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

YOUNG CHILD (0 TO 4) / CAREGIVER / BASELINE FORM

Version: June 2025

OMB No. 0930-0400
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CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child (aged 0 to 4) as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for a Child (5 to 17) or Youth (12 to 17) responding for themselves.

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 6 minutes.

How do I agree to participate?

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

A. DEMOGRAPHICS

A1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

☐ White – Provide details below.
- ☐ German
- ☐ Irish
- ☐ English
- ☐ Italian
- ☐ Polish
- ☐ French
- ☐ Enter, for example, Scottish, Norwegian, Dutch, etc. _____

☐ Hispanic or Latino – Provide details below.
- ☐ Mexican or Mexican American
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Salvadoran
- ☐ Dominican
- ☐ Colombian
- ☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

☐ Black or African American – Provide details below.
- ☐ African American
- ☐ Jamaican
- ☐ Haitian
- ☐ Nigerian
- ☐ Ethiopian
- ☐ Somali
- ☐ Enter, for example, Ghanaian, South African, Barbadian, etc. _____

☐ Asian – Provide details below.
- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

☐ American Indian or Alaska Native
- ☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

- ☐ Middle Eastern or North African – Provide details below.
  - ☐ Lebanese
  - ☐ Iranian
  - ☐ Egyptian
  - ☐ Syrian
  - ☐ Moroccan
  - ☐ Israeli
  - ☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. _____
- ☐ Native Hawaiian or Pacific Islander – Provide details below.
  - ☐ Native Hawaiian
  - ☐ Samoan
  - ☐ Chamorro
  - ☐ Tongan
  - ☐ Fijian
  - ☐ Marshallese
  - ☐ Enter, for example, Palauan, Tahitian, Chuukese etc. _____

A2. What is your child's sex?

- ❍ Female
- ❍ Male

A3. Please respond to the following questions about your child's physical health.

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	❍	❍	❍
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	❍	❍	❍

B. SOCIAL DRIVERS OF HEALTH

B1. 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

B2. 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

B3. 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

Thank you for completing this baseline form.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUNG 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