

**Stabilization Services**

**30-day follow-up**

**3/2/23**

**Youth name:** Click or tap here to enter text.

**Youth ID:** Click or tap here to enter text.

**Youth date of birth:** Click or tap to enter a date.

**Agency providing Stabilization Services:** Click or tap here to enter text.

**Date follow-up completed:** Click or tap to enter a date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not applicable** |
| 1. I was able to connect with Stabilization Services at a time that was easy and convenient for me. |[ ] [ ] [ ] [ ] [ ]
| 2. The Stabilization Services staff responded in a way that was appropriate to my gender, language, cultural and spiritual needs. |[ ] [ ] [ ] [ ] [ ]
| 3. Stabilization Services worked with me in a way to create plans for support and stability. |[ ] [ ] [ ] [ ] [ ]
| 4. Overall, I feel hopeful that the plans will meet my family needs. |[ ] [ ] [ ] [ ] [ ]
| 5. I am satisfied about the Stabilization Services we received. |[ ] [ ] [ ] [ ] [ ]
| 6. I would recommend Stabilization Services to other families with a similar need. |[ ] [ ] [ ] [ ] [ ]

7. What is the living arrangement of the youth for which you sought Stabilization Services?

[ ]  Both biological parents

[ ]  Biological mother

[ ]  Biological father

[ ]  Other relatives

[ ]  Legal guardian who is not a relative

[ ]  Foster parents

[ ]  Other (please specify: Click or tap here to enter text.)

8. Has the youth had any out-of-home placements since you completed Stabilization Services?

[ ]  No

[ ]  Yes

9. Other than out-of-home placements, is the youth’s living situation different from when you called Stabilization Services?

[ ]  No

[ ]  Yes: why has the living arrangement changed? Click or tap here to enter text.

10. Have you needed to go to an Emergency Department for your child’s behavioral or mental health since your family finished Stabilization Services?

[ ]  No

[ ]  Yes

11. Have you or your child had any interactions with law enforcement regarding your child’s behavior since your family finished Stabilization Services?

[ ]  No

[ ]  Yes

12. Has your family received mental health services for which you were referred?

[ ]  No (why not? Click or tap here to enter text.)

[ ]  Yes

[ ]  Not applicable

13. Has your family received other services or supports for which you were referred, such as cultural, religious, or other community organizations?

[ ]  No (why not? Click or tap here to enter text.)

[ ]  Yes

[ ]  Not applicable

14. Name of Stabilization Services provider you worked with (optional): Click or tap here to enter text.

15. Any feedback you’d like to provide us? Click or tap here to enter text.