

VCRHYP RHY PROGRAMS QUARTERLY UPDATE

CLIENT RECORD		
Client ID # from ServicePoint:		
Name of youth care worker:		
Agency name:		
Date update is completed:		
Agency program:	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter	<input type="checkbox"/> Transitional Living Program
Quarter being reviewed:	<input type="checkbox"/> Quarter 1 (Oct, Nov, Dec) <input type="checkbox"/> Quarter 2 (Jan, Feb, Mar)	<input type="checkbox"/> Quarter 3 (Apr, May, Jun) <input type="checkbox"/> Quarter 4 (Jul, Aug, Sep)

EMPLOYMENT & ENROLLMENT STATUS	
Have you been employed at any point during the past 3 months? <i>(Employment can include: full time, part-time, or seasonal/sporadic work, vocational training placements, apprenticeships, or work experience opportunities)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No
<i>If yes, during which months of the quarter were you employed?</i> <i>(Example: if reviewing quarter 1, 1st month = Oct, 2nd month = Nov, 3rd month = Dec)</i>	Check all that apply: <input type="checkbox"/> 1 st month <input type="checkbox"/> 2 nd month <input type="checkbox"/> 3 rd month
Have you been enrolled in and attending an educational program at any point during the past 3 months? <i>(Educational program can include: elementary/secondary school, GED prep course, college, technical school, etc.)</i>	<input type="checkbox"/> Yes *ask next question <input type="checkbox"/> No
<i>If yes, during which months of the quarter were you enrolled and attending?</i> <i>(Example: if reviewing quarter 1, 1st month = Oct, 2nd month = Nov, 3rd month = Dec)</i>	Check all that apply: <input type="checkbox"/> 1 st month <input type="checkbox"/> 2 nd month <input type="checkbox"/> 3 rd month

BROKERED HOUSING - BCP Prevention only	
Did the program provide brokered housing for the youth during the past 3 months? <i>(Brokered housing is defined as: helping a youth set up and/or maintain housing with a trusted adult they know, other than a guardian, as an alternative to living on their own, couch-surfing, going home, etc.)</i>	<input type="checkbox"/> Yes *answer next question <input type="checkbox"/> No
<i>If yes, how many nights of brokered housing were provided?</i>	

Stop and submit page 1 only: if youth exited during the quarter.
Complete pages 2-6: if youth is still open in RHY program.

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
		Monthly Amount
<input type="checkbox"/> Alimony or other spousal support		\$
<input type="checkbox"/> Child support		\$
<input type="checkbox"/> Earned income		\$
<input type="checkbox"/> General Assistance		\$
<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		\$
<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 (<i>3SquaresVT/food stamps</i>) <input type="checkbox"/> WIC <input type="checkbox"/> TANF (<i>Reach Up</i>) child care services <input type="checkbox"/> TANF (<i>Reach Up</i>) transportation services	<input type="checkbox"/> Other TANF (<i>Reach Up</i>) services <input type="checkbox"/> Other source- Specify: _____ <input type="checkbox"/> Data not collected

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
If yes, which of the following types of health insurance do you have? (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State children's health ins. (<i>Dr. Dinosaur</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

DISABILITIES		
Have there been any updates to your disability status?	<input type="checkbox"/> Yes *complete Disability Addendum on pg. 5	<input type="checkbox"/> No

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 *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>When did you have this experience?</i>	<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
<i>Are you currently fleeing, attempting to flee, or afraid to return to where you are staying?</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

PREGNANCY STATUS		
Are you pregnant?	<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, what is your due date?</i>		

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 Health Addendum on pg. 6	<input type="checkbox"/> No

SERVICE CONNECTIONS - <i>Indicate all services provided to the youth during the quarter</i>
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>)

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

<i>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?</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
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 *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

CHILD'S DISABILITY ADDENDUM - <i>Complete for parenting youth households if there has been an update to a child's disability status</i>		
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