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?			
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?		P	
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?			

B. SOCIAL DRIVERS OF HEALTH

8. How hard is it for you to	pay for	the very	basics like food,	, housing, med	ical care, and
heating?					

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()	VAR	[,] hard
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O Not hard at all

Somewhat hard

O Prefer 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?

	, , , , , , , , , , , , , , , , , , ,		3
0	House or apartment	0	Emergency shelter
0	Your partner's place	0	Voucher hotel or motel
0	A friend or relative's and paying rent	0	Hotel or motel you pay for
0	A friend or relative's and not paying	0	Residential drug or alcohol program
	rent	0	Jail or prison
0	Permanent housing program	0	Car or other vehicle
0	Transitional housing program	0	Abandoned building
0	Domestic violence shelter	0	Anywhere outside
0	Somewhere else [where]:	0	Prefer not to answer
11.	Are you currently employed?		
0	Employed, full time or part time (includes te	emporary, s	easonal, hours change each week)
0	Not employed, seeking employment		
0	Not employed, not seeking employment (inc	ludes if yo	u are in school and not seeking a job,
	retired, not looking for work because of a dis	sability, a h	omemaker, etc.)
0	Other – specify:		
0	Prefer not to answer		
12.	What is the highest level of education you	u have fini	shed?
0	Less than high school diploma	0	Associate's degree or
0	High school degree or GED		technical/vocational certificate
0	Some vocational, technical, college, or	0	4-year degree or higher
	university credit(s)	0	Prefer not to answer
13.	In the last 3 months, have you attended so	chool/colle	ge, homeschool, or vocational training
re	gularly?		
0	Enrolled, attending regularly	0	Not enrolled
0	Enrolled, not attending regularly	0	Prefer not to answer
14.	In the last 3 months, has lack of transpor	-	
m	eetings, work, or from getting things neede	ed for daily	living? Check all that apply.
	Yes, it has kept me from medical appointment	nts or from	getting my medications.
	Yes, it has kept me from non-medical meeting	ngs, appoin	tments, 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 o	ption	that	best	applies	s 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.							
b. My mental health is fine most days.				П			
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.							

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? House or apartment Voucher hotel or motel 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: __
- O Prefer not to answer

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

- Less than high school diploma
- High school degree or GED
- O Some vocational, technical, college, or university credit(s)
- O Associate's degree or technical/vocational Certificate
- 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 o	ption	that	best	applies	to you	ı 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

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.							
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.							

Age: ADI	JLT	Resp	ondent: (CLIENT	P	\ssessmer	t: BASELI	NE
l. I boun	ce back quickly after nes.							
	a scale of 0 to 100, if 0 ıld you rate your quali	-	-	lity of life a	nd 100 is p	erfect qua	ality of life	e, how
	a result of the services tapply.	you receiv	ed, whic	h goals did	you make	progress	on? Chec	k all
	aprove the symptoms the		o service:	s (for examp	ole distress,	anxiety)		
	ain access to medical se		ьq					
	roll in or finish educati			D. degree, v	ocational t	raining)		
	et or maintain a job		r	, 11811,		8)		
	ve in stable housing							
	e a better parent or cares	giver						
	prove my friendships a		ships					
	omply with court order o			h the police	and/or just	ice system	1	
	her goal - Please descr				J			
0 Pr	efer not to answer	\(\)						
Thank y	ou for completing this	reassessm	ent forn	1.				
response informati Clearanc conduct displays	eporting burden for the Send comments regalon, to the Substance Ale Officer, Room 15E5 or sponsor, and a personal currently valid Officer this project is 0930-1	rding this abuse and 27B, 5600 on is not received the contract of Man	burden Mental H Fishers l equired	estimate, or Health Servi Lane, Rocky to respond	any other ces Admin wille, MD to, a collec	aspect or istration (20857. Action of in	f this col SAMHSA An agency Iformation	lection of the lectio
=	JSE ONLY] RECORD MA	NAGEMEN	T - ADUI	LT / CLIENT /	/ REASSESS	MENT		
Client ID		_	_ Grant ID		.	1 1		
Site ID _ 1 Was this	_ sassessment conducted wit	 h the client/			lll_ nt 0 Yes - C	.Il aregiver/Pro	oxv ∩ No	

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

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

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What is this form about?

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How is my information used?

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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	option	that	best	applies	to you	right	now
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- 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.							
b. My mental health is fine most days.				D			
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.							

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.	-	nicity? Select all that apply port more than one group	y and enter	additional details in the spaces
	White – Provide detail German Irish English Enter, for exar	ls below. nple, Scottish, Norwegian, E	[] [] Outch, etc	Italian Polish French
	Puerto RicanCuban	Provide details below. exican American nple, Guatemalan, Spaniard,	0 0 0 Ecuadorian,	Salvadoran Dominican Colombian etc
	African AmeriJamaicanHaitian	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
	LebaneseIranianEgyptian	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 Yes O No O 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) П French П Arabic Portuguese Spanish Chinese Other Language (Identify): _ Prefer not to answer

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

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

6. 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?		В	
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?			

B. SOCIAL DRIVERS OF HEALTH

7. 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

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

O My parent/guardian's house or	0	Voucher hotel or motel;
apartment;	0	Hotel or motel you pay for;
O Your partner's place;	0	Residential drug or alcohol program;
O A friend or relative's and paying	g rent; O	Jail or prison;
O A friend or relative's and not pa	ying rent; O	Car or other vehicle;
O Permanent housing program;	0	Abandoned building;
O Transitional housing program;	0	Anywhere outside;
O Domestic violence shelter;	0	Somewhere else [where]:
O 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		
9. What is the highest level of ed	lucation 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		
10. In the last 3 months, have you regularly?	ı attended school/college, hon	neschool, or vocational training		
O Enrolled, attending regul	arly	Not enrolled		
O Enrolled, not attending re	egularly O	Prefer not to answer		
Thank you for completing this bas	seline form.			
response. Send comments regarding information, to the Substance Abustance Officer, Room 15E57B, conduct or sponsor, and a person in	ng this burden estimate, or an se and Mental Health Services 5600 Fishers Lane, Rockvill is not required to respond to, of Management and Budget (stimated to average 10 minutes per ny other aspect of this collection of a Administration (SAMHSA) Reports e, MD 20857. An agency may not a collection of information unless it (OMB) control number. The control		
[OFFICE USE ONLY] RECORD MANAGEMENT - YOUTH / CLIENT / 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

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

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/guardian'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		
_					
3.	What is the highest level of education you have fin	ishe	ed?		
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, have you attended school/coll	lege,	, 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 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
Enter for example Palauan Tahitian Chuukese etc.				

2.	What was your child's sex assigned	at birth, for exam	ple on the	eir origina	al birth ce	ertificate?
0	Female	0	I don't k	now		
0	Male	0	Prefer no	ot to answ	er	
3.	Does your child speak a language o	ther than English a	at home?			
0	Yes	No		0	Prefer no	t to answer
abov	3a. For persons speaking a langure): What is this language(s)? (Chec	_	glish (ans	wering ye	es to the c	question
	American Sign Language (ASL)		Portugue	ese		
	Arabic		Spanish			
	Chinese			anguage (s		
	French		Prefer no	ot to answ	er	
4.	Please respond to the following que	stions about your	child's ph	ysical hea	alth.	
				Yes	No	Prefer not to answer

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?			
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?			

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

B. SOCIAL-DRIVERS OF HEALTH

5 1	How hard is it for you to pay for the very basics li	ke f	ood housing medical care and heating
	for your child?	ixe i	ova, nousing, meanem care, and neuting
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	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		
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

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?					
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	O My child has a place to live today but I am worried they 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 has finished?					
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	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, Tlin	git, 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 be	elow.	
		Native Hawaiian		Tongan
		Samoan		Fijian
		Chamorro		Marshallese
		Enter, for example, Palauan, Tahitian, Chuukese	e etc	

SAME	ISA Unified Performance Reporting Tool-Clie	ent Form (S	SUPRT-C)			
\ge: \	YOUNG CHILD (0 to 4) Respondent: C	AREGIVER		Assessn	nent: BAS	ELINE
2.	What was your child's sex assigned at birth	, for exam	ple on thei	r origina	l birth ce	rtificate?
	O Female		O Id	lon't knov	W	
	O Male		O Pr	efer not to	o answer	
_						
3.	Please respond to the following questions al	out your o	child's phy	sical hea	lth.	
				Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?			earing?			
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?			seeing,			
_	COCIAL DDIVEDS OF HEALTH		1			
В.	SOCIAL DRIVERS OF HEALTH					
	How hard is it for you to pay for the very bator your child?	asics like fo	ood, housii	ng, medio	cal care, a	and heating
0	Very hard	0	I am not t	he person	responsi	ble for
0	Somewhat hard		paying for	r the basi	cs for my	child
0	Not hard at all	0	Prefer not	to answe	er	
5. '	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 v	vorried they	y may lose	it in the f	uture	
0	My child does not have a steady place to live	_	-			
0	Prefer not to answer					
6. '	Which of the following best describes your	child's cui	rent living	g situatio	n?	
0	Your house or apartment	0	Hotel or n			
0	Your partner's place	0	Residentia	•		orogram
0	A friend or relative's and paying rent	0	Jail or pri	_	г	
0	A friend or relative's and not paying rent	0	Car or oth		e	
0	Permanent housing program	0	Abandone			
0	Transitional housing program	0	Anywhere		J	
0	Domestic violence shelter	0	Somewhe		herel:	
0	Emergency shelter	0	Prefer not			

Thank you for completing this baseline form.

O Voucher hotel or motel

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

	How hard is it for you to pay for the very basics like for your child?	ce 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	O My child has a place to live today but I am worried they 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	cu	rrent 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				

Thank you for completing this reassessment form.

Voucher hotel or motel

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				