SAMHSA
Substance Abuse and Mental Health Services Administration

OMB No. 0930-0400
Expires: 01/31/2028

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

CHILD (5 TO 17) / CAREGIVER / REASSESSMENT FORM

Version: June 2025

OMB No. 0930-0400
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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?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

A1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- ❍ Very hard
- ❍ Somewhat hard
- ❍ Not hard at all
- ❍ I am not the person responsible for paying for the basics for my child
- ❍ Prefer not to answer

A2. What is your child's living situation today?

- ❍ My child has a steady place to live
- ❍ My child has a place to live today but I am worried they may lose it in the future
- ❍ My child does not have a steady place to live (My child is 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)
- ❍ Prefer not to answer

A3. Which of the following best describes your child's current living situation?

- ❍ Your house or apartment
- ❍ Your partner's place
- ❍ A friend or relative's and paying rent
- ❍ A friend or relative's and not paying rent
- ❍ Permanent housing program
- ❍ Transitional housing program
- ❍ Domestic violence shelter
- ❍ Emergency shelter
- ❍ Voucher hotel or motel
- ❍ Hotel or motel you pay for
- ❍ Residential drug or alcohol program
- ❍ Jail or prison
- ❍ Car or other vehicle
- ❍ Abandoned building
- ❍ Anywhere outside
- ❍ Somewhere else [where]: _____
- ❍ Prefer not to answer

A4. What is the highest level of education your child has finished?

- ❍ Preschool – Kindergarten
- ❍ Grade 1 – Grade 5
- ❍ Grade 6 – Grade 8
- ❍ Grade 9 - 12
- ❍ High school degree or GED
- ❍ Prefer not to answer

A5. In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?

- ❍ Enrolled, attending regularly
- ❍ Enrolled, not attending regularly
- ❍ Not enrolled
- ❍ Prefer not to answer

Thank you for completing this reassessment form.

[OFFICE USE ONLY] RECORD MANAGEMENT – CHILD / CAREGIVER / BASELINE

CLIENT ID |__|__|__|__|__|__|__|__|__|__|__|__|

SITE ID |__|__|__|__|__|__|__|__|__|__|__|__| GRANT ID |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver?

- ❍ Yes – Client
- ❍ Yes – Caregiver/Proxy
- ❍ No

1a. [IF QUESTION 1 IS YES] When?

|__|__| / |__|__| / |__|__|__|__| MM / DD / YYYY

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

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