

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
If yes, during which months of the quarter were you employed? <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
If yes, during which months of the quarter were you enrolled and attending? <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
If yes, how many nights of brokered housing were provided?	

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 (SSDI)		\$
<input type="checkbox"/> Supplemental Security Income (SSI)		\$
<input type="checkbox"/> TANF (Reach Up)		\$
<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
<i>If yes, which of the following types of non-cash benefits do you receive?</i> (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

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. (Dr. Dynasaur) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer-provided (including TRICARE)	<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: <hr/> <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 – <i>Skip if youth is not parenting</i>		
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: <hr/> <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 - Indicate all services provided to the youth during the quarter

Select all services provided either by the organization or elsewhere in the local community and with which the youth has been connected:

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

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 - 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