

## YHDP HMIS Project Switch Form

SWITCH INFORMATION	
Client ID # from HMIS:	
Name of youth care worker:	
Agency name:	
Type of project switch:	<input type="checkbox"/> Housing Navigation (HN) -> Rapid Rehousing (RRH) <input type="checkbox"/> Housing Navigation (HN) -> Joint Component Rapid Rehousing (JC-RRH) <input type="checkbox"/> Housing Navigation (HN) -> Joint Component Transitional Housing (JC-TH) <input type="checkbox"/> Transitional Living Program (TLP) -> Joint Component Transitional Housing (JC-TH)
Date of switch:	
<ul style="list-style-type: none"> <li>• For <b>HN</b> -&gt; <b>RRH</b> or <b>HN</b> -&gt; <b>JC-RRH</b> switch, indicate date youth was approved for a RRH voucher</li> <li>• For <b>HN</b> -&gt; <b>JC-TH</b> switch, indicate date youth moved into TH unit</li> <li>• For <b>TLP</b> -&gt; <b>JC-TH</b> switch, indicate date moved into TH unit</li> </ul>	
Where are you going to be staying on the night <b>after</b> the project switch?  <i>For <b>HN</b> -&gt; <b>JC-TH</b> or <b>TLP</b> -&gt; <b>JC-TH</b> switch, choose "transitional housing for homeless persons"</i>	<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 <b>NOT</b> 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 (other than RRH) for formerly homeless persons <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 RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy ( <b>Veterans only</b> ) <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Rental by client, with Housing Choice (Section 8) Voucher ( <i>tenant/ project based</i> ) <input type="checkbox"/> Rental by client, with VASH housing subsidy ( <b>Veterans only</b> ) <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>friend has 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 (including homeless youth) <input type="checkbox"/> Other - <b>Specify:</b> _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<p>Where were you staying the night <b>before</b> the project switch?</p> <p><b>(This may be the same or different than the previous answer)</b></p> <p><i>For TLP -&gt; JC-TH switch, choose "transitional housing for homeless persons"</i></p>	<p><b>1. Homeless Situation *ask follow-up questions in SECTION 1 (below)</b></p> <p><input type="checkbox"/> Place not meant for habitation (<i>e.g. vehicle, abandoned building, bus/train/subway station, airport, or anywhere outside</i>)</p> <p><input type="checkbox"/> Emergency shelter, including hotel or motel paid for WITH an emergency shelter voucher or a BCP shelter/host home bed</p> <p><b>2. Institutional Situation *ask follow-up questions in SECTION 2 (pg. 3)</b></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><b>3. Temporary/ Permanent Housing *ask follow-up questions in SECTION 3 (pg. 3)</b></p> <p><input type="checkbox"/> Hotel or motel paid for WITHOUT emergency shelter voucher</p> <p><input type="checkbox"/> Non-crisis host home (<i>this does NOT include BCP or TLP host homes</i>)</p> <p><input type="checkbox"/> Owned by client, NO ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, WITH ongoing housing subsidy</p> <p><input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH)</p> <p><input type="checkbox"/> Rental by client in public housing of a housing authority</p> <p><input type="checkbox"/> Rental by client, NO ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with GDP TIP housing subsidy (<b>Veterans only</b>)</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with Housing Choice (Section 8) Voucher (<i>tenant/ project-based</i>)</p> <p><input type="checkbox"/> Rental by client, with VASH housing subsidy (<b>Veterans only</b>)</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment, or house</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment, or house</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><b>Other *skip to Domestic Violence section on pg. 4</b></p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>
---	---

SECTION 1. YOUTH WAS IN HOMELESS SITUATION BEFORE SWITCH		
How long had 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
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</u> that here:</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 WAS IN INSTITUTIONAL SITUATION BEFORE SWITCH

How long had 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 <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>IF LENGTH OF STAY WAS LESS THAN 90 DAYS, CONTINUE BELOW</b>		
<i>On the night before staying there, did you stay on the streets or in emergency shelter?</i>	<input type="checkbox"/> Yes <b>*continue below</b> <input type="checkbox"/> No	
<b>IF YES, CONTINUE WITH SECTION BELOW</b>		
<i>When did you start staying on the streets or in emergency shelter? (mm/dd/yyyy)</i>	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 before entering the institutional situation they stayed in last night, then enter the <u>day after</u> that here:	
<i>How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?</i>	<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
<i>How many months were you on the streets/ in emergency shelter in the past 3 years?</i>	<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 WAS IN TEMPORARY/PERMANENT HOUSING BEFORE SWITCH

How long had 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 <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
<b>IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS, CONTINUE BELOW</b>		
<i>On the night before staying there, did you stay on the streets or in emergency shelter?</i>	<input type="checkbox"/> Yes <b>*continue below</b> <input type="checkbox"/> No	
<b>IF YES, CONTINUE WITH SECTION BELOW</b>		
<i>When did you start staying on the streets or in emergency shelter? (mm/dd/yyyy)</i>	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 before entering the temporary/permanent housing they stayed in last night, then enter the <u>day after</u> that here:	
<i>How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?</i>	<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
<i>How many months were you on the streets/in emergency shelter in the past 3 years?</i>	<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 staying 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

## DISABILITIES

Have there been any updates to your disability status?	<input type="checkbox"/> Yes <b>*complete Disability Addendum on pg. 11</b>	<input type="checkbox"/> No
--	---	-----------------------------

## HEALTH INSURANCE

Do you have health insurance?	<input type="checkbox"/> Yes <b>*specify below</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, which of the following types of health insurance do you have?</i>  <b>(Check all that apply)</b>	<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- <b>Specify:</b> _____ <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?  <b>(Check all that apply)</b>	<input type="checkbox"/> None <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"/> Indian health services <input type="checkbox"/> Other- <b>Specify:</b> _____ <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 <b>*complete Child Disability Addendum on pg. 12</b>	<input type="checkbox"/> No

MONTHLY INCOME		
Do you have income from any source?	<input type="checkbox"/> Yes <b>*specify below and provide an estimated monthly amount</b> <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 ( <i>i.e. employment income</i> )		\$
<input type="checkbox"/> General Assistance ( <i>GA</i> )		\$
<input type="checkbox"/> Other - <b>Specify:</b> _____		\$
<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		\$
<b>Total monthly income:</b>		<b>\$</b>

NON-CASH BENEFITS		
Do you receive non-cash benefits from any source?	<input type="checkbox"/> Yes <b>*specify below</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, which of the following types of non-cash benefits do you receive?</i>  <b>(Check all that apply)</b>	<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- <b>Specify:</b> _____ <input type="checkbox"/> Data not collected

ADDITIONAL DATA		
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> _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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 ( <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>includes 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
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 seen a dentist 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 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
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 <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 ( <i>foster care</i> ) <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 <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>Are you currently working with any of the following programs?</p> <p><b>(These may be called something else in your community; use actual program names if possible)</b></p>	<p><b>Check all that apply:</b></p> <input type="checkbox"/> None <input type="checkbox"/> Balanced and Restorative Justice ( <i>BARJ</i> ) <input type="checkbox"/> Court Diversion <input type="checkbox"/> VCRHYP Basic Center Program ( <i>BCP</i> ) <input type="checkbox"/> VCRHYP Transitional Living Program ( <i>TLP</i> )	<input type="checkbox"/> Youth in Transition ( <i>YIT</i> ) <input type="checkbox"/> Youth Development Program ( <i>YDP</i> ) <input type="checkbox"/> Prevention & Stabilization Services for Youth/Families ( <i>PSSYF</i> ) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<b>SEXUAL EXPLOITATION/TRAFFICKING</b>		
<p>Have you ever received anything in exchange for having sexual contact with another person (such as money, food, drugs, or shelter)?</p>	<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>		
<p><i>Has this happened in the past 3 months?</i></p>	<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
<p><i>How many times have you received something in exchange for having sexual contact with another person?</i></p>	<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
<p><i>Has someone ever made you or persuaded you to have sexual contact with anyone else in exchange for something?</i></p>	<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, has this happened in the past 3 months?</i></p>	<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 <b>*ask next 3 questions</b> <input type="checkbox"/> No <b>*ask next question</b>	<input type="checkbox"/> Client doesn't know <b>*ask next question</b> <input type="checkbox"/> Client refused <b>*ask next question</b> <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 <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 TO EITHER OF THE PREVIOUS 2 QUESTIONS, CONTINUE WITH SECTION BELOW</b>		
<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

SAFE & APPROPRIATE HOUSING		
Does the youth consider where they are staying <b>after the project switch</b> 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 where the youth is staying <b>after the project switch</b> safe?	<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

COUNSELING – <i>Complete only if youth is switching out of TLP</i>	
Did the youth receive counseling while in TLP? ( <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 <b>*continue below</b> <input type="checkbox"/> No
<b>IF YES, CONTINUE WITH SECTION BELOW</b>	
What type of counseling did they receive? (Check all that apply)	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group ( <i>including peer counseling</i> )
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)



<b>TLP Outcomes – Complete only if youth is switching out of TLP</b>	
Youth has completed high school or has a GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 <sup>st</sup> 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

**SERVICE CONNECTIONS - Complete only if youth is switching out of TLP**

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 (*such as 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*)

<b>DISABILITY ADDENDUM - Complete if there are any updates to youth's disability status</b>		
Do you have a disabling condition? (Documentation is not required; youth's self-report is considered sufficient)	<input type="checkbox"/> Yes <b>*specify 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>Alcohol abuse without drug abuse:</b> (an impairment caused by alcohol abuse)	<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 for <b>alcohol abuse without drug abuse</b>, 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
<b>Drug abuse without alcohol abuse:</b> (an impairment caused by drug abuse)	<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 for <b>drug abuse without alcohol abuse</b>, 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
<b>Both alcohol and drug abuse:</b> (an impairment caused by both alcohol and drug abuse)	<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 for <b>both alcohol and drug abuse</b>, 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
<b>Chronic health condition:</b> (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 <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 for <b>chronic health condition</b>, 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
<b>Mental health problem:</b> (a mental health problem may range from situational depression to serious mental illnesses)	<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 for <b>mental health problem</b>, 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
<b>Physical disability:</b> <i>(physical impairment)</i>	<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 for <b>physical disability</b>, 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
<b>HIV/ AIDS:</b> <i>(human immunodeficiency virus/ acquired immunodeficiency syndrome)</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
<b>Developmental disability:</b> <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

**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?  <b>(Check all that apply)</b>	<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"/> HIV/ AIDS	<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> <b>(Check all that apply)</b>	<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"/> HIV/ AIDS	<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