

**CHILD AND ADOLESCENT DISCHARGE FORM –
CHILD/ADOLESCENT/CAREGIVER NOT PARTICIPATING
(6-17 years)**

OUTCOMES MEASUREMENT SYSTEM (OMS)

[Version 3; December 13, 2014]

This form is to be used upon discharge when the child/adolescent/caregiver is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed.

Please complete the following OMS form based on your most recent knowledge of the child/adolescent's situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

An asterisk (*) denotes a question that is mandatory for submission

Child/Adolescent Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

***Date Form Completed:** _____/_____/_____
 MM DD YYYY

LIVING SITUATION

1. Where is the child/adolescent living now? (see OMS Interview Guide for more specific definitions)

- Independent (Private Residence, Boarding House/Rooming House)
- Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
- Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital, Jail/Correctional Facility/Detention Center)
- Homeless (Homeless or Emergency Shelter)
- Other (specify) _____

2. Was the child/adolescent homeless at all in the past six months? (see OMS Interview Guide for definition of "homeless")

- No
- Yes

SCHOOL PERFORMANCE

3. Does the child/adolescent attend school when it is in session, including home schooling?

- No
- Yes

4. In the past six months has the child/adolescent had problems with school attendance?

- No (skip to #6)
- Yes (continue to #5)

5. In the past six months would you say the child/adolescent's problems with school attendance have increased, stayed the same, or decreased?

- Increased
- Stayed the same
- Decreased

6. In the past six months has the child/adolescent been suspended from school? This includes in- and out-of-school suspensions.

- No
- Yes

7. In the past six months has the child/adolescent been expelled from school?

- No
- Yes

SOMATIC HEALTH

8. Does the child/adolescent smoke cigarettes?

- No
- Yes

LEGAL SYSTEM INVOLVEMENT

9. In the past six months has the child/adolescent been arrested?

- No
- Yes