

Please answer the following questions to let us know how your child is doing.

29. Is your child currently living with you? Yes No

30. Has your child lived in any of the following places in the **last 6 months**? (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> a. With one or both parents | <input type="checkbox"/> g. Group home |
| <input type="checkbox"/> b. With another family member | <input type="checkbox"/> h. Residential treatment center |
| <input type="checkbox"/> c. Foster home | <input type="checkbox"/> i. Hospital |
| <input type="checkbox"/> d. Therapeutic foster home | <input type="checkbox"/> j. Local jail or detention facility |
| <input type="checkbox"/> e. Crisis Shelter | <input type="checkbox"/> k. State correctional facility |
| <input type="checkbox"/> f. Homeless shelter | <input type="checkbox"/> l. Runaway/homeless/on the streets |
| | <input type="checkbox"/> m. Other (describe): _____ |

31. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)

- Yes, in a clinic or office Yes, but only in a hospital emergency room No Do not remember

32. Is your child on medication for emotional/behavioral problems? Yes No

32a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? Yes No

33. Is your child still getting services from this Center? Yes No

34. How long did your child receive services from this Center?

- a. Less than 1 month
 b. 1 -5 months
 c. 6 months to 1 year
 d. More than 1 year (skip to questions 41)

35. Was your child arrested since beginning to receive mental health services?
 Yes No

36. Was your child arrested during the 12 months prior to that?
 Yes No

37. Since your child began to receive mental health services, have their encounters with the police...

- a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 b. stayed the same
 c. increased
 d. not applicable (They had no police encounters this year or last year)

38. Was your child expelled or suspended during since beginning services?
 Yes No

39. Was your child expelled or suspended during the 12 months prior to that?
 Yes No

40. Since starting to receive services, the number of days my child was in school is

- a. Greater
b. About the same
c. Less
d. Does not apply (please select why this does not apply)
i. child did not have a problem with attendance before starting services
ii. child is too young to be in school
iii. child was expelled from school
iv. child is home schooled
v. Child dropped out of school
vi. Other: _____

41. Was your child arrested during the last 12 months?
 Yes No
42. Was your child arrested during the 12 months prior to that?
 Yes No
43. Over the last year, have your child's encounters with the police...
 a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 b. stayed the same
 c. increased
 d. not applicable (They had no police encounters this year or last year)
44. Was your child expelled or suspended during the last 12 months?
 Yes No
45. Was your child expelled or suspended during the 12 months prior to that?
 Yes No
46. Over the last year, the number of days my child was in school is
- a. Greater
b. About the same
c. Less
d. Does not apply (please select why this does not apply)
i. child did not have a problem with attendance before starting services
ii. child is too young to be in school
iii. child was expelled from school
iv. child is home schooled
v. Child dropped out of school
vi. Other: _____

Please answer the following questions to let us know a little about your child.

A. Are either of the child's parents of Spanish/Hispanic/Latino?

- Hispanic or Latino Origin Not of Hispanic or Latino Origin

B. What is your Child's Race? (mark all that apply)

- American Indian or Alaska Native Asian Black (African American)
 Native Hawaiian or Other Pacific Islander White (Caucasian) Other: Describe _____

C. Child's Birth Date: _____

D. Child's Gender: ___ Male ___ Female

E. Does your child have Medicaid insurance? ___ Yes ___ No

Thank you for taking the time to answer these questions!