



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

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

- a. Less than 1 month
- b. 1 -2 month
- c. 3-5 months
- d. 6 months to 1 year
- e. More than 1 year

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

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

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

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

28. 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

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

29a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?  Yes  No

30. In the last month, did your child get arrested by the police?  Yes  No

31. In the last month, did your child go to court for something he/she did?  Yes  No

32. How often was your child absent from school during the last month?

- 1 day or less
- 2 days
- 3 to 5 days
- 6 to 10 days
- More than 10 days
- Not applicable/ not in school
- Do not remember

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

**Child's Race:** (Check two if needed)

- American Indian/Alaskan Native     White (Caucasian)     Black (African American)  
 Asian/Pacific Islander     Other: Describe \_\_\_\_\_

**Are either of the child's parents Spanish/Hispanic/Latino?**  Yes  No

**Child's Birth Date:** \_\_\_\_\_

**Child's Gender:**  Male  Female

**Does your child have Medicaid insurance?**  Yes  No

*Thank you for taking the time to answer these questions!*