							- 3
6 a. Are the following 'mental health' services needed by the typical client in this program? Answer b and c for each 'Yes'		b. How often are your clients able to get this need met MARK (X) ONE BOX			c. Where is this service available MARK ALL THAT APPLY Here, Elsewhere		
(1) Mental health assessment	[] Yes [] No						
(2) Medication administration/monitoring	[]Yes [] No						
(3) Crisis intervention	[]Yes [] No						
(4) Outpatient therapy/counseling	[]Yes [] No						
(5) Inpatient treatment	[] Yes [] No						
		-					
		b. How often are your			c. Where is this service		
7 a. Are the following other services needed		clients able to get			available		
by the typical client in this program?		this need met			MARK ALL THAT APPLY		
Answer b and c for each 'Yes'		MARK (X) ONE BOX			Here,	Elsewhere	
		Usually	Some- times	1	at this address	in the community	Not at all
(1) Domestic violence counseling	[] Yes [] No						
(2) Legal assistance	[] Yes [] No						
(3) Veteran's special services	[]Yes						
(4) Other required services	[]Yes						
Specify:		ECOCOSCOSCOSCOSCO	*************		•		roceasta ann an t-