

VCRHYP RHY PROGRAMS EXIT ASSESSMENT

EXIT DATA		
Client ID # from HMIS:		
Agency name:		
Name of youth care worker:		
RHY program:	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter	<input type="checkbox"/> Transitional Living Program
Project exit date:		
Where are you going to be staying after exiting the program?	<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel/motel paid for WITH emergency voucher or a BCP shelter/host home bed <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for WITHOUT emergency shelter voucher <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Non-crisis host home (<i>this does NOT include BCP or TLP host homes</i>) <input type="checkbox"/> Owned by client, NO ongoing housing subsidy <input type="checkbox"/> Owned by client, WITH ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH) <input type="checkbox"/> Place not meant for human habitation (<i>e.g. vehicle, abandoned building, bus/train/subway station, airport, or anywhere outside</i>) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client in public housing of a housing authority <input type="checkbox"/> Rental by client, NO ongoing housing subsidy <input type="checkbox"/> Rental by client, with Housing Choice (Section 8) voucher (<i>tenant or project based</i>) <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy (Veterans only) <input type="checkbox"/> Rental by client, with VASH housing subsidy (Veterans only) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (<i>family has placed any limitation, such as a specific time limit, that indicates the stay is intended to be temporary</i>) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (<i>friends have placed any limitation, such as a specific time limit, that indicates the stay is intended to be temporary</i>) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (<i>including youth</i>) <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

DISABILITIES		
Have there been any updates to your disability status?	<input type="checkbox"/> Yes *complete Disability Addendum on pg. 8	<input type="checkbox"/> No

HEALTH INSURANCE		
Do you have health insurance?	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, which of the following types of health insurance do you have?</i> (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State children's health ins. (<i>Dr. Dynasaur</i>) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer-provided (<i>including TRICARE</i>)	<input type="checkbox"/> COBRA <input type="checkbox"/> Private pay <input type="checkbox"/> State health ins. for adults <input type="checkbox"/> Indian health services <input type="checkbox"/> Other- Specify: _____ <input type="checkbox"/> Data not collected

CHILD'S HEALTH INFORMATION – Skip if youth is not parenting		
Does your child have any of the following types of health insurance? (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State children's health ins. (<i>Dr. Dynasaur</i>) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer-provided (<i>including TRICARE</i>)	<input type="checkbox"/> COBRA <input type="checkbox"/> Private pay <input type="checkbox"/> Indian health services <input type="checkbox"/> Other- Specify: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Have there been any updates to your child's disability status?	<input type="checkbox"/> Yes *complete Child Disability Addendum on pg. 9	<input type="checkbox"/> No

MONTHLY INCOME – TLP only	
Do you have income from any source?	<input type="checkbox"/> Yes *specify below and provide an estimated monthly amount <input type="checkbox"/> No
	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/> Alimony or other spousal support	Monthly Amount \$
<input type="checkbox"/> Child support	\$
<input type="checkbox"/> Earned income (<i>i.e. employment income</i>)	\$
<input type="checkbox"/> General Assistance (<i>GA</i>)	\$
<input type="checkbox"/> Other - Specify: _____	\$
<input type="checkbox"/> Pension or retirement income from a former job	\$
<input type="checkbox"/> Private disability insurance	\$
<input type="checkbox"/> Retirement income from Social Security (<i>includes Social Security Survivor benefits</i>)	\$
<input type="checkbox"/> Social Security Disability Insurance (<i>SSDI</i>)	\$
<input type="checkbox"/> Supplemental Security Income (<i>SSI</i>)	\$
<input type="checkbox"/> TANF (<i>Reach Up</i>)	\$
<input type="checkbox"/> Unemployment insurance	\$
<input type="checkbox"/> VA non-service-connected disability pension	\$
<input type="checkbox"/> VA service-connected disability compensation	\$
<input type="checkbox"/> Worker's compensation	\$
Total monthly income:	
\$	

NON-CASH BENEFITS		
Do you receive non-cash benefits from any source? (Select yes if the youth receives the benefit directly or if someone in their household receives it on their behalf)	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If yes, which of the following types of non-cash benefits do you receive? (Check all that apply)	<input type="checkbox"/> SNAP (3SquaresVT/food stamps) <input type="checkbox"/> WIC <input type="checkbox"/> TANF (Reach Up) child care services <input type="checkbox"/> TANF (Reach Up) transportation services	<input type="checkbox"/> Other TANF (Reach Up) services <input type="checkbox"/> Other source- Specify: <hr/> <input type="checkbox"/> Data not collected

RHY SPECIFIC DATA		
What was the last grade you completed in school?	<input type="checkbox"/> Less than grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/high school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED	<input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
What is your current school status?	<input type="checkbox"/> Attending school regularly (without extended absenteeism) <input type="checkbox"/> Attending school irregularly (1-3 days/week on average) <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Obtained GED	<input type="checkbox"/> Dropped out <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you employed?	<input type="checkbox"/> Yes *ask follow-up question <input type="checkbox"/> No *ask follow-up question	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If employed, what type of employment is it?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/sporadic (including day labor) <input type="checkbox"/> Data not collected
If not employed, why not?	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work (due to a physical/ developmental disability or illness)	<input type="checkbox"/> Not looking for work <input type="checkbox"/> Data not collected
How would you rate your general health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Have you had an annual check-up with a doctor within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How would you rate your dental health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Have you been to the dentist in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How would you rate your mental health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SEXUAL EXPLOITATION/TRAFFICKING

Have you ever received anything in exchange for having sexual contact with another person (such as money, food, drugs, or shelter)?	<input type="checkbox"/> Yes *continue below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
<i>Has this happened in the past 3 months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>How many times have you received something in exchange for having sexual contact with another person?</i>	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Has someone ever made you or persuaded you to have sexual contact with anyone else in exchange for something?</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, has this happened in the past 3 months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

WORKPLACE EXPLOITATION/LABOR TRAFFICKING

Have you ever been afraid to quit/leave a work situation due to fears of violence or other threats of harm to yourself/ family/ friends?	<input type="checkbox"/> Yes *ask next 3 questions <input type="checkbox"/> No *ask next question	<input type="checkbox"/> Client doesn't know *ask next question <input type="checkbox"/> Client refused *ask next question <input type="checkbox"/> Data not collected
Have you ever been promised work where the work or payment ended up being different from what you expected?	<input type="checkbox"/> Yes *continue below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF YES TO EITHER OF THE PREVIOUS 2 QUESTIONS, CONTINUE WITH SECTION BELOW		
<i>Did you feel forced, pressured, or tricked into continuing the job?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Have you had any jobs like these in the last 3 months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

PROJECT COMPLETION – BCP Prevention skip this section	
Project completion status:	<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early (<i>youth voluntarily terminated from the program to pursue other opportunities, such as a safe & appropriate independent living situation, an educational or vocational opportunity, military service, or any other positive disposition</i>) <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project (<i>youth was involuntarily terminated from the program with no plan or invitation to return</i>) *answer follow-up question
<i>If youth was expelled or involuntarily discharged, select the major reason:</i>	<input type="checkbox"/> Criminal activity/destruction of property/violence (<i>youth left for displaying behavior that was a threat to safety to themselves, others, or property</i>) <input type="checkbox"/> Non-compliance with project rules (<i>youth refused to follow program rules or participate in activities as outlined in their plan of care</i>) <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project (<i>without completing goals as outlined in their plan of care</i>) <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared (<i>youth was exited from the program after absencing themselves without developing an exit plan or providing notification of destination</i>)

SAFE & APPROPRIATE EXIT		
Does the youth consider their exit destination to be safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Does the youth care worker consider youth's exit destination to be safe? <ul style="list-style-type: none"> Exits to jail, prison, or juvenile detention facilities can be considered safe & appropriate if the youth became involved in activities that lead to this exit <u>before</u> entering the program Exits to a residential program can be considered safe & appropriate if it is consistent with the youth's needs 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the youth have permanent positive adult connections outside of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the youth have permanent positive peer connections outside of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the youth have permanent positive community connections outside of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Was family reunification achieved? (Answer for all youth under the age of 18)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Was an aftercare plan developed with the youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COUNSELING	
Did the youth receive counseling while in the program? <i>(counseling is defined as: the provision of guidance, support, referrals for services, and advice to youth and their families designed to alleviate the problems that have put the youth at risk of running away or contributed to their running away or being homeless)</i>	<input type="checkbox"/> Yes *continue below <input type="checkbox"/> No * should only be selected if youth was in program for such a short time that no case management sessions occurred
IF YES, CONTINUE WITH SECTION BELOW	
What type of counseling did they receive? (Check all that apply)	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group (including peer counseling)
How many sessions were provided by the time of the youth's exit?	Provide #: _____ (estimate is okay)
How many sessions had been planned as part of the youth's treatment or service plan?	Provide #: _____ (estimate is okay)
Is there a plan in place for the youth to start or continue counseling after exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE CONNECTIONS - Indicate all services provided to youth while they were open
Select all services provided either by the organization or elsewhere in the local community and with which the youth has been connected:
<input type="checkbox"/> Community service/service learning <i>(activities that involve youth in helping others or in the community)</i>
<input type="checkbox"/> Criminal justice/legal services <i>(legal services or guidance provided through an attorney or paralegal)</i>
<input type="checkbox"/> Education <i>(i.e. learning disability assessment, tutoring, GED prep, school enrollment, vocational ed, etc.)</i>
<input type="checkbox"/> Employment and/or training services <i>(services to help youth obtain & retain employment, such as assessment, coaching, filling out applications, interviewing, practicing & conducting job searches, referrals, & job maintenance skills)</i>
<input type="checkbox"/> Health/medical care <i>(general health care or surgical services by licensed medical practitioners; may include prenatal testing or other health screenings)</i>
<input type="checkbox"/> Home-based services <i>(any range of services offered at home, usually aimed at keeping a youth from running away or the family stabilized)</i>
<input type="checkbox"/> Life skills training <i>(formal & informal coaching/training in communication skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene, etc.)</i>
<input type="checkbox"/> Parenting education for youth with children <i>(services to build improved parenting skills for youth with children)</i>
<input type="checkbox"/> Post-natal newborn care <i>(services & healthcare provided to the baby after birth, including wellness exams and immunizations)</i>
<input type="checkbox"/> Post-natal care for mother <i>(services & healthcare provided to youth after the birth of a baby, including wellness exams and immunizations)</i>
<input type="checkbox"/> Pre-natal care <i>(services & healthcare provided to expectant youth to ensure a healthy pregnancy, labor, & delivery)</i>
<input type="checkbox"/> STD testing <i>(procedures to test for a range of Sexually Transmitted Infections)</i>
<input type="checkbox"/> Street-based services <i>(services provided to youth on the street, including gateway services, assessment, harm reduction, crisis stabilization, & continuum service linkages)</i>
<input type="checkbox"/> Substance abuse education/prevention <i>(activities related to alcohol and drug abuse prevention, such as education, group activities, peer coaching, refusal skills, etc.)</i>
<input type="checkbox"/> Substance abuse treatment <i>(comprehensive assessment of a youth's current or past involvement with alcohol/ drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse)</i>

COORDINATED ENTRY (CE) UPDATE		
Is this youth currently open for CE?	<input type="checkbox"/> Yes *continue below <input type="checkbox"/> No	<input type="checkbox"/> Unknown *VCRHYP will review and follow up with you
IF YES, CONTINUE WITH SECTION BELOW		
Should the youth be exited from CE at this time?	<input type="checkbox"/> Yes *answer next question <input type="checkbox"/> No *select if youth still meets the definition of homeless	<input type="checkbox"/> Unknown *VCRHYP will follow-up
Why should the youth be exited from CE?	<input type="checkbox"/> Youth housed through a CE provider <input type="checkbox"/> Youth housed through mainstream/ affordable housing with help from a housing navigator/ case manager	<input type="checkbox"/> Youth secured housing on their own <input type="checkbox"/> Youth requested removal from CE <input type="checkbox"/> Unable to contact youth (Only select if at least 3 attempts to contact youth over the last 90 days have been unsuccessful)

TLP Outcomes – TLP only		
Youth achieved at least one educational or vocational goal while in TLP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth has identified future educational/learning interests:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth experienced employment (part-time or full-time) for a sustained period (at least 90 days) while in TLP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth has identified career(s) of interest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to conduct an employment search using online, print, and/or other community resources:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to prepare a resume that accentuates their strengths, talents, and competencies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to prepare for an interview and has practiced responses to common interview questions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth understands professional attire and how to dress appropriately for landing and maintaining employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth follows a personal budget:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth has demonstrated the ability to pay bills on time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth shows awareness of the importance of savings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth leaves TLP with enough savings to cover 1 st month's rent and security deposit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth understands the importance of building good credit and using credit responsibly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to shop for and prepare healthy meals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to read and understand a lease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to acquire utilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth knows how to perform most common household tasks, such as taking out the garbage, cleaning, making a maintenance request, etc.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DISABILITY ADDENDUM - Complete if there are any updates to youth's disability status		
Do you have a disabling condition? (Documentation is not required; youth's self-report is considered sufficient)	<input type="checkbox"/> Yes *specify below <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Alcohol abuse without drug abuse: (an impairment caused by alcohol abuse)	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If yes for alcohol abuse without drug abuse , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Drug abuse without alcohol abuse: (an impairment caused by drug abuse)	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If yes for drug abuse without alcohol abuse , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Both alcohol and drug abuse: (an impairment caused by both alcohol and drug abuse)	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If yes for both alcohol and drug abuse , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Chronic health condition: (a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation/special assistance)	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If yes for chronic health condition , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Mental health problem: (a mental health problem may range from situational depression to serious mental illnesses)	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If yes for mental health problem , is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Physical disability: <i>(physical impairment)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for physical disability, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Developmental disability: <i>(severe, chronic disability attributed to a mental and/or physical impairment that occurs before age 22 and limits capacity for independent living and economic self-sufficiency)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Comments/notes: 		

CHILD'S DISABILITY ADDENDUM - Complete for parenting youth households if there has been an update to a child's disability status		
Does your child have any of the following disabilities? (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health problem <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes, which, if any, are expected to be long-continued and substantially impair their ability to live independently?</i> (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health problem <input type="checkbox"/> Physical disability <input type="checkbox"/> Developmental disability	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected