

All questions should be formatted to include a free text box for comments.

SKY Assessment

General Information

Q1	Date of Commitment or Adoption
	Date (MM/DD/YYYY)
Into: (Select One)	
	Foster Care
	DJJ
	Subsidized Adoption
	Dual Commitment

Q2	Person Completing SKY Assessment (Select One)
	Parent
	Other Legal Guardian (including DCBS/Social Service Worker)
	Foster Parent
	Other Caregiver
	Institutional Staff
	Declined to Answer
	Other

Q3	What is the primary language spoken by enrollee? (Select One)
	English
	Spanish
	Arabic
	Bosnian
	Burmese
	Cambodian
	Chinese
	French
	German
	Russian
	Sign Language
	Somali
	Sudanese
	Vietnamese
	Other (Please Specify)
	Declined to answer
	Unknown

Q4	Who is the primary caregiver? (Select One)
	Mother and/or Father
	Grandparent
	Foster family

	Legal Guardian
	Other relative
	Fictive Kin
	Facility Staff/Care Team
	Other

Q5	If enrollee is in foster care, do you know what the permanency plan is for the enrollee?
	Reunification
	Adoption
	Other
	Don't know
	Declined to Answer

Q6	What is going well with enrollee?
	Free Text

Q7	What are the enrollee's strengths?
	Free Text

Q8	What does the enrollee like to do for fun?
	Free Text

Q9	What is the enrollee's most common coping strategies?
	Free Text

Q10	ADLs/IADLs Requiring Assistance
	Grooming
	Bathing
	Dressing
	Toileting
	Bowel or Bladder Control
	Eating
	Taking Medications
	Meal Preparation
	Housekeeping
	Laundry
	Shopping
	Using Telephone
	Managing Money
	Transportation
	Lifting, or Carrying Objects as heavy as 10 pounds such as laundry, groceries, etc.
	Walking
	Climbing Stairs
	Enrollee does not need assistance
	Declined to Answer

	Other
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Q11	Vision Problems
	Wears Glasses/contacts
	Legally blind
	Assistance Needed with Vision Problems
	No vision problems
	Declined to answer
	other
	Unknown

Q12	Hearing Problems
	Partial Hearing Loss
	Deaf
	Assistive Devices Used (Please specify in COMMENTS box below)
	TTY Used
	Assistance Needed with Hearing Problems
	No Hearing Problems
	Declined to Answer
	Other
	Unknown

Q13	What is the enrollee's placement type? (Select One)
	DCBS foster home
	Private agency foster home
	Parent's home
	Relative's home
	Fictive kin home
	DCBS contracted residential facility
	DJJ group home
	PRTF
	Hospital
	Skilled Nursing Facility
	SCL
	Other

Behavioral Health

Q14	Which of these Behavioral/Mental Health Conditions is/are the enrollee's health concern(s)? (choose as many as applicable)
	ADHD/ADD
	Aggression
	Anxiety
	Autism Spectrum Disorder
	Bipolar Disorder
	Conduct Disorder
	Depression
	Drug Overdose

	Eating Disorder
	Intellectual Disability
	Intermittent Explosive Disorder
	Mood Disorder – Disruptive Mood Dysregulation disorder
	Oppositional Defiant Disorder
	Panic Disorder
	Post Traumatic Stress Disorder
	Psychotic Disorder
	Reactive Attachment Disorder
	Schizophrenia
	Substance Use Disorder
	Suicidal Ideation/Attempt
	Drug Overdose
	Fire-setting Behaviors
	Problematic Sexual Behavior
	None
	Other

Q15	ACES: Did a parent or other adult in the enrollee’s household often or very often swear at, insult, put down or humiliate the enrollee or act in a way that made him or her afraid that he or she might be hurt physically? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q16	ACES: Did a parent or other adult in the household often or very often push, grab, slap or throw something at the enrollee, ever hit the enrollee so hard that he or she had marks or was injured? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q17	ACES: Did an adult at least five years older than the enrollee ever touch or fondle him or her or have the enrollee touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with the enrollee? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q18	ACES: Did the enrollee often or very often feel that no one in their family loved them or thought they were important or special or the family didn’t look out for each other, feel close to each other or support each other? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain

	Declined to answer
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Q19	ACES: Did the enrollee feel or often feel that they didn't have enough to eat, had to wear dirty clothes and have no one to protect them OR were his or her parents too drunk or high to take care of him or her or take the enrollee to the doctor if it was needed? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q20	ACES: Was a biological parent ever lost to the enrollee through divorce, abandonment or other reason? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q21	ACES: Was the enrollee's parent or caregiver often or very often pushed, grabbed, slapped or had something thrown at them OR sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q22	ACES: Did the enrollee ever live with anyone who had an alcohol or other substance use disorder? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q23	ACES: Did anyone in the enrollee's household have depression or other mental illness or did a household enrollee attempt suicide? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q24	ACES: Was anyone in the household ever incarcerated in a prison? (Select One)
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q25	Is enrollee currently seeing a Behavioral/Mental Health Specialist? (Select One)
	Yes
	No
	Declined to Answer
	Unknown

Q26	Does the enrollee currently use any of the following?
	Street drugs
	Methadone
	Suboxone
	Alcohol
	Overuse of prescription drugs
	Smoke cigarettes
	Use other tobacco products
	Other
	NA
	Declined to answer
	Unknown

Q27	Does the enrollee have a history of using any of the following?
	Street drugs
	Methadone
	Suboxone
	Alcohol
	Overuse of prescription drugs
	Smoke cigarettes
	Use other tobacco products
	Other
	NA
	Declined to answer
	Unknown

Dental

Q28	Has enrollee received a dental exam in the last six months? (Select One)
	Yes
	No
	Declined to Answer
	Unknown

Q29	Has the enrollee received dental x-rays within the last year? (Select One)
	Yes
	No
	Declined to Answer
	Unknown

Q30	Does the enrollee need any additional dental procedures (i.e. cavities filled)? (Select One)
	Yes (Please specify in comments)
	No
	Declined to Answer
	Unknown
	Other
	Declined to answer

Medical

Q31	Has enrollee received a comprehensive well child exam with the last year (look into separate questions for younger ages?)
	Yes
	No (Please specify needs)
	Declined to Answer
	Unknown

Q32	Is the enrollee up to date on all immunizations?
	Yes
	No
	Don't know
	Declined to answer

Q33	Has the enrollee been diagnosed with any chronic medical conditions?
	Yes (Please list diagnoses and dates of diagnosis below in COMMENTS Box)
	No
	Unknown
	Declined to Answer
	Unknown

Q34	What worries you most about the enrollee's health?
	Text box
	No response

Q35	PCP information
	Patient has a PCP (Please specify in COMMENTS box)
	Patient Does Not Have a PCP and Needs Assistance in Obtaining One
	Patient Does Not have a have a PCP and guardian/caregiver denies need for assistance in obtaining one
	Not sure
	Declined to answer
	Other

Q36	Specialist Information
	Patient has one or more Specialists. (Specify names and specialties below.)
	Patient does not have a Specialist and needs assistance in obtaining one. (Indicate specialty below.)

	Patient does not have a Specialist and guardian/caregiver denies need for assistance in obtaining one.
	No sure
	Declined to answer
	Other

Q37	Barriers to Accessing Care
	Difficulty Contacting Provider
	Difficulty Getting Appointment timely
	Unavailable during office hours
	Difficulty getting an appointment with a behavioral health provider
	Hard to physically get in/out of the doctor's office
	Difficulty talking with or understanding the health care provider
	Lack of transportation to the appointments
	Difficulty affording medical expenses/copay
	Doesn't understand how enrollee's insurance works
	Difficulty Affording Costs Not covered by insurance
	Doesn't feel comfortable with/like/get along with provider
	No difficulty accessing care
	Other
	Declined to Answer

Q38	Has the caregiver had to miss work due to the enrollee's health or behavior?
	Yes
	No
	Unsure
	Declined to answer

Q39	Does the caregiver have emotional and other support from others?
	Yes
	No
	Unsure
	Declined to answer

Q40	Does the caregiver have an identified resource to assist with respite when needed?
	Yes
	No
	Unsure
	Declined to answer

Q41	Would the caregiver like more information on any specific topic to help them care for the enrollee?
	Yes
	No
	Unsure
	Declined to answer

Q42	Please list people/agencies/groups that are a source of support to the enrollee. Describe how often the enrollee sees or visits these supports and what the nature of the relationships are.
	Text box

Q43	Please list enrollee's currently prescribed and over the counter medications
	Text box

Q44	Does the enrollee get any screenings such as blood tests because of the medicine he or she is taking?
	Yes
	No
	Unsure
	Declined to answer

Q45	If yes, type and date of most recent screening.
	Date box

Q46	Has the enrollee had any surgeries?
	Yes (Please specify in comments)
	No
	Declined to answer
	Unknown
	Other

Q47	Has the enrollee been admitted to the Hospital in the past 6 months.
	Yes (Please List Dates and Reasons Below in COMMENTS Box)
	No
	Unknown
	Declined to Answer
	Unknown

Q 48	Has the enrollee visited the Emergency Department within the last six months?
	Yes (Please List Dates and Reasons Below in COMMENTS Box)
	No
	Unknown
	Declined to Answer
	Unknown

Education

Q49	Has the enrollee missed work or school, or had to limit daily activities because of the enrollee's health?
	Yes (Please describe in comments box)
	No
	Declined to Answer
	No

	Other
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Q50	Does the enrollee have any other problems with school attendance or tardiness?
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Enrollee is Not in School
	Declined to answer
	Unknown

Q51	Does the enrollee exhibit behavioral issues at school?
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Enrollee is not in School
	Declined to answer
	Unknown

Q52	Does the enrollee have an IEP?
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

Q53	What IEP services are being provided for the enrollee?
	text

Q54	Does the enrollee have a school 504 plan?
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to Answer

Developmental

Q55	Ages 3-5 only: Can the enrollee perform any of the following activities?
	Ride a tricycle
	Use safety scissors
	Notice differences between boys and girls
	Play with other ren
	All of these
	None of these
	Don't know
	Declined to answer

Q56	Ages 6 – only: Does the enrollee exhibit any of the following?
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	Shows some independence from adults in the home
	Pays increasing attention to friendships and teamwork
	Desires to be liked and accepted by friends
	All of these
	None of these
	Don't know
	Declined to answer

Q57	Ages 9-11 only: Does the enrollee exhibit any of the following?
	Has strong same-sex friendships
	Experiences peer pressure
	Has body image or eating problems
	All of these
	None of these
	Don't know
	Declined to answer

Q58	Ages 12-14 only: Does the enrollee exhibit any of the following?
	Focuses on himself/herself
	Experiences/exhibits moodiness
	Is sometimes rude, irritable or argumentative
	Has body image or eating problems
	Experiences/exhibits sadness or depression
	All of these
	None of these
	Don't know
	Declined to answer

Q59	Ages 15-17 only: Does the enrollee exhibit any of the following?
	Has interest in romantic relationships and healthy sexuality
	Shows increased independence
	Spends less time with family and more time with friends
	Experiences/exhibits sadness or depression
	All of these
	None of these
	Don't know
	Declined to answer

Benefits

Q60	Does the parent/caregiver know what benefits the enrollee has and how to use them?
	Yes (Please List Dates and Reasons Below in COMMENTS Box)
	No
	Declined to Answer
	Unknown

Q61	Does the enrollee have health care needs that are not a covered benefit? Please list needs and referrals, if indicated.
	Yes (Please Describe Below in the COMMENTS Box)
	No

Community Resources

Q62	Please select from the following any services that the enrollee or parent/relative currently receives or for which they require information.
	Cerebral Palsy Kids Center
	Mental Health Center
	First Steps
	Clothing assistance
	Food Pantries
	Heating Assistance
	Housing Assistance
	Interpreter Services
	Support Groups
	Section 8 Housing
	About Special Kids
	Food Stamp Program
	Temporary Cash Assistance
	Commission for ren with Special Needs
	Head Start
	Medical Day Care
	WIC
	None
	Other
	Declined to Answer

Q63	Is available assistance meeting your needs?
	Yes
	No, more assistance is needed (please specify in the Comments box)
	No, Assistance is Needed, but none is currently being received (please specify in the Comments Box)
	Declined to answer
	other

Transitional Planning

Q64	If enrollee is age 17 or older and in DCBS care, have you and/or the enrollee seen his or her transition plan to help prepare for independence?
	Enrollee only
	Responder only
	Enrollee and responder
	No
	Don't know
	Declined to answer

Q65	If enrollee is age 17 or older and in DCBS care, to your knowledge does the enrollee plan to remain in DCBS care at age 18?
	Yes
	No
	Don't know
	Declined to answer

Q66	If yes, what is the enrollee's plan for living arrangements?
	Remain in current foster home
	Transfer to a new foster home
	Independent living program
	Other
	Don't know
	Declined to Answer

Q67	If no, what is the enrollee's plan for living arrangements upon leaving DCBS care?
	Remain in current foster home
	Return to parent/relative/fictive kin
	Living in their own house or apartment
	Supported Community Living
	Other Supported Housing
	Other
	Don't know
	Declined to Answer

Q68	If enrollee is age 17 or older and in DCBS care, do you and/or the enrollee know how to maintain Medicaid benefits once the enrollee exits DCBS care?
	Yes
	No
	Don't know
	Declined to answer

Conclusion

Q69	Is there anything that was not addressed in this assessment about which you need information or with which you need assistance?
	Yes (please provide comments below)
	No
	Don't know
	Declined to answer