

## VCRHYP RHY PROGRAMS PROJECT REENTRY FORM

CLIENT RECORD		
Client ID # from ServicePoint:		
Agency name:		
Agency program:	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter	<input type="checkbox"/> Transitional Living Program
Name of youth care worker:		
Date of program reentry:	<b>Note: date must be one month or less after youth exited the program in order to use this Reentry Form</b>	

YOUTH LOCATION	
Where did you stay last night?  <b>(Response should be where the youth was the NIGHT PRIOR to program reentry)</b>	<p><b>1. Homeless Situation *ask follow-up questions in SECTION 1 (pg. 2)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation (<i>e.g. vehicle, abandoned building, bus/train/subway station, airport, or anywhere outside</i>)</li> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for WITH an emergency shelter voucher or a BCP shelter/host home bed</li> </ul> <p><b>2. Institutional Situation *ask follow-up questions in SECTION 2 (pg. 2)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison, or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul> <p><b>3. Temporary/ Permanent Housing *ask follow-up questions in SECTION 3 (pg. 3)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hotel or motel paid for WITHOUT emergency shelter voucher</li> <li><input type="checkbox"/> Non-crisis host home (<i>this does NOT include BCP or TLP host homes</i>)</li> <li><input type="checkbox"/> Owned by client, NO ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, WITH ongoing housing subsidy</li> <li><input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH)</li> <li><input type="checkbox"/> Rental by client in public housing of a housing authority</li> <li><input type="checkbox"/> Rental by client, NO ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</li> <li><input type="checkbox"/> Rental by client, with GDP TIP housing subsidy (<b>Veterans only</b>)</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with Housing Choice (Section 8) voucher (<i>tenant or project-based</i>)</li> <li><input type="checkbox"/> Rental by client, with VASH housing subsidy (<b>Veterans only</b>)</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Staying or living in a family member’s room, apartment, or house</li> <li><input type="checkbox"/> Staying or living in a friend’s room, apartment, or house</li> <li><input type="checkbox"/> Transitional housing for homeless persons (<i>including youth</i>)</li> </ul> <p><b>Other *skip to Domestic Violence section on pg. 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client doesn’t know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Data not collected</li> </ul>

SECTION 1. YOUTH IS ENTERING FROM HOMELESS SITUATION		
How long have you been staying there?	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2-6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> More than 90 days, but less than 1 year	<input type="checkbox"/> 1 year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
When did you start staying on the streets or in emergency shelter? (mm/dd/yyyy)	<b>Ask the youth to think back to the last time they had a place to sleep that <u>wasn't</u> on the streets/ an emergency shelter, then enter the <u>day after that here:</u></b>	
How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How many months were you on the streets/ in emergency shelter in the past 3 years?	<input type="checkbox"/> One month ( <i>this is the first time</i> ) <input type="checkbox"/> 2-12 months: <b>specify #</b> _____ <input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SECTION 2. YOUTH IS ENTERING FROM INSTITUTIONAL SITUATION		
How long have you been staying there?	<input type="checkbox"/> 1 night or less <b>*continue below</b> <input type="checkbox"/> 2-6 nights <b>*continue below</b> <input type="checkbox"/> 1 week or more, but less than 1 month <b>*continue below</b> <input type="checkbox"/> 1 month or more, but less than 90 days <b>*continue below</b>	<input type="checkbox"/> More than 90 days, but less than 1 year <b>*Shelter continue below</b> <input type="checkbox"/> 1 year or longer <b>*Shelter continue below</b> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF LENGTH OF STAY WAS LESS THAN 90 DAYS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW</b>		
On the night before staying there, did you stay on the streets/in emergency shelter?	<input type="checkbox"/> Yes <b>*continue below</b> <input type="checkbox"/> No <b>*BCP Shelter continue below</b>	
<b>IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW</b>		
When did you start staying on the streets or in emergency shelter? (mm/dd/yyyy)	<b>Ask the youth to think back to the last time they had a place to sleep that <u>wasn't</u> on the streets/ an emergency shelter, then enter the <u>day after that here:</u></b>	
How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How many months were you on the streets/ in emergency shelter in the past 3 years?	<input type="checkbox"/> One month ( <i>this is the first time</i> ) <input type="checkbox"/> 2-12 months: <b>specify #</b> _____ <input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

### SECTION 3. YOUTH IS ENTERING FROM TEMPORARY/PERMANENT HOUSING

How long have you been staying there?	<input type="checkbox"/> 1 night or less <b>*continue below</b> <input type="checkbox"/> 2-6 nights <b>*continue below</b> <input type="checkbox"/> 1 week or more, but less than 1 month <b>*Shelter continue below</b> <input type="checkbox"/> 1 month or more, but less than 90 days <b>*Shelter continue below</b>	<input type="checkbox"/> More than 90 days, but less than 1 year <b>*Shelter continue below</b> <input type="checkbox"/> 1 year or longer <b>* Shelter continue below</b> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW</b>		
On the night before staying there, did you stay on the streets/ in emergency shelter?	<input type="checkbox"/> Yes <b>*continue below</b> <input type="checkbox"/> No <b>*BCP Shelter continue below</b>	
<b>IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW</b>		
When did you start staying on the streets or in emergency shelter? (mm/dd/yyyy)	Ask the youth to think back to the last time they had a place to sleep that <u>wasn't</u> on the streets/ an emergency shelter, then enter the <u>day after</u> that here:	
How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How many months were you on the streets/in emergency shelter in the past 3 years?	<input type="checkbox"/> One month ( <i>this is the first time</i> ) <input type="checkbox"/> 2-12 months: <b>specify #</b> ____ <input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

### DOMESTIC VIOLENCE

Has a partner or someone you were living with ever made you feel afraid for your safety, hurt you, or controlled your choices?	<input type="checkbox"/> Yes <b>*continue below</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF YES, CONTINUE WITH SECTION BELOW</b>		
When did you have this experience?	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> 1 year ago or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you currently fleeing, attempting to flee, or afraid to return to where you are staying?	<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

RHY SPECIFIC DATA		
BCP only - Youth care worker: Is youth a runaway?	<input type="checkbox"/> Yes ( <i>youth under 18 years of age who absents themselves from home/place of legal residence without the permission of a parent/legal guardian</i> )	<input type="checkbox"/> No <input type="checkbox"/> Worker doesn't know <input type="checkbox"/> Data not collected
What is your sexual orientation?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Other – <b>Please describe:</b> <hr/> <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 ( <i>without extended absenteeism</i> ) <input type="checkbox"/> Attending school irregularly ( <i>1-3 days/week on average</i> ) <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 <b>*ask follow-up question</b> <input type="checkbox"/> No <b>*ask follow-up question</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If employed, what type of employment is it?</i>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/sporadic ( <i>including day labor</i> ) <input type="checkbox"/> Data not collected
<i>If not employed, why not?</i>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work ( <i>due to a physical/ developmental disability or illness</i> )	<input type="checkbox"/> Not looking for work <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
Have you seen a 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
Are you pregnant?	<input type="checkbox"/> Yes <b>*ask next question</b> <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, what is your due date?</i>		
Is your partner pregnant?	<input type="checkbox"/> Yes <b>*ask next question</b> <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, what is their due date?</i>		
Do you have any children?	<input type="checkbox"/> Yes <b>*ask next question</b> <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, do you have custody of your children?</i>	<input type="checkbox"/> Yes <b>*complete an Addendum for EACH child (pg. 12)</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you currently involved with DCF?	<input type="checkbox"/> Yes <b>*ask next question</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<p><i>If yes, what is your current DCF involvement?</i></p> <p><b>(Check all that apply)</b></p>	<input type="checkbox"/> Open DCF investigation <input type="checkbox"/> In DCF custody <input type="checkbox"/> Conditional custody order <input type="checkbox"/> Open family case with DCF <input type="checkbox"/> On juvenile probation	<input type="checkbox"/> Youthful offender status <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>Are you currently involved with the <u>adult</u> criminal justice system?  <i>(Drug Court, Parole, Community Service, Probation, etc.)</i></p>	<input type="checkbox"/> Yes <b>*ask name of officer -&gt;</b> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p><b>What is the name of your probation/parole officer/etc.?</b></p> <p><b>What is their contact info?</b></p>
<p>Comments/notes:</p>		

<b>ARE ANY OF THE FOLLOWING CRITICAL ISSUES FOR YOU? <i>(as identified by youth or staff)</i></b>		
Unemployment – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mental health issues – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Physical disability – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Alcohol or other drug abuse – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Insufficient income to support youth <i>(parents/guardians have insufficient income to support youth's basic needs)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incarcerated parent of youth	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>HOW WERE YOU REFERRED TO THIS PROGRAM?</b>		
<input type="checkbox"/> Self-referral <input type="checkbox"/> Individual <i>(parent, guardian, relative, friend, foster parent, or other individual)</i> <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Residential project <input type="checkbox"/> Outreach project – <b>Specify # of times youth was approached by outreach prior to entering: _____</b> <input type="checkbox"/> Hotline <input type="checkbox"/> Child welfare/CPS <i>(DCF)</i>	<input type="checkbox"/> School <input type="checkbox"/> Juvenile justice program <input type="checkbox"/> Law enforcement/police <input type="checkbox"/> Mental hospital <input type="checkbox"/> Other organization – <b>Specify:</b> _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<p><b>Youth care worker:</b> <i>did this youth receive brief services or have brief contacts with the agency before coming into the program?</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No