

Questionnaire: CCBHC

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1. Select the member's current living situation:

(Please select one.)

- ☐ Assisted Living Facility
- ☐ Community Residential Facility
- ☐ Dorothea Dix
- ☐ Foster Care
- ☐ Homeless Shelter or on the Streets
- ☐ Hospitalized for Medical Reasons
- ☐ Incarcerated in a State Prison or County Jail
- ☐ Nursing Home
- ☐ Other Psychiatric Inpatient Unit or Facility
- ☐ Own Apartment or Home
- ☐ Residential Crisis unit
- ☐ Residential Treatment Facility (Group Home Arrangement)
- ☐ Riverview Psychiatric Center
- ☐ Supported Apartment
- ☐ School Based
- ☐ Temporarily staying with others
- ☐ Staying With Others
- ☐ Other
- ☐ Member Refused

2. Select the member's current vocational/employment status:

(Please select one.)

- ☐ Clubhouse Transitional Employment
- ☐ Competitively employed full-time (32 or more hours per week)
- ☐ Competitively employed part-time (Less than 32 hours per week)
- ☐ Not employed - looking for work
- ☐ Not employed - not looking for work
- ☐ Self-employed
- ☐ Not Employed - stay home parent
- ☐ Stay-at-home parent of a child under the age of 18
- ☐ Retired
- ☐ Student
- ☐ Veteran
- ☐ Volunteer on a regular basis (in the last 30 days)
- ☐ Volunteer
- ☐ Working with supports full-time (32 or more hours per week)
- ☐ Working with supports part-time (Less than 32 hours per week)
- ☐ Member Refused

3. Is this member of transition age (16-20 years)?

(Please select one.)

- ☐ Yes
- ☐ No

3.1.1. What is the member's current grade level?

(Please select one.)

- ☐ 9 ☐ 10
- ☐ 11 ☐ 12
- ☐ College ☐ Technical College
- ☐ Not in school ☐ Information Unknown

3.1.1.7.1. What was the last grade completed before leaving school?

3.1.2. In the past three (3) months has attendance at school been an issue for this member?

(Please select one.)

- ☐ Yes
- ☐ No
- ☐ Information Unknown

3.1.3. Was this member involved with the Department of Corrections within the past six (6) months?

(Please select one.)

- ☐ Yes
- ☐ No
- ☐ Information Unknown

4. If the member has a guardian, is the guardian engaged in treatment?

(Please select one.)

- ☐ Yes
- ☐ No
- ☐ N/A

4.2.1. Describe the barriers to engagement:

5. Does the member require an interpreter?
(Please select one.)

- ☐ Yes
- ☐ No

5.1.1. What language and dialect will the interpreter need to know?
