1. Did your child attend school any time in the past three months?
   ☐ Yes   ☐ No
   *Federally Required

2. Please circle your child’s current or highest educational level completed:
   Pre K 1 2 3 4 5 6 7 8 9 10 11 12 None
   Self-Contained Special Ed Class (no grade)
   *Federally Required

3. Is your child currently employed? (**Collected for clients 16 and older only)
   ☐ Employed full time (35+ hours per week) ☐ Student
   ☐ Employed part time   ☐ Retired
   ☐ Homemaker   ☐ Other (Specify) _____________
   ☐ Disabled
   *Federally Required

4. Which of following best describes your child’s current residential status?
   ☐ Independent, living in private residence  ☐ Homelessness
   ☐ Dependent, living in private residence  ☐ Jail/Correctional Facility
   ☐ Residential Care (group home, rehabilitation center, agency-operated care)  ☐ Foster Home/Foster Care
   ☐ Institutional setting (24/7 care by skilled/specialized staff or doctors)  ☐ Crisis Residence
   ☐ Other
   *Federally Required

5. Would you say that in general your child’s health is:
   ☐ Excellent   ☐ Very Good   ☐ Good  ☐ Fair  ☐ Poor
   a. Now thinking about your child’s physical health, which includes physical illness and injury, how many days during the past 30 days was your child physical health not good? ____
   b. Now thinking about your child’s mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child’s mental health not good? ____
   c. During the past 30 days, approximately how many days did your child’s poor physical or mental health keep you from doing your child’s usual activities, such as self-care, school, work, or recreation? ____

6. Please answer the following question
   Number of Don’t
### 7. Please answer the following questions based on the past 6 months...

<table>
<thead>
<tr>
<th>Number of Nights/Times</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How many times has your child gone to an emergency room for a psychiatric or emotional problem?</td>
<td></td>
</tr>
<tr>
<td>b. How many nights has your child spent in a facility for:</td>
<td></td>
</tr>
<tr>
<td>i. Detoxification?</td>
<td></td>
</tr>
<tr>
<td>ii. Inpatient/Residential Substance Use Disorder Treatment?</td>
<td></td>
</tr>
<tr>
<td>iii. Mental Health Care?</td>
<td></td>
</tr>
<tr>
<td>iv. Illness, Injury, Surgery?</td>
<td></td>
</tr>
<tr>
<td>c. How many times has your child been arrested?</td>
<td></td>
</tr>
<tr>
<td>d. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)?</td>
<td></td>
</tr>
<tr>
<td>e. How many times has your child tried to commit suicide?</td>
<td></td>
</tr>
</tbody>
</table>

*Federally Required Element

### 8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 6 months. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required

<table>
<thead>
<tr>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>

**Domain: Social Connectedness Questions 1-4**

1. My child knows people who will listen and understand them when they need to talk.  
   - | | | | | | |

2. In a crisis, my child would have the support they need from family and friends.  
   - | | | | | | |

3. My child has people that he/she are comfortable talking with about their problems.  
   - | | | | | | |

4. My child has people with whom they can do enjoyable things.  
   - | | | | | | |

**Domain: Improved Functioning/Outcomes Domain: Questions 5-11**

5. My child is better able to do things he or she wants to do.  
   - | | | | | | |

6. My child gets along better with family members.  
   - | | | | | | |

7. My child gets along better with friends and other people.  
   - | | | | | | |

8. My child is doing better in school and/or work.  
   - | | | | | | |

9. My child is better able to cope when things go wrong.  
   - | | | | | | |

10. My child is better at handling daily life.  
    - | | | | | | |

11. I am satisfied with our family life right now.  
    - | | | | | | |
Family MH Form – Discharge

<table>
<thead>
<tr>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Undecided</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
<tr>
<td>Refused</td>
</tr>
</tbody>
</table>

### Domain: Perception of Access to Services Questions 12-13

12. The location of services was convenient.

13. Services were available at times that were convenient for us.

### Domains: Perception of Cultural Sensitivity Questions 14-17

14. Staff treated me with respect.

15. Staff respected my family's religious/spiritual beliefs.

16. Staff spoke with me in a way that I understand.

17. Staff were sensitive to my cultural/ethnic background.

### Domain: Perceptions of Participation in Treatment Planning Questions 18-20

18. I helped to choose my child’s services.

19. I helped to choose my child’s treatment goals.

20. I was frequently involved in my child’s treatment.

### Domain: General Satisfaction Questions 21-26

21. Overall I am satisfied with the services my child received here.

22. The people helping my child have stuck with us no matter what.

23. I feel my child has someone to talk to when he/she is troubled.

24. The services my child and/or family received were right for us.

25. My family got the help we wanted for my child.

26. My family has gotten as much help was we needed for my child.