

OMB No. 0930-0400

Expires: 01/31/2028

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

YOUTH (12 TO 17) / CLIENT / REASSESSMENT FORM

Version: June 2025

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

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/family members or for adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your 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 provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. 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.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.

A. SOCIAL DRIVERS OF HEALTH

A1. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am 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

A2. Which of the following best describes your current living situation?

- ☐ My parent/guardian's 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

A3. What is the highest level of education you have finished?

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

A4. In the last 3 months, have you 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.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUTH / CLIENT / REASSESSMENT

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