

SERVICES RECEIVED COLUMN 'A' RESPONSES	NUMBER OF SESSIONS COLUMN 'B' RESPONSES	WHERE AND BY WHOM COLUMN 'C' RESPONSE
1 = Yes	0 = No sessions	1 = On-site by PPW project staff
0 = No	1 = Once	2 = On-site by another agency
-1 = N/A	2 = Every few months	3 = Off-site by PPW project staff
-8 = Don't know	3 = Monthly	4 = Off-site by another agency
	4 = 2-3 x/month	5 = On-site by PPW parent organization staff
	5 = Weekly	6 = Off-site by PPW parent organization staff
	6 = 2-6 x/week	-1 = N/A
	7 = Daily	
	-1 = N/A	

SERVICE/TREATMENT ACTIVITY (continued)

	A Services Received	B Sessions	C Where and by Whom
6. Laboratory Testing (urinalysis, complete blood count, electrolytes, HIV/AIDS and STDs).....	<input type="checkbox"/> WD_STA06_A	<input type="checkbox"/> WD_STA06_B	<input type="checkbox"/> WD_STA06_C
7. Education, Screening, Counseling, and Treatment of Hepatitis, HIV/AIDS, other STDs.....	<input type="checkbox"/> WD_STA07_A	<input type="checkbox"/> WD_STA07_B	<input type="checkbox"/> WD_STA07_C
8. Vision Screening (used standard eye charts)	<input type="checkbox"/> WD_STA09_A	<input type="checkbox"/> WD_STA09_B	<input type="checkbox"/> WD_STA09_C
9. Speech and Hearing Assessment.....	<input type="checkbox"/> WD_STA10_A	<input type="checkbox"/> WD_STA10_B	<input type="checkbox"/> WD_STA10_C
10. Dental Assessment (done by dentist).....	<input type="checkbox"/> WD_STA11_A	<input type="checkbox"/> WD_STA11_B	<input type="checkbox"/> WD_STA11_C
11. Nutritional Assessment (done by registered dietitian)	<input type="checkbox"/> WD_STA12_A	<input type="checkbox"/> WD_STA12_B	<input type="checkbox"/> WD_STA12_C
12. Medical Diagnosing and Follow-up Treatment.....	<input type="checkbox"/> WD_STA13_A	<input type="checkbox"/> WD_STA13_B	<input type="checkbox"/> WD_STA13_C
13. Prenatal Health Care.....	<input type="checkbox"/> WD_STA14_A	<input type="checkbox"/> WD_STA14_B	<input type="checkbox"/> WD_STA14_C
14. Postpartum Health Care.....	<input type="checkbox"/> WD_STA14_A	<input type="checkbox"/> WD_STA14_B	<input type="checkbox"/> WD_STA14_C
15. Mental Health Assessment	<input type="checkbox"/> WD_STA15_A	<input type="checkbox"/> WD_STA15_B	<input type="checkbox"/> WD_STA15_C
16. Mental Health Treatment.....	<input type="checkbox"/> WD_STA16_A	<input type="checkbox"/> WD_STA16_B	<input type="checkbox"/> WD_STA16_C
17. Trauma-informed services, including assessment and interventions for:			
a. Emotional abuse	<input type="checkbox"/> WD_STA17_ EMOTIONAL_A	<input type="checkbox"/> WD_STA17_ EMOTIONAL_B	<input type="checkbox"/> WD_STA17_ EMOTIONAL_C
b. Sexual abuse.....	<input type="checkbox"/> WD_STA17_ SEXUAL_A	<input type="checkbox"/> WD_STA17_ SEXUAL_B	<input type="checkbox"/> WD_STA17_ SEXUAL_C
c. Physical abuse.....	<input type="checkbox"/> WD_STA17_ PHYSICAL_A	<input type="checkbox"/> WD_STA17_ PHYSICAL_B	<input type="checkbox"/> WD_STA17_ PHYSICAL_C
18. Recreational Activity (field trips, movies, team sports, cultural experiences, picnics).....	<input type="checkbox"/> WD_STA18_A	<input type="checkbox"/> WD_STA18_B	<input type="checkbox"/> WD_STA18_C
19. Spiritual Activity (meditational activities, attendance at services, watching video tapes, listening to tapes, etc.).....	<input type="checkbox"/> WD_STA19_A	<input type="checkbox"/> WD_STA19_B	<input type="checkbox"/> WD_STA19_C

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SERVICE/TREATMENT ACTIVITY (continued)

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20. Employment Readiness, Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA20_A	WD_STA20_B	WD_STA20_C
21. Employment Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA21_A	WD_STA21_B	WD_STA21_C
22. Permanent Housing Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA22_A	WD_STA22_B	WD_STA22_C
23. Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA23_A	WD_STA23_B	WD_STA23_C
24. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA24_A	WD_STA24_B	WD_STA24_C
25. Mother-Child Parenting/Bonding Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA25_A	WD_STA25_B	WD_STA25_C
26. Mother/Child Counseling/Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA26_A	WD_STA26_B	WD_STA26_C
27. Individual Psychiatric Therapy (based on psychiatric diagnosis).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA27_A	WD_STA27_B	WD_STA27_C
28. Group Psychiatric Therapy (based on psychiatric diagnosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA28_A	WD_STA28_B	WD_STA28_C
29. Individual Substance Abuse Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA29_A	WD_STA29_B	WD_STA29_C
30. Group Substance Abuse Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA30_A	WD_STA30_B	WD_STA30_C
31. Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA31_A	WD_STA31_B	WD_STA31_C
32. Educational Services (for GED and other educational needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA32_A	WD_STA32_B	WD_STA32_C
33. Discharge Planning (including community reintegration).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA33_A	WD_STA33_B	WD_STA33_C
34. Planned or Arranged Post Residential Treatment Continuing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA34_A	WD_STA34_B	WD_STA34_C
35. Established Socio-economic Support at State and Federal Level (if eligible).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WD_STA35_A	WD_STA35_B	WD_STA35_C

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