
* Asian – Provide details below.
	+ Chinese
	+ Filipino
	+ Asian Indian
	+ Vietnamese
	+ Korean
	+ 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
	+ Iranian
	+ Egyptian
	+ Syrian
	+ Moroccan
	+ Israeli
	+ Enter, for example, Algerian, Iraqi, Kurdish, etc. \_\_\_\_\_\_\_\_\_\_\_
* Native Hawaiian or Pacific Islander – Provide details below.
	+ Native Hawaiian
	+ Samoan
	+ Chamorro
	+ Tongan
	+ Fijian
	+ Marshallese
	+ Enter, for example, Palauan, Tahitian, Chuukese etc. \_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender?
* Female
* Male
* I don’t know
* Two-Spirit [If you are American Indian or Alaska Native]
* I use a different term – specify: \_\_\_\_\_\_\_
* Prefer not to answer
1. What was your sex assigned at birth, for example on your original birth certificate?
* Female
* Male
* I don’t know
* Prefer not to answer
1. Which of the following best represents how you think of yourself?
* Lesbian or gay
* Straight or Heterosexual
* Bisexual
* Two-Spirit [If you are American Indian or Alaska Native]
* I use a different term – specify: \_\_\_\_\_\_\_
* I don’t know
* Prefer not to answer
1. Do you speak a language other than English at home? (If no, please skip to question 6)
	* Yes
	* No
	* Prefer not to answer

**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)
	+ Arabic
	+ Chinese
	+ French
	+ Portuguese
	+ Spanish
	+ Other Language (Identify): \_\_\_\_\_\_\_
	+ Prefer not to answer
1. Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?
* Yes, currently serving
* Yes, served in the past
* No
* Prefer not to answer
1. 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? | □ | □ | □ |
| b. Are you blind or do you have serious difficulty seeing, even when wearing glasses? | □ | □ | □ |
| c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | □ | □ | □ |
| d. Do you have serious difficulty walking or climbing stairs? | □ | □ | □ |
| e. Do you have difficulty dressing or bathing? | □ | □ | □ |
| 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? | □ | □ | □ |
|  |  |  |  |

1. SOCIAL DRIVERS OF HEALTH
2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
	* Very hard
	* Somewhat hard
	* Not hard at all
	* Prefer not to answer
3. What is your living situation today?
* I have a steady place to live
* I have a place to live today but I am worried about losing it in the future
* 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)
* Prefer not to answer
1. Which of the following best describes your current living situation?
* House or apartment
* Your partner’s place
* A friend or relative’s and paying rent
* A friend or relative’s and not paying rent
* Permanent housing program
* Transitional housing program
* Domestic violence shelter
* Emergency shelter
* Voucher hotel or motel
* Hotel or motel you pay for
* Residential drug or alcohol program
* Jail or prison
* Car or other vehicle
* Abandoned building
* Anywhere outside
* Somewhere else [where]: \_\_\_\_\_\_\_\_
* Prefer not to answer
1. Are you currently employed?
* Employed, full time or part time (includes temporary, seasonal, hours change each week)
* Not employed, seeking employment
* 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.)
* Other – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer
1. What is the highest level of education you have finished?
* Less than high school diploma
* High school degree or GED
* Some vocational, technical, college, or university credit(s)
* Associate's degree or technical/vocational certificate
* 4-year degree or higher
* Prefer not to answer
1. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?
* Enrolled, attending regularly
* Enrolled, not attending regularly
* Not enrolled
* Prefer not to answer
1. 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
1. CLIENT-REPORTED CORE OUTCOMES
2. Please choose the option that best applies to you right now:
	* + I consider myself to be in recovery from substance use issues
		+ I consider myself to be in recovery from mental health issues
		+ I consider myself to be in recovery from substance use **and** mental health issues
		+ I do **not** consider myself to be in recovery for substance use or mental health issues
		+ I Prefer not to answer
3. 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.** | □ | □ | □ | □ | □ | □ | □ |
| **b. My mental health is fine most days.** | □ | □ | □ | □ | □ | □ | □ |
| **c. My substance use does not cause problems in my life.** | □ | □ | □ | □ | □ | □ | □ |
| **d. I have stable housing.** | □ | □ | □ | □ | □ | □ | □ |
| **e. I have a steady job or am involved in things like school, training, or volunteering.** | □ | □ | □ | □ | □ | □ | □ |
| **f. My life has purpose and meaning.** | □ | □ | □ | □ | □ | □ | □ |
| **g. I have enough money to meet my needs.** | □ | □ | □ | □ | □ | □ | □ |
| **h. I am proud of the community I live in and feel a part of it.** | □ | □ | □ | □ | □ | □ | □ |
| **i. I am supported by the people around me.** | □ | □ | □ | □ | □ | □ | □ |
| **j. The future appears bright to me.** | □ | □ | □ | □ | □ | □ | □ |
| **k. I am in control of my life.** | □ | □ | □ | □ | □ | □ | □ |
| **l. I bounce back quickly after hard times.** | □ | □ | □ | □ | □ | □ | □ |

1. 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? \_\_\_\_\_\_
2. 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
* 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
* Other goal - Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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.

1. SOCIAL DRIVERS OF HEALTH
2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
* Very hard
* Somewhat hard
* Not hard at all
* Prefer not to answer
1. What is your living situation today?
* I have a steady place to live
* I have a place to live today but I am worried about losing it in the future
* I do not have a steady place to live
* Prefer not to answer
1. **Which of the following best describes your current living situation?**
* House or apartment
* Your partner’s place
* A friend or relative’s and paying rent
* A friend or relative’s and not paying rent
* Permanent housing program
* Transitional housing program
* Domestic violence shelter
* Emergency shelter
* Voucher hotel or motel
* Hotel or motel you pay for
* Residential drug or alcohol program
* Jail or prison
* Car or other vehicle
* Abandoned building
* Anywhere outside
* Somewhere else [where]: \_\_\_\_\_\_\_
* Prefer not to answer
1. Are you currently employed?
* Employed, full time or part time (includes temporary, seasonal, hours change each week)
* Not employed, seeking employment
* Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc)
* Other – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer
1. What is the highest level of education you have finished?
	* Less than high school diploma
	* High school degree or GED
	* Some vocational, technical, college, or university credit(s)
	* Associate's degree or technical/vocational Certificate
	* 4-year degree or higher
	* Prefer not to answer
2. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?
	* Enrolled, attending regularly
	* Enrolled, not attending regularly
	* Not enrolled
	* Prefer not to answer
3. 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

B. CLIENT-REPORTED CORE OUTCOMES

1. **Please choose the option that best applies to you right now:**
	* I consider myself to be in recovery from substance use issues
	* I consider myself to be in recovery from mental health issues
	* I consider myself to be in recovery from substance use **and** mental health issues
	* I do **not** consider myself to be in recovery for substance use or mental health issues
	* 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.** | □ | □ | □ | □ | □ | □ | □ |
| **b. My mental health is fine most days.** | □ | □ | □ | □ | □ | □ | □ |
| **c. My substance use does not cause problems in my life.** | □ | □ | □ | □ | □ | □ | □ |
| **d. I have stable housing.** | □ | □ | □ | □ | □ | □ | □ |
| **e. I have a steady job or am involved in things like school, training, or volunteering.** | □ | □ | □ | □ | □ | □ | □ |
| **f. My life has purpose and meaning.** | □ | □ | □ | □ | □ | □ | □ |
| **g. I have enough money to meet my needs.** | □ | □ | □ | □ | □ | □ | □ |
| **h. I am proud of the community I live in and feel a part of it.** | □ | □ | □ | □ | □ | □ | □ |
| **i. I am supported by the people around me.** | □ | □ | □ | □ | □ | □ | □ |
| **j. The future appears bright to me.** | □ | □ | □ | □ | □ | □ | □ |
| **k. I am in control of my life.** | □ | □ | □ | □ | □ | □ | □ |
| **l. I bounce back quickly after hard times.** | □ | □ | □ | □ | □ | □ | □ |

1. 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? \_\_\_\_\_\_
2. 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
* 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?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

A. CLIENT-REPORTED CORE OUTCOMES

1. Please choose the option that best applies to you right now:
	* I consider myself to be in recovery from substance use issues
	* I consider myself to be in recovery from mental health issues
	* I consider myself to be in recovery from substance use **and** mental health issues
	* I do **not** consider myself to be in recovery for substance use or mental health issues
	* 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.** | □ | □ | □ | □ | □ | □ | □ |
| **b. My mental health is fine most days.** | □ | □ | □ | □ | □ | □ | □ |
| **c. My substance use does not cause problems in my life.** | □ | □ | □ | □ | □ | □ | □ |
| **d. I have stable housing.** | □ | □ | □ | □ | □ | □ | □ |
| **e. I have a steady job or am involved in things like school, training, or volunteering.** | □ | □ | □ | □ | □ | □ | □ |
| **f. My life has purpose and meaning.** | □ | □ | □ | □ | □ | □ | □ |
| **g. I have enough money to meet my needs.** | □ | □ | □ | □ | □ | □ | □ |
| **h. I am proud of the community I live in and feel a part of it.** | □ | □ | □ | □ | □ | □ | □ |
| **i. I am supported by the people around me.** | □ | □ | □ | □ | □ | □ | □ |
| **j. The future appears bright to me.** | □ | □ | □ | □ | □ | □ | □ |
| **k. I am in control of my life.** | □ | □ | □ | □ | □ | □ | □ |
| **l. I bounce back quickly after hard times.** | □ | □ | □ | □ | □ | □ | □ |

1. 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? \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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
* Other goal - Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer

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

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?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

1. DEMOGRAPHICS
2. 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
	+ Irish
	+ English
	+ Italian
	+ Polish
	+ French
	+ Enter, for example, Scottish, Norwegian, Dutch, etc. \_\_\_\_\_\_\_\_\_\_\_\_
* Hispanic or Latino – Provide details below.
	+ Mexican or Mexican American
	+ Puerto Rican
	+ Cuban
	+ Salvadoran
	+ Dominican
	+ Colombian
	+ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.\_\_\_\_\_\_\_\_
* Black or African American – Provide details below.
	+ African American
	+ Jamaican
	+ Haitian
	+ Nigerian
	+ Ethiopian
	+ Somali
	+ Enter, for example, Ghanaian, South African, Barbadian, etc.\_\_\_\_\_\_
* Asian – Provide details below.
	+ Chinese
	+ Filipino
	+ Asian Indian
	+ Vietnamese
	+ Korean
	+ 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
	+ Iranian
	+ Egyptian
	+ Syrian
	+ Moroccan
	+ Israeli
	+ Enter, for example, Algerian, Iraqi, Kurdish, etc. \_\_\_\_\_\_\_\_\_\_\_
* Native Hawaiian or Pacific Islander – Provide details below.
	+ Native Hawaiian
	+ Samoan
	+ Chamorro
	+ Tongan
	+ Fijian
	+ Marshallese
	+ Enter, for example, Palauan, Tahitian, Chuukese etc. \_\_\_\_\_\_\_\_\_\_\_\_
1. What is your gender?
* Female
* Male
* I don’t know
* Two-Spirit [If you are American Indian or Alaska Native]
* I use a different term – specify: \_\_\_\_\_\_\_
* Prefer not to answer
1. What was your sex assigned at birth, for example on your original birth certificate?
* Female
* Male
* I don’t know
* Prefer not to answer
1. Which of the following best represents how you think of yourself?
* Lesbian or gay
* Straight or Heterosexual
* Bisexual
* Two-Spirit [If you are American Indian or Alaska Native]
* I use a different term – specify: \_\_\_\_\_\_\_
* I don’t know
* Prefer not to answer
1. Do you speak a language other than English at home? (If no, please skip to question 6)
	* Yes
	* No
	* Prefer not to answer

**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)
	+ Arabic
	+ Chinese
	+ French
	+ Portuguese
	+ Spanish
	+ Other Language (Identify): \_\_\_\_\_\_\_
	+ Prefer not to answer
1. 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? | □ | □ | □ |
| b. Are you blind or do you have serious difficulty seeing, even when wearing glasses? | □ | □ | □ |
| c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | □ | □ | □ |
| d. Do you have serious difficulty walking or climbing stairs? | □ | □ | □ |
| e. Do you have difficulty dressing or bathing? | □ | □ | □ |
| 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? | □ | □ | □ |

1. SOCIAL DRIVERS OF HEALTH
2. What is your living situation today?
	* I have a steady place to live
	* I have a place to live today but I am worried about losing it in the future
	* I do not have a steady place to live
	* Prefer not to answer
3. **Which of the following best describes your current living situation?**
	* My parent/guardian’s house or apartment;
	* Your partner’s place;
	* A friend or relative’s and paying rent;
	* A friend or relative’s and not paying rent;
	* Permanent housing program;
	* Transitional housing program;
	* Domestic violence shelter;
	* Emergency shelter;
	* Voucher hotel or motel;
	* Hotel or motel you pay for;
	* Residential drug or alcohol program;
	* Jail or prison;
	* Car or other vehicle;
	* Abandoned building;
	* Anywhere outside;
	* Somewhere else [where]: \_\_\_\_\_\_\_
	* Prefer not to answer
4. What is the highest level of education you have finished?
* Preschool-Kindergarten
* Grade 1 – Grade 5
* Grade 6 – Grade 8
* Grade 9 – 12
* High school degree or GED
* Prefer not to answer
1. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?
* Enrolled, attending regularly
* Enrolled, not attending regularly
* Not enrolled
* Prefer not to answer

**Thank you for completing this baseline 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 – YOUTH / CLIENT / BASELINE

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

A. SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?
	* I have a steady place to live
	* I have a place to live today but I am worried about losing it in the future
	* I do not have a steady place to live
	* Prefer not to answer
2. **Which of the following best describes your current living situation?**
* My parent/guardian's house or apartment
* Your partner’s place
* A friend or relative’s and paying rent
* A friend or relative’s and not paying rent
* Permanent housing program
* Transitional housing program
* Domestic violence shelter
* Emergency shelter
* Voucher hotel or motel
* Hotel or motel you pay for
* Residential drug or alcohol program
* Jail or prison
* Car or other vehicle
* Abandoned building
* Anywhere outside
* Somewhere else [where]: \_\_\_\_\_\_\_
* Prefer not to answer
1. What is the highest level of education you have finished?
* Preschool-Kindergarten
* Grade 1 – Grade 5
* Grade 6 – Grade 8
* Grade 9 - 12
* High school degree or GED
* Prefer not to answer
1. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?
* Enrolled, attending regularly
* Enrolled, not attending regularly
* Not enrolled
* 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.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUTH / CLIENT / REASSESSMENT

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

1. DEMOGRAPHICS
2. 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.
* White – Provide details below.
	+ German
	+ Irish
	+ English
	+ Italian
	+ Polish
	+ French
	+ Enter, for example, Scottish, Norwegian, Dutch, etc. \_\_\_\_\_\_\_\_\_\_\_\_
* Hispanic or Latino – Provide details below.
	+ Mexican or Mexican American
	+ Puerto Rican
	+ Cuban
	+ Salvadoran
	+ Dominican
	+ Colombian
	+ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.\_\_\_\_\_\_\_\_
* Black or African American – Provide details below.
	+ African American
	+ Jamaican
	+ Haitian
	+ Nigerian
	+ Ethiopian
	+ Somali
	+ Enter, for example, Ghanaian, South African, Barbadian, etc.\_\_\_\_\_\_
* Asian – Provide details below.
	+ Chinese
	+ Filipino
	+ Asian Indian
	+ Vietnamese
	+ Korean
	+ 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
	+ Iranian
	+ Egyptian
	+ Syrian
	+ Moroccan
	+ Israeli
	+ Enter, for example, Algerian, Iraqi, Kurdish, etc. \_\_\_\_\_\_\_\_\_\_\_
* Native Hawaiian or Pacific Islander – Provide details below.
	+ Native Hawaiian
	+ Samoan
	+ Chamorro
	+ Tongan
	+ Fijian
	+ Marshallese
	+ Enter, for example, Palauan, Tahitian, Chuukese etc. \_\_\_\_\_\_\_\_\_\_\_\_
1. What was your child’s sex assigned at birth, for example on their original birth certificate?
* Female
* Male
* I don’t know
* Prefer not to answer
1. Does your child speak a language other than English at home?
	* Yes
	* No
	* Prefer not to answer

**3a. 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)
	+ Arabic
	+ Chinese
	+ French
	+ Portuguese
	+ Spanish
	+ Other Language (specify): \_\_\_\_
	+ Prefer not to answer
1. Please respond to the following questions about your child’s physical health.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Prefer not to answer |
| a. Is your child deaf or does your child have serious difficulty hearing? | □ | □ | □ |
| b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses? | □ | □ | □ |
| c. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering, or making decisions? | □ | □ | □ |
| d. Does your child have serious difficulty walking or climbing stairs? | □ | □ | □ |
| e. Does your child have difficulty dressing or bathing? | □ | □ | □ |
| 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? | □ | □ | □ |

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

**Thank you for completing this baseline form.**

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

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

A. SOCIAL DRIVERS OF HEALTH

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

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

1. DEMOGRAPHICS
2. 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.
* White – Provide details below.
	+ German
	+ Irish
	+ English
	+ Italian
	+ Polish
	+ French
	+ Enter, for example, Scottish, Norwegian, Dutch, etc. \_\_\_\_\_\_\_\_
* Hispanic or Latino – Provide details below.
	+ Mexican or Mexican American
	+ Puerto Rican
	+ Cuban
	+ Salvadoran
	+ Dominican
	+ Colombian
	+ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.\_\_\_\_
* Black or African American – Provide details below.
	+ African American
	+ Jamaican
	+ Haitian
	+ Nigerian
	+ Ethiopian
	+ Somali
	+ Enter, for example, Ghanaian, South African, Barbadian, etc. \_\_\_
* Asian – Provide details below.
	+ Chinese
	+ Filipino
	+ Asian Indian
	+ Vietnamese
	+ Korean
	+ Japanese
	+ Enter, for example, Pakistani, Cambodian, Hmong, etc. \_\_\_\_\_
* American Indian or Alaska Native
	+ 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
	+ Iranian
	+ Egyptian
	+ Syrian
	+ Moroccan
	+ Israeli
	+ Enter, for example, Algerian, Iraqi, Kurdish, etc. \_\_\_\_\_\_\_\_\_\_\_
* Native Hawaiian or Pacific Islander – Provide details below.
	+ Native Hawaiian
	+ Samoan
	+ Chamorro
	+ Tongan
	+ Fijian
	+ Marshallese
	+ Enter, for example, Palauan, Tahitian, Chuukese etc. \_\_\_\_\_\_\_\_\_
1. What was your child’s sex assigned at birth, for example on their original birth certificate?
	* Female
	* Male
	* I don’t know
	* Prefer not to answer
2. Please respond to the following questions about your child’s physical health.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Prefer not to answer |
| a. Is your child deaf or does your child have serious difficulty hearing? | □ | □ | □ |
| b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses? | □ | □ | □ |

1. SOCIAL DRIVERS OF HEALTH
2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?
* Very hard
* Somewhat hard
* Not hard at all
* I am not the person responsible for paying for the basics for my child
* Prefer not to answer
1. What is your child’s living situation today?
	* My child has a steady place to live
	* My child has a place to live today but I am worried they may lose it in the future
	* My child does not have a steady place to live
	* Prefer not to answer
2. **Which of the following best describes your child’s current living situation?**
* Your house or apartment
* Your partner’s place
* A friend or relative’s and paying rent
* A friend or relative’s and not paying rent
* Permanent housing program
* Transitional housing program
* Domestic violence shelter
* Emergency shelter
* Voucher hotel or motel
* Hotel or motel you pay for
* Residential drug or alcohol program
* Jail or prison
* Car or other vehicle
* Abandoned building
* Anywhere outside
* Somewhere else [where]: \_\_\_\_\_\_\_
* Prefer not to answer

**Thank you for completing this baseline form.**

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.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUNG CHILD / CAREGIVER / BASELINE

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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

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?**

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

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?
* Very hard
* Somewhat hard
* Not hard at all
* I am not the person responsible for paying for the basics for my child
* Prefer not to answer
1. **What is your child’s living situation today?**
	* My child has a steady place to live
	* My child has a place to live today but I am worried they may lose it in the future
	* My child does not have a steady place to live
	* Prefer not to answer
2. **Which of the following best describes your child’s current living situation?**
	* Your house or apartment
* Your partner’s place
* A friend or relative’s and paying rent
* A friend or relative’s and not paying rent
* Permanent housing program
* Transitional housing program
* Domestic violence shelter
* Emergency shelter
* Voucher hotel or motel
* Hotel or motel you pay for
* Residential drug or alcohol program
* Jail or prison
* Car or other vehicle
* Abandoned building
* Anywhere outside
* Somewhere else [where]: \_\_\_\_\_\_\_
* 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.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUNG CHILD / CAREGIVER / REASSESSMENT

Client ID |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Site ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Grant ID |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**1. Was this assessment conducted with the client/caregiver?** O Yes – Client O Yes – Caregiver/Proxy O No

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

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

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