

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

**OUTCOMES MEASUREMENT SYSTEM (OMS)**

*[Version 2; September 2009]*

*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)*

**Previous OMS interview date:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
  MM    DD    YYYY

**Date Form Completed:\***    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
  MM    DD    YYYY

**LIVING SITUATION**

**1. Where is the child/adolescent living now?** (see OMS Interview Guide for definitions of each option)

- Private residence
- Boarding/rooming house (no supervision provided)
- Residential Rehabilitation Program (RRP), Group Home/TGH
- Halfway House
- School or Dormitory
- Foster Home
- Assisted living
- Skilled nursing facility
- Residential Treatment Center (RTC) for Children and Adolescents
- Hospital (inpatient psychiatric including State Hospital)
- Crisis Residence (Residential Crisis Services)
- Homeless or Emergency Shelter
- Jail/Correctional facility/Detention center
- Other (specify) \_\_\_\_\_

**2. Was the child/adolescent homeless since the last OMS interview date?** (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 (continue to #4)
- Yes (skip to #5)

**4. If the child/adolescent is not in school, what is the reason?**

- Completed school/obtained GED
- Dropped Out
- Expelled
- Other (please specify: \_\_\_\_\_)

**5. Since the last OMS interview date has the child/adolescent had problems with school attendance?**

- No (skip to #7)
- Yes (continue to #6)

**6. Since the last OMS interview date have the child/adolescent's problems with school attendance increased, stayed the same, or decreased?**

- Increased
- Stayed the same
- Decreased

**7. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. Since the last OMS interview date has the child/adolescent had...**

- No suspensions
- Increased suspensions
- The same number of suspensions
- Decreased suspensions

**8. Since the last OMS interview date has the child/adolescent been expelled from school?**

- No
- Yes

#### LEGAL SYSTEM INVOLVEMENT

**9. Since the last OMS interview date has the child/adolescent been arrested?**

- No
- Yes

**10. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMS interview date has the child/adolescent had...**

- No negative encounters with police
- Increased negative encounters
- The same amount of negative encounters
- Decreased negative encounters

#### SOMATIC HEALTH

**11. Does the child/adolescent smoke cigarettes?**

- No
- Yes

#### DEMOGRAPHIC INFORMATION

**12. How long has the child/adolescent been receiving services from this clinic?\***

- Intake
- Less than one year
- One year to three years
- Greater than three years