

# Questionnaire for State Reporting Purposes

*Waukesha County Department of Health and Human Services is required to collect the following patient information for the Program Participation System (PPS) and Civil Rights Reporting.*

| PATIENT INFORMATION |       |     |
|---------------------|-------|-----|
| LAST NAME           | FIRST | DOB |
|                     |       |     |

**Please check appropriate box:**

Ethnicity: Hispanic or Latino?       Yes       No       Unknown

Race:     American Indian or Alaskan Native       Asian       Unknown

Black or African American       White

Native Hawaiian or Other Pacific Islander       Two or More Races

Education: (Enter Two Digit Number Of Years)

1-11 Highest Grade Completed \_\_\_\_\_       16 Bachelor's Degree

12 High School Diploma or GED       18 Advanced Degree (Master's, Ph.D.)

14 Some College or Vocational/Technical School; Assoc. Degree, or Voc. Tech Degree

Primary Language: \_\_\_\_\_

Were you referred to our facility?     Yes     No    If yes, who referred you?

Family, Friend, or Guardian

AODA Program/Provider

Inpatient Hospital or residential facility

Corrections, probation, parole

Other court, criminal or juvenile justice system

County social services

Law enforcement, police

Other: \_\_\_\_\_

We are committed to meeting the requirements of persons with disabilities.

I am disabled and would need support.     I am a disabled person and would like to discuss the support available.

What is your employment status?

Full time (32 or more hours a week)

Unemployed

Part time (16-32 hours a week)

Supportive competitive employment

Part time (1-15 hours a week)

Not in the labor force. Circle the appropriate reason:

Not applicable – Children 15 and under

Homemaker

Student

Retired

Disabled

Jail/Correctional/Institutional

Other

What are your living arrangements?

Private residence or household; living alone or with others without supervision; includes person age 18 and older

Foster home

Child under age 18 living with biological or adoptive parents

Jail or correctional facility

Child under age 18 living with relatives, friends

Supervised licensed residential facility

Crisis stabilization home/center

Supported Residence (ADULTS ONLY)

Institutional setting, hospital, nursing home

Street, shelter, no fixed address, homeless

Other living arrangement