



Assessment Review Instructions:

After concluding your Assessment Review, please choose one of the following:

- Family will continue with HCP Care Coordination → if yes, complete the Follow-up survey

- Family will be inactivated → if yes, complete the Exit survey

- Family lost to follow-up. Family will be inactivated → if yes, proceed to Inactivation.



HCP Follow-up Survey

1a. Do you have a place where you regularly take your [child/youth] for health care? [*Talking point: a place other than the hospital emergency room or urgent care*]

- Yes
- No
- Don't Know/Not Sure
- Refused

1b. Do you have a place where you regularly take your [child/youth] for dental care?

- Yes
- No
- Don't Know/Not Sure
- Refused

2a. During the past 6 months, has [child/youth] gone to a hospital emergency room?

- Yes
- No
- Don't Know/Not Sure
- Refused

b. If yes, how many times in the past 6 months? # _____

c. How many times was [he/she] admitted to the hospital? # _____

3. Does [child/youth] currently have any public or private health insurance?

- Yes
- No
- Don't Know/Not Sure
- Refused

4. Does [child/youth]'s health insurance pay for all of the health services [he/she] needs?

- Yes
- No
- Don't Know/Not Sure
- Refused

5. Is the current amount of HCP Care Coordination [child/youth] is receiving enough to meet most or all of your family's needs?

- Yes
- No
- Don't Know/Not Sure
- Refused



6. Has any care provider talked with you and [your youth] about [his/her] needs as [he/she] becomes an adult? (ages 14-21 only)

- Yes
- No
- Don't Know/Not Sure
- Refused
- N/A (child is not of qualifying age)

7. Has anyone discussed with you and [your youth] how to obtain or keep some type of health insurance coverage as [he/she] becomes an adult? (ages 14-21 only)

- Yes
- No
- Don't Know/Not Sure
- Refused
- N/A (child is not of qualifying age)

8. During the past 6 months, about how many days did you or other household members, miss work because of your child/youth's special needs?

- # _____
- Don't Know/Not Sure
 - Refused



HCP Exit Survey

1a. Do you have a place where you regularly take your [child/youth] for health care? [*Talking point: a place other than the hospital emergency room or urgent care*]

- Yes
- No
- Don't Know/Not Sure
- Refused

1b. Do you have a place where you regularly take your [child/youth] for dental care?

- Yes
- No
- Don't Know/Not Sure
- Refused

2. If your [child/youth] needed to see a specialist or medical provider, was seeing a provider a problem for any reason?

- Yes
- No
- Don't Know/Not Sure
- Refused

3. In your opinion, how is the overall communication and working relationships between all of the people who provide medical care and services to your child/youth?

- Excellent
- Good
- Fair
- Poor
- Don't Know/Not Sure
- Refused

4. In your opinion, are you included in decisions made about [child/youth]'s health care?

- Always
- Sometimes
- Never
- Don't Know/Not Sure
- Refused

5a. During the past 6 months, has [child/youth] gone to a hospital emergency room?

- Yes
- No
- Don't Know/Not Sure
- Refused

b. If yes, how many times in the past 6 months? # _____

c. How many times was [he/she] admitted to the hospital? # _____



6. Does [child/youth] currently have any public or private health insurance?

- Yes
- No
- Don't Know/Not Sure
- Refused

7. Does [child/youth]'s health insurance pay for all of the health services [he/she] needs?

- Yes
- No
- Don't Know/Not Sure
- Refused

8. Was the amount of HCP Care Coordination [child/youth] was receiving enough to meet most or all of your families needs?

- Yes
- No
- Don't Know/Not Sure
- Refused

9. Has any care provider talked with you and [your youth] about [his/her] needs as [he/she] becomes an adult? (ages 14-21 only)

- Yes
- No
- Don't Know/Not Sure
- Refused
- N/A (child is not of qualifying age)

10. Has anyone discussed with you and [your youth] how to obtain or keep some type of health insurance coverage as [he/she] becomes an adult? (ages 14-21 only)

- Yes
- No
- Don't Know/Not Sure
- Refused
- N/A (child is not of qualifying age)

11. During the past 6 months, about how many days did you or other household members, miss work because of your child/youth's special needs?

- # _____
- Don't Know/Not Sure
 - Refused