

Vermont Department of Mental Health (DMH) Parent/Guardian Out-of-home Placement Survey

1 - PROVIDER INFORMATION

What is the name of the agency that supports your child's out-of-home placement?

- Clara Martin Center
- Counseling Service of Addison County
- Health Care and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northeast Kingdom Human Services
- Northeastern Family Institute
- Northwestern Counseling and Support Services
- Pathways Vermont
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health Services
- Other

Individual Completing Survey

Last Name: *

First Name: *

Street or PO Box: *

City: *

State: *

Zip Code: *

Phone: *

Email:

Relationship to Child

- Parent
- Legal Guardian
- Other (Please specify)

Comment:

2.1 *

Have you ever visited or taken a tour of the residence where your child lives?

- Yes
- No

2.2 *

Is the place where your child lives in a building or on the grounds of a hospital or nursing facility?

- Yes
- No
- D/K

2.3 *

Is the place where your child lives one of multiple locations that the provider agency owns or operates on the same street? (Please answer “no” if the home is a duplex or apartment type building and there are no other owned or operated by the provider on the street.)

- Yes
- No
- D/K

3.1 *

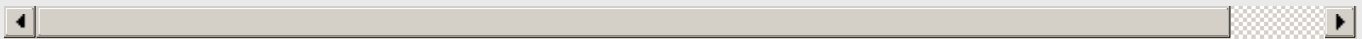
Does the residence where your child lives provide options for them to go into the community, for example visit friends, go shopping or to a movie?

- Yes
- No
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



3.2 *

In the past month, has your child told you about doing things like shopping, attending church, eating out or going to concerts, parades, movies or fairs?

- Yes
- No
- D/K
- No contact in the last month

3.3 *

Is your child old enough to have a paid job?

- Yes
- No
- D/K

3.4 *

Has your child been offered supports and services to find a paid job?

- Yes
- No
- D/K

3.5 *

Does your child have a paid job?

- Yes
- No
- D/K

3.6 *

Is your child old enough to volunteer in the community?

- Yes
- No
- D/K

3.7 *

Has your child been offered supports and services to find a volunteer opportunity?

- Yes
- No
- D/K

3.8 *

Is your child volunteering somewhere?

- Yes
- No
- D/K

3.9

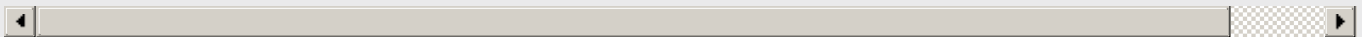
As appropriate based on your child's age and treatment plan, is your child allowed to go anywhere they want inside the house or in the yard where they live?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain



3.10

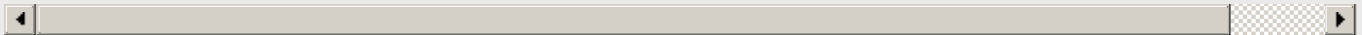
As appropriate based on your child's age and treatment plan, is your child allowed to have visitors anytime?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



3.11

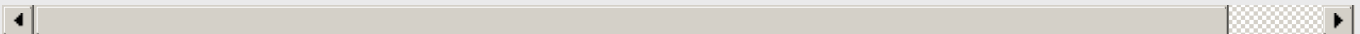
Do you have a choice in what services and supports your child receives?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



3.12

Do you have a choice in who provides services and supports for your child?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:

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4 - PRIVACY, DIGNITY & RESPECT

4.1 *

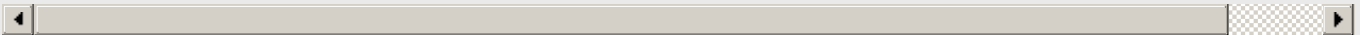
As appropriate based on your child's age and treatment plan, are they allowed to have privacy in their living space? For example, can they go to their room or have a conversation with a friend in private?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



4.2 *

Do the staff members who support you and your child treat you with respect?

- Yes
- No
- D/K
- N/A

4.3 *


Does your child have a safe place to store their personal belongings where they live?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:

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5 - INDIVIDUAL INITIATIVE, AUTONOMY & INDEPENDENCE

5.1 *

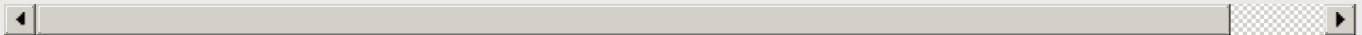
As appropriate based on your child's age and treatment plan, does your child have the opportunity to choose with whom to do activities, both at home and in the community?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



5.2 *

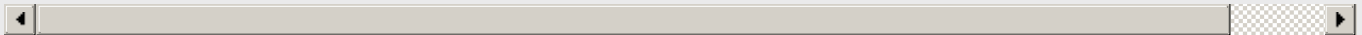
As appropriate based on your child's age and treatment plan, are they allowed to have meals or snacks where and when they like?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



5.3 *

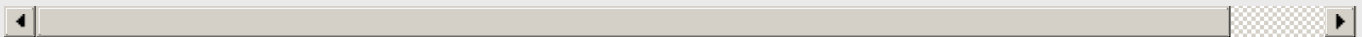
As appropriate based on your child's age and treatment plan, can they ask for something else if they don't like what's for breakfast, lunch or dinner?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:

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5.4

Does your child live in a group home setting or with multiple roommates who are also getting mental health treatment services?

- Yes
- No

5.5 *

Is the dining area in the group home or residence set up in a way that makes it easy for children and youth to sit and talk with others during meal or break times?

- Yes
- No
- D/K
- N/A

6 - RESIDENT RIGHTS

6.1 *

Did you help choose the out-of-home placement where your child lives?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.2 *

Did you choose which agency to work with?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.3 *

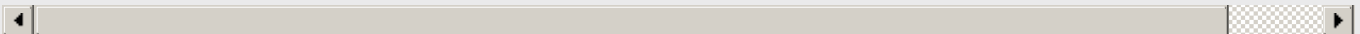
Did you visit other places before choosing where your child lives now?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.4 *

Do you have a written agreement that explains your child's rights living in their current out-of-home placement?

- Yes
- No
- D/K
- N/A

6.5 *

Do you know your rights if the placement unexpectedly asks your child to leave?

- Yes
- No
- D/K
- N/A

6.6 *

If your child has a roommate, did you get to choose or approve that roommate?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.7 *

Do you know how to request a new roommate, if you or your child wanted to make a change?

- Yes
- No
- D/K
- N/A

6.8 *

Do you know who to talk to if you want to move your child to another placement?

- Yes
- No
- D/K
- N/A

6.9 *

Are you comfortable with the privacy that your child has where they live?

- Yes
- No
- D/K
- N/A

6.10 *

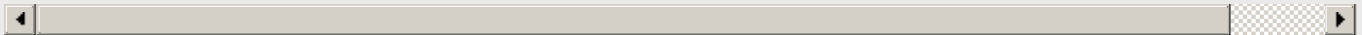
As appropriate based on your child's age and treatment plan, can they close and lock their bedroom door?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.11 *

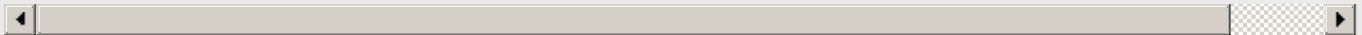
As appropriate based on your child's age and treatment plan, can they close and lock their bathroom door?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.12 *

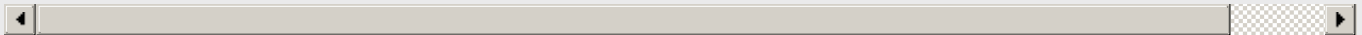
Did you and/or your child have the option to decorate their room in the out-of-home placement?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:



6.13 *

As appropriate based on your child's age and treatment plan, do they have full access to common areas, such as the kitchen dining area, laundry and shared living areas?

- Yes
- No
- D/K
- N/A

Is this due to:

- Your child's age
- Your child's person-centered plan
- A court order
- The rules of the place your child is living
- Other

Please explain:

