

Client ID # _____

Date of Administration: _____

SERVICE USE

CLINICIAN-COMPLETED

- 1. Since the last assessment, has a child protective services (or equivalent state agency) report been initiated on behalf of the client?**
 - Yes
 - No
 - Don't Know

- 2. Has the client received psychiatric medication management through your program since the last assessment?**
 - Yes
 - No
 - Program does not provide this service
 - Don't Know

- 3. Has the client received psychotherapy (individual or group) through your program since the last assessment?**
 - Yes
 - No
 - Program does not provide this service
 - Don't Know

- 4. Has the client received supported education assistance through your program since the last assessment?**
 - Yes
 - No
 - Program does not provide this service
 - Don't Know

- 5. Has the client received supported employment assistance through your program since the last assessment?**
- Yes
 - No
 - Program does not provide this service
 - Don't Know
- 6. Has the client received case management through your program since the last assessment?**
- Yes
 - No
 - Program does not provide this service
 - Don't Know
- 7. Has the client received peer support through your program since the last assessment?**
- Yes
 - No
 - Program does not provide this service
 - Don't Know
- 8. Have the client's legal guardians or supportive others received family treatment/support through your program since the last assessment?**
- Yes
 - No
 - Program does not provide this service
 - Don't Know
- 9. Did any visit with the client through your program take place in the community since the last assessment?**
- Yes
 - No
 - Program does not provide this service
 - Don't Know