8. If your child has a current prescription for psychotropic medications, how often has s/he taken this medication as prescribed?

- No prescription
- All or most of the time
- Sometimes
- Rarely or never

9. Since leaving treatment, where has your child lived most of the time?

- In a family setting (private or foster home)
- Residential program (group home, PRTF)
- Institutional setting (hospital or detention center/jail)
- Homeless
- Temporary housing

10. Since leaving treatment, how many times has your child had a petition filed for any offense? (enter zero, if none)

Yes ☐ No ☐

11. Since leaving treatment, has your child had a Court Counselor or has your child been under the supervision of the juvenile justice system?

Yes ☐ No ☐

12. Since leaving treatment, how well has your child been doing in the following areas of his/her life?

- Emotional well-being ☐ ☐ ☐ ☐
- Physical health ☐ ☐ ☐ ☐
- Relationships with family ☐ ☐ ☐ ☐
- Living/Housing situation ☐ ☐ ☐ ☐

13. Since leaving treatment, has your child...

- had contacts with an emergency crisis provider? Yes ☐ No ☐
- had visits to a hospital emergency room? Yes ☐ No ☐
- spent nights in a medical/surgical hospital? (excluding birth delivery) Yes ☐ No ☐
- spent nights in a psychiatric inpatient hospital? Yes ☐ No ☐
- spent nights homeless? (sheltered or unsheltered) Yes ☐ No ☐
- spent nights in detention, jail, or prison? (adult or juvenile system) Yes ☐ No ☐
14. What help in any of the following areas is now important to your child? (mark all that apply)
- Educational improvement
- Housing (basic shelter or rent subsidy)
- Transportation
- Food supply
- Child Care
- Medical Care
- Dental care
- Legal issues
- Volunteer opportunities
- None of the above

15. Comments/Notes:

Enter data into web-based system:

**Do not mail this form**