

Paper Based *Historical/Initial Transition Assessment of Young Person (H/ITA)* [Non-shaded portions comprise the web-based *Historical Transition Assessment of Young Person (HTA)*, while shaded portions comprise the web-based *Initial Transition Assessment of Young Person (ITA)*]



*Improving Practice, Systems, and Outcomes for Youth and Young Adults
with Emotional/Behavioral Difficulties*

Transition to Adulthood Assessment Protocol

Historical/Initial Transition Assessment of Young Person

The **Transition to Adulthood Assessment Protocol (TAAP)** is composed of the following instruments:

- Historical/Initial Transition Assessment of Young Person (H/ITA)
- Quarterly Transition Assessment of Young Person (QTA)
- Administration Manual

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A description of the status of the development of these assessment instruments and guidelines for their use are provided in the following manual: Davis, M., Deschênes, N., Gamache, P., and Clark, H. (2004). *Transition to Adulthood Assessment Protocol (TAAP): Administration Manual*. Tampa: University of South Florida, Florida Mental Health Institute.

For additional information, comments, or questions, please contact Nicole Deschênes, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., MHC 2328, Tampa, FL 33612-3807 Phone: (813) 974-4493, Fax: (813) 974-6257.

Related Web sites: National Technical Assistance Center on Youth Transition (NTAC-YT) <http://ntacyt.fmhi.usf.edu/>
Transition to Independence Process (TIP) system <http://tip.fmhi.usf.edu/>

FILE: NTAC TAAP Historical Initial © 2004 by Maryann Davis, Nicole Deschênes, & Hewitt B. "Rusty" Clark

Historical/Initial Transition Assessment of Young Person

The **Historical/Initial Transition Assessment (H/ITA)** is to establish a baseline of information regarding the young person and his/her family and their life circumstances. As a baseline, this Assessment captures lifetime events up to 90 days prior to entry to the Partnerships for Youth Transition (PYT) Site program. A **Quarterly Transition Assessment (QTA)** will be conducted 90 days after the **H/ITA**.

Note: This **H/ITA** should be filled in from whatever sources of information are available (e.g., intake, other school or agency records, youth and/or caregiver interviews).

Interview Details				
Date assessment is begun: ___/___/___	Date assessment is completed: ___/___/___			
If one or more attempts to contact the young person have been made, please complete the following:				
	Unable to be contacted for interview (Check one for each unsuccessful attempt):			
	___ Can't find/ contact	___ Refused interview	___ Incarcerated or hospitalized	___ Other (describe)
1 st :				
2 nd :				
3 rd :				
4 th :				

1. Young Person Details

a) I.D. code: _____	b) Date of birth: ___/___/___
c) Date of service entry: _____	d) Primary language: _____
e) Gender: ___ Male ___ Female ___ Transgender ___ Other (specify): _____	
f) Hispanic or Latino? ___Y ___N If Yes, what ethnic group does the youth or young adult consider him/her self? ___ Central American ___ Puerto Rican ___ Cuban ___ South American ___ Dominican ___ Mexican ___ Other (specify): _____	g) Race ___ Black or African American ___ Alaska Native ___ Asian ___ White ___ Native Hawaiian or other ___ American Indian Pacific Islander ___ Other (specify): _____

Custody Status of Young Person

2. Current custody status [Check only one]:		
<input type="checkbox"/> Independent adult (18 or over, no guardian) <input type="checkbox"/> Emancipated minor (under 18, declared by the state to be independent) <input type="checkbox"/> Minor in child welfare custody <input type="checkbox"/> Minor in extended family custody <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Adult (18 or over) with guardian <input type="checkbox"/> Minor in parental custody <input type="checkbox"/> Minor in juvenile justice custody <input type="checkbox"/> Don't know	
3. Current legal guardian [Check only one]:		
<input type="checkbox"/> Self <input type="checkbox"/> Foster Family <input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Mental Health	<input type="checkbox"/> Extended Family <input type="checkbox"/> Child Welfare <input type="checkbox"/> Don't know

Social History and Status

4. Married or living with a long term life partner [Check all that apply]?

No Married Divorced/separated Live with significant other

5. Number of children: ____ (if none, skip to #7)

ages: _____

6. With whom do children reside? [Check all that apply]:

<input type="checkbox"/> Yourself	<input type="checkbox"/> Child's other parent	<input type="checkbox"/> Child's Extended family	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> In state custody (custody of foster care or juvenile justice systems)			
<input type="checkbox"/> Family foster care (e.g., child welfare placed child in own extended family)			
<input type="checkbox"/> Don't know			
<input type="checkbox"/> Other (describe):			

7. Family of youth's upbringing. (Suggested wording if interviewing: We would like to understand the role of family in your upbringing. Families come in many different forms, and who is part of your family can change over time, like when parents remarry, or if you have become part of a foster family. Who are all the people that you think of as having been part of your family during your upbringing?) [Check all that apply]:

<input type="checkbox"/> Biological mother	<input type="checkbox"/> Foster mother	<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Biological father	<input type="checkbox"/> Foster father	<input type="checkbox"/> Adoptive grandparent(s)
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Biological sibling(s)	<input type="checkbox"/> Step grandparent(s)
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Adoptive sibling(s)	<input type="checkbox"/> Foster grandparent(s)
<input type="checkbox"/> Adoptive mother	<input type="checkbox"/> Step sibling(s)	<input type="checkbox"/> Aunt/Uncle
<input type="checkbox"/> Adoptive father	<input type="checkbox"/> Foster sibling(s)	<input type="checkbox"/> Cousins
<input type="checkbox"/> Other (if there is no identifiable family entity, describe):		

8. Person/persons youth spent time with (e.g., on the phone, Internet, or in-person) with over the past 30 days [Check all that apply]:

<input type="checkbox"/> Good friend	<input type="checkbox"/> In social group activities (e.g., clubs, sports, malls, church)
<input type="checkbox"/> Partner/spouse	<input type="checkbox"/> Extended family or family of upbringing (i.e., parents, siblings)
<input type="checkbox"/> Mentor	<input type="checkbox"/> Spent most non-working/schooling/parenting time alone
<input type="checkbox"/> Don't know	<input type="checkbox"/> No one
<input type="checkbox"/> Other (describe):	

9. Past social events [Check all that apply for each time period]:

Past 90 days	Before past 90 days	Social Event
_____	_____	Married/engaged/made life commitment/moved in together
_____	_____	Divorced/separated/moved out from housing or significant other
_____	_____	Gave birth/became a father
_____	_____	Child given up for adoption/removed from care/ parents rights terminated
_____	_____	Adopted child
_____	_____	Permanent loss of a parent (e.g., by death, termination of parental rights (TPR))
_____	_____	Permanent loss of a sibling (e.g., by death, placement)
_____	_____	Death of someone close (including parent or sibling)
_____	_____	Loss of relationship with someone close (not above; e.g., best friend moved away)
_____	_____	Serious conflict with someone close (e.g., parent, friend, partner)
_____	_____	None

Education History and Status

10. Indicate current educational status [*Check only one*]:

ENROLLED

- Enrolled in High School/vocational technical high school (indicate grade level _____ or non graded _____)
- Enrolled in a GED program
- Enrolled in 2-year college/community college (completed 1st year? Y N)
- Enrolled in post-secondary vocational/technical schooling (years completed _____)
- Enrolled in 4-year college (years completed _____)
- Other _____

NOT ENROLLED (Check specific status when multiple choices offered)

- Permanently dropped out /suspended /expelled from high school/vocational technical high school
- Graduated high school /certificate of completion /GED
- Completed some post secondary schooling (years completed _____)
- Graduated post secondary schooling (indicate which 2-year 4-year voc/tech)
- Other _____
- Educational status unknown

11. Type of schools enrolled in since age 14? [*Check all that apply*]

- | | |
|--|--|
| <input type="checkbox"/> Regular high school | <input type="checkbox"/> Regular vocational/technical school |
| <input type="checkbox"/> Residential school | <input type="checkbox"/> Non residential alternative, special education school or center |
| <input type="checkbox"/> Magnet/Charter school (what type?: _____) | |
| <input type="checkbox"/> Community or 4-year college | <input type="checkbox"/> Vocational/technical training (post high school) |
| <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other (describe): _____ | |
| <input type="checkbox"/> None | |

12. Ever been a Special Education Student with an Individualized Education Program (IEP)? Y N Don't know

Employment History and Status

13. Currently employed? Y N Don't know (If no, skip to #15)

14. Type of current employment [*Check only one*]: Part time (<31hrs/week) Full time (≥31hrs/week)
 Don't know

15. Type of work held in the past [*Check all that apply for each time period*]:

Past 90 days	Before past 90 days	Type of work
_____	_____	Don't know (if don't know for past 90 days, skip to #20; if never, skip to #23)
_____	_____	None (if none in past 90 days, skip to #20; if never, skip to #23)
_____	_____	Competitive employment without formal vocational support services
_____	_____	Competitive employment with formal vocational support services
_____	_____	Supported employment in a protected environment (e.g., job coach present more than 25% of work hours; work crews, businesses, or employment settings operated by a mental health or vocational service agency)
_____	_____	Transitional employment
_____	_____	Sheltered workshop
_____	_____	Paid work training experience (e.g., internship, apprenticeship)
_____	_____	Informal employment (e.g., illegal, "under the table," odd jobs)

16. A) Age when held first paid job? _____

B) On a scale of 1 to 5, with 1 being the whole time since then and 5 being not at all since then, how much of the time since the start of the first paid job has youth been employed? [Circle the answer that best fits]:

99 Don't Know

1-----2-----3-----4-----5
The whole time since then Most of the time since then Sometimes since then Hardly ever since then Not at all since then

17. Type of job held most recently [Check only one]:

- | | | |
|---|--|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Food services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Security | <input type="checkbox"/> Technical | <input type="checkbox"/> Construction/Manual labor |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other (specify): | | |

18. Work events over the past 90 days [Check all that apply]:

- | | |
|---|---|
| <input type="checkbox"/> Obtained new job or new employer | <input type="checkbox"/> Promoted or received wage increase |
| <input type="checkbox"/> Officially praised (e.g., "Employee of the Month") | <input type="checkbox"/> Left job voluntarily |
| <input type="checkbox"/> Demoted | <input type="checkbox"/> Officially reprimanded |
| <input type="checkbox"/> Fired or laid off | <input type="checkbox"/> None |
| <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other (describe): | |

19. Benefits provided by employer over the past 90 days [Check all that apply]:

- | | | |
|---|---|---|
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Paid sick days | <input type="checkbox"/> Paid vacation leave days |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other (specify): | | |

20. Other activities over the past 90 days [Check all that apply]:

- | | | |
|---|---|--|
| <input type="checkbox"/> Unpaid practicum work experience | <input type="checkbox"/> Volunteer work | <input type="checkbox"/> Parenting of own children |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other (describe): | | |

Financial Self-Sufficiency

21. Sources of income over the past 90 days [Check all that apply]:

- | | | |
|--|---|---|
| <input type="checkbox"/> Work/job | <input type="checkbox"/> Caregivers/Family members | <input type="checkbox"/> Partner/spouse |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability (SSDI) | <input type="checkbox"/> Non disability (SSI) |
| <input type="checkbox"/> Welfare (e.g., TANF, General Assistance, food stamps) | <input type="checkbox"/> Housing assistance (e.g., Section 8) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (describe): | | |

22. Gross income over the past 30 days: \$ _____ Don't know

Legal History and Status

23. Documented legal activity in the past [Check all that apply for each time period]:

Past 90 days	Before past 90 days	Legal Activity
___	___	Obtained driver's license
___	___	Registered to vote for first time
___	___	Arrested, felony charge
___	___	Arrested, misdemeanor charge
___	___	Arrested, nuisance/status/petty charge
___	___	Arrested, seriousness of charge unknown
___	___	Convicted of a physically violent crime
___	___	Put on probation/parole/other community control
___	___	Incarcerated (if in past 90 days, # of days incarcerated _____)
___	___	Victim of property crime
___	___	Was physically abused
___	___	Was criminally neglected
___	___	Was sexually abused/assaulted as a child (<18 years)
___	___	Was sexually abused/assaulted as an adult (≥ 18 years)
___	___	Victim of violent crime (not above)
___	___	No documented legal activity
___	___	Don't know

24. Number of arrests for all charges ___ (if 0, skip to # 27)
 25. Age when first arrested? _____ (if current age <18 yrs, skip to #28)
 26. Arrested since turning 18? ___ Y ___ N
 27. Number of incarcerations ___

Residential History and Status

28. Ever lived independently? [If interviewing, suggested wording: Have you ever lived on your own? By on your own we mean without parental supervision, without aunts/uncles/grandparents, and not with others in a program, like a group home or residential program, detention/jail. Living on your own includes living with roommates, with romantic partners, or alone, in a home, dorm or apartment type of setting. It does not include being homeless on your own.]

___ Y ___ N (If no, skip to #32)

29. How old were you when you first lived on your own? _____ Don't know

30. On a scale of 1 to 5, with 1 being the whole time since then and 5 being not at all since then, how much of the time have you been living on your own since you first moved out on your own? [Circle the answer that best fits]:

99 Don't know

1 ----- 2 ----- 3 ----- 4 ----- 5
 The whole time since then Most of the time since then Sometimes since then Hardly ever since then Not at all since then

31. Currently living on own? ___ Yes ___ No (if no, skip to #32)

___ With friends (single or multiple friends as roommates – shared household responsibilities)	___ With non-friend roommates
___ At a friend's home or apartment (temporary resident at friends' place)	___ Alone in private residence (rented or owned)

32. Have you ever been homeless? ___ Y ___ N (If no, skip to #36)

[Check all that apply]:

___ Staying at different friends' places	___ Staying at a shelter	___ Living on the streets or in a car
___ Other (describe):		

33. How old were you when you first became homeless? _____

34. On a scale of 1 to 5, with 1 being the whole time since then and 5 being not at all since then, how much of the time have you been homeless since the first time you were homeless? [Circle the answer that best fits]:

99 Don't know

1 ----- 2 ----- 3 ----- 4 ----- 5

The whole time since then Most of the time since then Sometimes since then Hardly ever since then Not at all since then

35. Currently homeless? Y N (If no, skip to #36)

[Check all that apply]:

<input type="checkbox"/> Staying at different friends' places	<input type="checkbox"/> Staying at a shelter	<input type="checkbox"/> Living on the streets or in a car
<input type="checkbox"/> Other (describe):		

36. Residences [MARK CURRENT RESIDENCE WITH A "C," check all other residences that occurred in past 90 days]

Home settings (e.g., house, apartment, dorm, room in house)	Out of home settings	Homeless settings
<input type="checkbox"/> With family involved in young person's upbringing <input type="checkbox"/> With one's own family (spouse/partner and/or children) <input type="checkbox"/> With extended family <input type="checkbox"/> With friends (single or multiple friends as roommates – shared household responsibilities) <input type="checkbox"/> At a friend's home or apartment (temporary resident at friends' place) <input type="checkbox"/> With non-friend roommates <input type="checkbox"/> Alone in private residence (rented or owned)	<input type="checkbox"/> Non-treatment Group home (i.e. foster care group home) <input type="checkbox"/> Foster care - treatment <input type="checkbox"/> Regular foster care <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Substance Abuse Hospital Treatment <input type="checkbox"/> Residential psychiatric treatment, <input type="checkbox"/> Substance Abuse residential treatment <input type="checkbox"/> Supervised housing <input type="checkbox"/> Corrections setting (e.g., jail/detention center/boot camp/prison)	<input type="checkbox"/> Staying at different friends' places <input type="checkbox"/> Staying at a shelter <input type="checkbox"/> Living on the streets or in a car
<input type="checkbox"/> Don't know <input type="checkbox"/> Other (describe):		

37. Ever been psychiatrically hospitalized (not ER)? Y N (If no, skip to #40)

38. Age at first psychiatric hospitalization? _____

39. # of hospitalizations _____

40. Ever in psychiatric residential treatment program? Y N (If no, skip to #43)

41. Age of first residential treatment program admission? _____

42. # of times _____

43. Ever been hospitalized for substance abuse (not ER)? Y N (If no, skip to #46)

44. Age at first substance abuse hospitalization? _____

45. # of hospitalizations _____

46. Ever in substance abuse residential treatment program? Y N (If no, skip to #52)

47. Age of first residential treatment program admission? _____

48. # of times _____

49. Residence events over the past 90 days [Check all that apply]:

<input type="checkbox"/> Moved (not due to incarceration or treatment setting)	<input type="checkbox"/> Became homeless	<input type="checkbox"/> Evicted or told to leave residence
<input type="checkbox"/> Kicked out of/turned away from home/residence	<input type="checkbox"/> Obtained housing (from homeless state)	<input type="checkbox"/> Ran away from home/residence
<input type="checkbox"/> None/no changes	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Went into or out of treatment/incarceration/group setting [Describe events/date of changes]:		

Current Daily Living Skills

50. Skills used over the past 30 days [Check all that apply]:

<input type="checkbox"/> Did own laundry most of the time	<input type="checkbox"/> Paid own bills most of the time
<input type="checkbox"/> Cooked for self most of the time	<input type="checkbox"/> Was able to get around the community as necessary (e.g., public transportation, drives, uses bicycle)
<input type="checkbox"/> Did own shopping for essentials (e.g., food, clothing) most of the time	<input type="checkbox"/> Took medications as prescribed or as instructed on medication container
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Don't know
<input type="checkbox"/> None	

Mental Health History and Status

51. Current diagnoses [Not obtained from youth/family. Enter all that apply]:

52. Age when mental health condition started: [suggested wording for interview format: How old were you when you began having difficulties or were first told you had a mental health condition?]: _____ Don't know

53. Age when help first obtained for mental health condition: [suggested wording for interview format: How old were you when help for your condition was first obtained?]: _____ Don't know

54. What was your mental health condition like when you were first having difficulties? [from the youth's perspective]:

55. What is your mental health condition like now? [from the youth's perspective]:

[From the youth's perspective]:

56. During the past 90 days, to what extent have **mental health conditions** interfered with:

	Not at all	Some	A lot	Completely
Going to school or working	0	1	2	3
Relationships with family, friends, loved ones	0	1	2	3
Ability to live in home-type setting	0	1	2	3

57. Mental health events over the past 90 days [Check all that apply]:

Event	
<input type="checkbox"/> Symptoms subsided noticeably and functioning better in home, school, and community	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Symptoms increased noticeably and functioning worse in home, school, and community	<input type="checkbox"/> Change in medication
<input type="checkbox"/> Began new mental health treatment (or involvement with a new therapist)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> None	

Substance Abuse/Dependence History and Status

58. Current alcohol or drug use problems [Enter all that apply]:

59. Alcohol or drug abuse/dependence? [Suggested wording for interview format: Have you ever had an alcohol or drug use problem?] [Self-identified as interfering with life] Y N (If no, skip to #66)

60. Age when this began? _____ Don't know

61. Age when help first obtained: [suggested wording for interview format: How old were you when you first got help for drug or alcohol use problems – this includes counseling, AA/NA, rehab and the like?] _____ Don't know

62. What were the alcohol or drug use problems that developed [from the youth's perspective]:

[From the youth's perspective]:

63. During the past 90 days, to what extent has **alcohol or drug use** interfered with:

	Not at all	Some	A lot	Completely
Going to school or working	0	1	2	3
Relationships with family, friends, loved ones	0	1	2	3
Ability to live in home-type setting	0	1	2	3

Medical Health History and Status

64. Current Medical Health conditions [Enter all that apply]:

[From the youth's perspective]:

65. During the past 90 days, to what extent have any **medical conditions** (e.g., illnesses, accidents, surgeries, physical disabilities) interfered with:

	Not at all	Some	A lot	Completely
Going to school or working	0	1	2	3
Relationships with family, friends, loved ones	0	1	2	3
Ability to live in home-type setting	0	1	2	3

66. Medical Health Events [Check all that apply for each time period]:

Past 90 days	Before past 90 days	Event
___	___	Traumatic brain injury
___	___	Life-threatening or chronic health condition
___	___	Serious medical health condition gone into remission/cured
___	___	Pregnancy
___	___	None
___	___	Don't know

Public Agency Involvement History

67. For each state/public agency, check Y=Yes, N=No, or DK=Don't know within the spaces provided for each time period. Include the age when that involvement first began for each agency.

Agency	Past 90 days			Before past 90 days			Agency	Past 90 days			Before Past 90 days		
	Y	N	DK	Y	N	DK		Y	N	DK	Y	N	DK
Child Welfare (child protective or foster care services) Age of first involvement: ___							Juvenile Justice (e.g., detention, community monitoring) Age of first involvement: ___						
Special Education (IEP or 504 plan) Age of first involvement: ___							Public Mental Health services Age of first involvement: ___						
Developmental Disabilities Services Age of first involvement: ___							Public Vocational Rehabilitation Services Age of first involvement: ___						
Adult Corrections (adult court, probation, jail/prison, probation) Age of first involvement: ___							Public Substance Abuse Services Age of first involvement: ___						
Public Assistance Age of first involvement: ___							Other (describe): Age of first involvement: ___						

SUPPORTS AND SERVICES UTILIZATION

Health Care Coverage

68. Indicate all current health care coverage:

Mental Health Care	Substance Abuse Care	Medical Health Care
___ Private insurance	___ Private insurance	___ Private insurance
___ Medicaid	___ Medicaid	___ Medicaid
___ Don't know	___ Don't know	___ Don't know
___ Other (describe)	___ Other (describe)	___ Other (describe)
___ None	___ None	___ None

Medical, Mental Health and Substance Abuse Services

MENTAL HEALTH SERVICE

69. Received mental health service in the past 90 days (e.g., visit with psychiatrist, psychotropic medication consult, stress or anger management classes, emergency room visits, counseling, therapy, or guidance with an individual counselor, with others in group counseling, with family or partners for relationship or other problems or any service along those lines.) Y N Don't know **(If no, skip to #72)**

70. Describe who provided it, what was it for, what agency, etc. [*Should be able to derive the agency providing the care from this information*]: _____

71. Rate how helpful the overall mental health service system was: 0=Not at all 1=Some 2=A lot 3=Completely
99=Don't know

Rating: _____

Rated by: Youth Transition specialist Other (describe): _____

72. Describe any wanted/needed mental health care that was not received: N/A None

SUBSTANCE ABUSE SERVICE

73. Received counseling, or therapy for drug or alcohol use in the past 90 days (with an individual counselor, with others in group counseling, at an AA meeting or any service along those lines.)
 Y N Don't know **(if no, skip to #76)**

74. Describe who provided it, what was it for, what agency, etc. [*Should be able to derive the agency providing the care from this information*]: _____

75. Rate how helpful the overall substance abuse service system was: 0=Not at all 1=Some 2=A lot 3=Completely
99=Don't know

Rating: _____

Rated by: Youth Transition specialist Other (describe) _____

76. Describe any wanted/needed substance abuse care that was not received: N/A None

MEDICAL CARE

77. Received medical care (that is, physical health) in the past 90 days (e.g., a doctor's visit, a checkup, physical therapy or any service along those lines.) Y N Don't know (if no, skip to #80)

78. Describe who provided it, what was it for, what agency, etc. [Should be able to derive the agency providing the care from this information]: _____

79. Rate how helpful the overall medical care service system was: 0=Not at all 1=Some 2=A lot 3=Completely 99=Don't know

Rating: _____

Rated by: Youth Transition specialist Other (describe) _____

80. Describe any wanted/needed Medical health care that was not received: N/A None

ADDITIONAL SUPPORTS OR SERVICES

81. Indicate any additional services or supports received during past 90 days that were not described above [Check all that apply]: No additional help reported (skip to #82) Don't know (skip to #82) None (skip to #82)

For all the following services indicate who rated the helpfulness of services

Youth Transition specialist Other (describe) _____

Help With:	Helpfulness of service (check one): 0=Not at all 1=Some 2=A lot 3=Completely 99=Don't know				
	0	1	2	3	99
Jobs or career e.g., getting/keeping a job, thinking about desired future job					
Planning for future					
Schooling e.g., staying in school, finding another school, getting a GED					
Getting own place to live e.g., finding an apartment, getting roommates					
Learning how to live on his/her own e.g., cooking, laundry, paying bills					
Relationships e.g., communicating well, controlling anger, finding friends or people to talk to and do things with, getting along with family					
Finding or doing fun activities e.g., joining a basketball league, taking art classes					
Learning to raise children, or finding child care?					
Transportation e.g., getting a car, using the bus/subway system					
Legal problems					
Entitlements or public assistance e.g., getting SSI or Medicaid, or unemployment					
Other (describe):					
Other (describe):					
Other (describe):					

82. Is there someone who helps with most of these types of problems (i.e., someone who helps figure out how to solve problems, who helps to think about the future and what is needed to achieve goals)?

Y N Don't know (If no or Don't Know, END)

83. Who is that person? (name, where they work (if applicable)): _____