

Questionnaire: Opioid Health Homes (OHH)

Employment

1. *Is the client currently without employment?*

(Please select one.)

- Yes
- No

2. *Select the member's current vocational/employment status:*

(Please select one.)

- | | | |
|---|---|--|
| <input type="radio"/> Clubhouse Transitional Employment | <input type="radio"/> Competitively employed full-time (32 or more hours per week) | <input type="radio"/> Competitively employed part-time (Less than 32 hours per week) |
| <input type="radio"/> Not employed - looking for work | <input type="radio"/> Not employed - not looking for work | <input type="radio"/> Self-employed |
| <input type="radio"/> Stay-at-home parent of a child under the age of 18 | <input type="radio"/> Student | <input type="radio"/> Volunteer on a regular basis (in the last 30 days) |
| <input type="radio"/> Working with supports full-time (32 or more hours per week) | <input type="radio"/> Working with supports part-time (Less than 32 hours per week) | |

3. *Employer:*

4. *Employer Type:*

(Please select one.)

- Community Rehabilitation Provider (CRP)
 - Non-Provider Business
 - Self Employed
 - Temp Agency (Non-Provider)
 - Not currently employed
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