

**Referral for Homes for Kids Services**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M  F

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Parent /Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Gender: M  F

Home Phone: \_\_\_\_\_ Permission to contact/confirm at this #:  Yes  No

Cell Phone: \_\_\_\_\_ Permission to contact/confirm at this #:  Yes  No

Client school and grade (if applicable): \_\_\_\_\_ Medical Dr: \_\_\_\_\_

Previous Mental Health Provider and diagnosis (if known: ) \_\_\_\_\_

Currently on probation:  Yes  No If yes, Name of P.O. \_\_\_\_\_

Are there pets in your home?  Yes  No If yes what kind: \_\_\_\_\_

Who referred you to Homes for Kids? \_\_\_\_\_

What agency does the referral source work for? \_\_\_\_\_

What is your current reason for seeking services at Homes for Kids? \_\_\_\_\_

**Financial Information:**

# in household: \_\_\_\_\_ Household monthly income: \$ \_\_\_\_\_

Medicaid MMIS # (if applicable): \_\_\_\_\_

Additional Insurance Name: \_\_\_\_\_

## **Acknowledgment of Receipt of Homes For Kids, Inc./Child and Family Solutions Handouts**

I have received a copy of the following Homes For Kids, Inc./Child and Family Solutions Handouts. By signing this acknowledgement statement, I hereby confirm that I have read the documents and understand the contents, and have asked my assessment therapist any questions that I have about these documents.

- |                          |         |   |
|--------------------------|---------|---|
| <input type="checkbox"/> | Initial |   |
| <input type="checkbox"/> | ___     | Clients Rights Policy/Client Grievance                                      |
| <input type="checkbox"/> | ___     | Client Care Philosophy  |
| <input type="checkbox"/> | ___     | Attendance Policy   |
| <input type="checkbox"/> | ___     | NEOBHIC Release   |
| <input type="checkbox"/> | ___     | Working Together HFK & You  |
| <input type="checkbox"/> | ___     | QI Handout  |
| <input type="checkbox"/> | ___     | Notice of Privacy Practices Booklet   |
| <input type="checkbox"/> | ___     | Trumbull County Privacy Notice (pertains only to Trumbull County Residents) |

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Reviewing Handouts

\_\_\_\_\_  
Date

## Homes For Kids, Inc. Consent for Mental Health Services and Publicly Funded Services Disclosure Notice

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby authorize Homes for Kids, Inc. to provide routine evaluation and treatment services as may be deemed necessary or advisable for the diagnosis and/or care of the above-named individual.

I acknowledge that the risks and benefits of each proposed treatment, of alternative treatment and of no treatment have been explained to me. I have also been advised of my right to refuse or withdraw consent for treatment and that the implications and potential consequences of refusing or withdrawing consent have been/will be fully explained.

This consent applies to treatment services for any and all of the services identified in which the client may be enrolled or to which they may be transferred.

I also acknowledge that to receive alcohol, drug addiction and mental health services paid for by public funds, I must provide information to the appropriate Board of Mental Health so they can:

- enroll this client in the County Behavioral Healthcare Program,
- determine if the client is eligible for publicly funded services, and
- pay the provider for services for this client through the MACSIS (Multi Agency Community Services Information System) computer system, or any future replacements to MACSIS, which connects the Board to the Ohio Department of Mental Health and Addiction Services, and the Ohio Department of Human Services.

I agree that I am responsible for payment for services provided to my dependents or me by Homes for Kids, Inc. I request that payment of authorized benefits be made to Homes for Kids, Inc. for mental health services furnished by Homes for Kids, Inc. I authorize release to the indicated insurance carrier or Medicaid any medical information about me needed to determine these payments for related services. I will be fully responsible for payment for any claims my insurance or Medicaid denies and agree to pay the balance to Homes for Kids, Inc. Homes for Kids, Inc. will notify me of any services not covered by my insurance or Medicaid or changes to coverage. Homes for Kids, Inc. will not discontinue services to any individual in a critical situation until appropriate arrangements can be made for continuation of services. If the client is not covered by Medicaid or Insurance, Homes for Kids, Inc. may allow for "out of pocket" payment using a sliding scale fee.

All information will be kept confidential. Name identifying information will be used only to pay for services provided to this client. Demographic information will be kept without the youth's name attached, and reported to the State departments and Ohio Health Care Data center. This information will not be available to any other sources or used for other purposes. Billing information will only be kept for ten years after the client has received services, and only demographic information will be kept after that time.

**Please note: In accordance with section 5122.04 of the revised code, mental health services, except for the use of medication, may be provided to minors 14 years of age or older for not more than 6 sessions or thirty days, whichever occurs first without a consent for treatment form signed by the minor's parent or guardian.**

A copy of my signature shall be the functional equivalent of the original. I consent to treatment and have received this information:

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Member (client receiving services)

\_\_\_\_\_  
Client Signature

I have read and explained this information to the above named individual:

\_\_\_\_\_  
Agency Staff Member Signature

\_\_\_\_\_  
Date

## MACSIS RESIDENCY VERIFICATION

The purpose of this form is to clarify which county is responsible for adjudicating claims for behavioral health services provided to the client being enrolled. It should be completed and provided to the enrolling board when:

- The county of the treating facility does not match the legal county of residence of the client as noted on the enrollment form (child or adult, out-of-county).
- The physical address of the client as noted on the enrollment form does not match the legal county of residence of the client (example: domestic violence shelter case, client temporarily living with relatives, child or adult, out-of-county).
- The child's physical address as noted on the enrollment form does not match the legal custodian's address (child only, in or out-of-county).

A client's or legal custodian's signature on this form shall be sufficient for documenting residency with the exception of adults who reside in specialized residential facilities or who are committed pursuant to special forensic categories referenced in the residency guidelines.\*

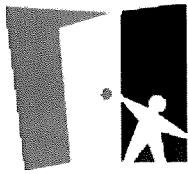
### Adult

<b>Client is an adult?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete the following information.</b>	
Client Name (please print)	
Street Address for Residency Determination Purposes	
City, State, and Zip for Residency Determination Purposes	
Signature of Client	Date

### Minor

<b>Client is a Minor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, indicate if child is in legal custody of the following (this is not the foster parent).</b> <input type="checkbox"/> Parent <input type="checkbox"/> CSB <input type="checkbox"/> DYS <input type="checkbox"/> Court <input type="checkbox"/> Other (specify): _____
Client Name (please print)	
Name of Legal Custodian Marked Above	Phone No. of Legal Custodian
County of Legal Custodian	
If Parent, Address of Parent (if different from client's physical address on enrollment form)	
Signature of Legal Custodian	Date

\*For the special exceptions noted, this form should not be used. Refer to the residency guidelines for more information on how to determine residency in these cases and/or what documentation is needed to provide proof of residency.



Homes For Kids Inc.  
Child and Family Solutions  
*Opening Doors for Children & Families Since 1990*

### Verification of Guardianship

I, \_\_\_\_\_, attest that I am the legal guardian of  
Printed Name

\_\_\_\_\_  
Printed Name of Client

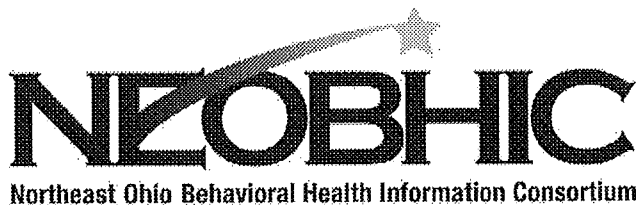
Please indicate Relationship to Client \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HFK Staff / Witness Signature

\_\_\_\_\_  
Date



**Release of Information for  
Northeast Ohio Behavioral Health Information (NEOBHIC) Consortium**

I, \_\_\_\_\_ authorize Homes For Kids Inc  
*(Name of Client)* *(Agency Name)*

*and the other members of the Northeast Ohio Behavioral Health Information Consortium\* to communicate with and disclose to one another the following information:*

- *My name, contact information and other personal identifying information*
- *My status as a services recipient*
- *Initial and subsequent evaluations of my service needs*
- *Medications and allergies*
- *My treatment history, including mental health and alcohol/drug services*
- *Discharge plans and outcomes*
- *Billing information*

*The purposes of the disclosures authorized in this consent are to enable the members of the Northeast Ohio Behavioral Health Information Consortium to better evaluate my need for services, to enable the coordination of services provided to me and to enhance the care that I receive. All disclosures will be limited to the information necessary to fulfill these purposes.*

*I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), CFR Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning behavioral health services I receive are protected by state law and cannot be disclosed unless the disclosure is authorized by state law.*

*I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when I am no longer receiving services from any member of the Northeast Ohio Behavioral Health Information Consortium and no longer have an active case record. I understand that I can lengthen or shorten this authorization period.*

*I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to disclosure for other purposes.*

*I have been provided a copy of this form.*

\_\_\_\_\_  
*Signature of Client/Legal Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Date of Birth*

\_\_\_\_\_  
*Printed Name and Authority of Person Signing on Behalf of Client (if applicable)*

\* Attached is a current list of the individual members of the Northeast Ohio Behavioral Health Information Consortium. You can also reference [www.NEOBHIC.org](http://www.NEOBHIC.org)

## Members of the Northeast Ohio Behavioral Health Information Consortium



### Ashtabula County:

- **Ashtabula County Mental Health and Recovery Services Board** - 4817 State Road, Suite 203, Ashtabula, Ohio 44004
- **Lake Area Recovery Center**- 2801 C Court, Ashtabula, Ohio 44004

### Jefferson County:

- **Jefferson Behavioral Health System** - 380 Summit Avenue. Steubenville, Ohio 43952

### Montgomery County:

- **ADAMHS Board for Montgomery County** - 409 E. Monument Avenue, Suite 102, Dayton, OH 45402
- **Addiction Services** - 1 Elizabeth Place SE 3rd Floor, Dayton, OH 45417
- **Nova Behavioral Health, Inc.** - 732 Beckman Street, Dayton, Ohio 45410
- **PLACES Inc.** - 11 West Monument Ave, 7th Floor, Dayton, OH 45402
- **Project Cure, Inc.** - 1800 North James H. McGee Blvd., Dayton, Ohio 45417

### Portage County:

- **Mental Health & Recovery Board of Portage County** - 155 E. Main Street, PO Box 743, Kent, Ohio 44240
- **Children's Advantage** - 520 North Chestnut Street, Ravenna, Ohio 44266
- **Townhall II** - 155 N Water St, Kent, Ohio 44240

### Stark County:

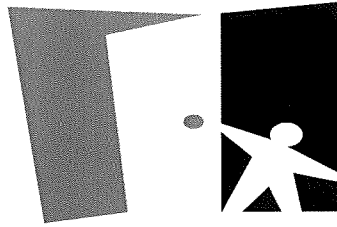
- **Stark County Mental Health & Addiction Recovery** - 121 Cleveland Avenue SW, Canton, Ohio 44702
- **Child and Adolescent Behavioral Health** - 919 Second Street NE, Canton, Ohio 44704
- **CommQuest Services, Inc.** - 625 Cleveland Avenue NW, Canton, Ohio 44702
- **Crisis Intervention and Recovery Center, Inc.** - 832 McKinley Avenue NW, Canton, Ohio 44703
- **Domestic Violence Project, Inc.** - PO Box 9459, Canton, Ohio 44711
- **Quest Recovery and Prevention Services** - 1341 Market Avenue North, Canton, Ohio 44714
- **Stark County TASC** - 1375 Raff Road SW, Canton, Ohio 44710

### Trumbull:

- **Trumbull County Mental Health and Recovery Board** - 4076 Youngstown Road SE, Suite 201, Warren, Ohio 44484
- **Homes for Kids** - 165 E. Park Avenue, Niles, Ohio 44446

### Wayne/Holmes Counties:

- **Mental Health & Recovery Board of Wayne & Holmes Counties** - 1985 Eagle Pass Drive, Wooster, Ohio 44691
- **Anazao Community Partners** - 2587 Back Orrville Road, Wooster, Ohio 44691



# Homes For Kids Inc.

## Child and Family Solutions

*Opening Doors for Children & Families Since 1990*

### Involved Others Intake Sheet

As part of providing the best possible care we would like to be in contact with other providers and people in your life. These people might include, Primary Care Physicians, Psychiatrists, Schools, and other family members and/or friends that you may want involved in treatment. For example, if your child is experiencing difficulties in school we can communicate with the school to better help your child. If you are not comfortable involving others in treatment, it is not required. These releases can be added or revoked at any time.

Primary Care Physician: \_\_\_\_\_

\_\_\_\_\_  
Address Phone

Psychiatrist: \_\_\_\_\_

\_\_\_\_\_  
Address Phone

School: \_\_\_\_\_

\_\_\_\_\_  
Address Phone

Family Member: \_\_\_\_\_

\_\_\_\_\_  
Relationship Phone

Friend: \_\_\_\_\_

\_\_\_\_\_  
Relationship Phone





# Ohio Mental Health Consumer Outcomes System Adult Consumer Form A

# A

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (check one): Male  Female

### Agency Use Only

Client's Medical Record Number:

\_\_\_\_\_

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

### Part 1

Below are some questions about how satisfied you are with various aspects of your life in **the past 6 months**. For each question, checkmark  the answer that best describes how you feel.

How do you feel about:

#### 1. The amount of friendship in your life?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 2. The amount of money you get?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 3. How comfortable and well-off you are financially?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 4. How much money you have to spend for fun?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 6. The amount of freedom you have?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 7. The way you and your family act toward each other?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased
- Does not apply

Please turn to the next page

**8. Your personal safety?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**9. The neighborhood in which you live?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**10. Your housing/living arrangements?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**11. Your health in general?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**12. How often do you have the opportunity to spend time with people you really like?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**Part 2**

These next few items ask you about your health and medications *within the past 6 months*.

**13. How often does your physical condition interfere with your day-to-day functioning?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always
- Not applicable/no medications

The next two items deal with how you have been treated by other people.

**15. I have been treated with dignity and respect at this agency.**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**16. How often do you feel threatened by people's reactions to your mental health problems?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**Part 3**

The following questions ask you about how much you were distressed or bothered by some things *during the last seven days*. Please mark the answer that best describes how you feel.

*During the past 7 days*, about how much were you distressed or bothered by:

**17. Nervousness or shakiness inside**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**18. Being suddenly scared for no reason**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**19. Feeling fearful**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**20. Feeling tense or keyed up**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**21. Spells of terror or panic**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**22. Feeling so restless you couldn't sit still**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**23. Heavy feelings in arms or legs**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**24. Feeling afraid to go out of your home alone**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**25. Feeling of worthlessness**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**26. Feeling lonely even when you are with people**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**27. Feeling weak in parts of your body**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**28. Feeling blue**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**29. Feeling lonely**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**30. Feeling no interest in things**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**31. Feeling afraid in open spaces or on the streets**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**32. How often can you tell when mental or emotional problems are about to occur?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**33. When you can tell, how often can you take care of the problems before they become worse?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**Part 4**

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best describes how you feel now.

**34. I can pretty much determine what will happen in my life.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**35. People are limited only by what they think is possible.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**36. People have more power if they join together as a group.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**37. Getting angry about something never helps.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**38. I have a positive attitude toward myself.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**39. I am usually confident about the decisions I make.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**40. People have no right to get angry just because they don't like something.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**41. Most of the misfortunes in my life were due to bad luck.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**42. I see myself as a capable person.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**43. Making waves never gets you anywhere.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**44. People working together can have an effect on their community.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**45. I am often able to overcome barriers.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**46. I am generally optimistic about the future.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**47. When I make plans, I am almost certain to make them work.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**48. Getting angry about something is often the first step toward changing it.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**49. Usually I feel alone.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**50. Experts are in the best position to decide what people should do or learn.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**51. I am able to do things as well as most other people.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**52. I generally accomplish what I set out to do.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**53. People should try to live their lives the way they want to.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**54. You can't fight city hall (authority).**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**55. I feel powerless most of the time.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**56. When I am unsure about something, I usually go along with the rest of the group.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**57. I feel I am a person of worth, at least on an equal basis with others.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**58. People have a right to make their own decisions, even if they are bad ones.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**59. I feel I have a number of good qualities.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**60. Very often a problem can be solved by taking action.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**61. Working with others in my community can help to change things for the better.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

<b>Part 5</b>
<b>Please tell us some things about yourself.</b>

**62. What was the last school grade you completed?**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 <sup>st</sup> grade | <input type="checkbox"/> 10 <sup>th</sup> grade            |
| <input type="checkbox"/> 1 <sup>st</sup> grade           | <input type="checkbox"/> 11 <sup>th</sup> grade            |
| <input type="checkbox"/> 2 <sup>nd</sup> grade           | <input type="checkbox"/> High school diploma/GED           |
| <input type="checkbox"/> 3 <sup>rd</sup> grade           | <input type="checkbox"/> Trade/Tech school                 |
| <input type="checkbox"/> 4 <sup>th</sup> grade           | <input type="checkbox"/> Some college                      |
| <input type="checkbox"/> 5 <sup>th</sup> grade           | <input type="checkbox"/> 2 yr college/Associate degree     |
| <input type="checkbox"/> 6 <sup>th</sup> grade           | <input type="checkbox"/> 4 yr college/Undergraduate degree |
| <input type="checkbox"/> 7 <sup>th</sup> grade           | <input type="checkbox"/> Graduate school courses           |
| <input type="checkbox"/> 8 <sup>th</sup> grade           | <input type="checkbox"/> Graduate degree                   |
| <input type="checkbox"/> 9 <sup>th</sup> grade           | <input type="checkbox"/> Post-graduate studies             |
|  | <input type="checkbox"/> Further special studies           |

**63. Race (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American/Pacific Islander | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Black/African-American           | <input type="checkbox"/> Other _____     |

**64. What is your marital status?**

- Never married
- Married
- Separated
- Divorced
- Widowed
- Living together

**65. What is your current living situation?**

- Your own house/apartment
- Friend's home
- Relative's home
- Supervised group living
- Supervised apartment
- Boarding home
- Crisis residential
- Child foster care
- Adult foster care
- Intermediate care facility
- Skilled nursing facility
- Respite care
- MR intermediate care facility
- Licensed MR facility
- State MR institution
- State MH institution
- Hospital
- Correctional facility
- Homeless
- Rest home
- Other \_\_\_\_\_

**66. What is your employment status?**

- Employed full time
- Employed part time
- Sheltered employment
- Unemployed
- Homemaker
- Retired
- Disabled
- Inmate of institution

**67. Are you in treatment because you want to be?**

- Yes
- No

**Please stop here. Thanks!!**