YHDP HMIS Quarterly Update

CLIENT RECORD		
Client ID # from HMIS:		
Name of youth care worker:		
Agency name:		
Date update is completed:		
Agency program:	☐ Housing Navigation ☐ Diversion	☐ Rapid Rehousing ☐ Joint Component
Is this youth currently on the Coordinated Entry list?	☐ Yes ***complete the Coordinated Entry Update section on pg. 3**	☐ No ☐ Unknown ***VCRHYP will review and follow up with you**

DISABILITIES		
Have there been any updates to your disability status?	☐ Yes ***complete Disability Addendum on pg. 4**	☐ No

HEALTH INSURANCE		
Do you have health insurance?	☐ Yes ***specify below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, which of the following types of health insurance do you have? **(Check all that apply)**	☐ Medicaid ☐ Medicare ☐ State children's health ins. *(Dr. Dynasaur)* ☐ VA medical services ☐ Employer-provided *(including TRICARE)*	☐ COBRA ☐ Private pay ☐ State adult health ins. ☐ Indian health services ☐ Other- **Specify:** _____ ☐ 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)**	☐ None ☐ Medicaid ☐ Medicare ☐ State children's health ins. *(Dr. Dynasaur)* ☐ VA medical services ☐ Employer-provided *(including TRICARE)*	☐ COBRA ☐ Private pay ☐ Indian health services ☐ Other- **Specify:** _____ ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have there been any updates to your child's disability status?	☐ Yes ***complete Child Disability Addendum on pg. 5**	☐ No

PREGNANCY & PARENTING STATUS		
Are you pregnant?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, what is your due date?		
Did any children join your household in the previous quarter?	☐ Yes ***complete Addendum for Parenting Youth Households for EACH child on pg. 6**	☐ No

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

NON-CASH BENEFITS		
Do you receive non-cash benefits from any source?	☐ Yes ***specify below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, which of the following types of non-cash benefits do you receive? **(Check all that apply)**	☐ SNAP *(3SquaresVT/food stamps)* ☐ WIC ☐ TANF *(Reach Up)* child care services ☐ TANF *(Reach Up)* transportation services	☐ Other TANF *(Reach Up)* services ☐ Other source- **Specify:** _____ ☐ 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?	☐ Yes ***continue below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
When did you have this experience?	☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago ☐ 1 year ago or more	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing, attempting to flee, or afraid to return to where you are staying?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

COORDINATED ENTRY UPDATE – *Complete for youth on the CE master list*		
Youth care worker: did the youth request to be removed from the CE master list?	☐ Yes ***skip to CE Exit section**	☐ No
Youth care worker: is the youth still homeless or at risk of becoming homeless?	☐ Yes ☐ No ***skip to CE Exit section**	☐ Unknown ***VCRHYP will follow-up**
Youth care worker: has the youth's housing situation changed since they were assessed/last updated for CE?	☐ Yes ***complete Section 4 of VCEH CE Housing Assessment & submit to VCRHYP**	☐ No ☐ Unknown ***VCRHYP will follow-up**

CE EXIT – *Complete to have youth exited from Coordinated Entry*	
Youth care worker: When did the youth stop meeting the definition of homeless/ at-risk of homelessness OR request to be removed from the CE master list?	**Enter full date (mm/dd/yyyy) – an estimate is okay:**
Youth care worker: Where was the youth staying on the above date?	☐ Emergency shelter, including hotel/motel paid for WITH emergency voucher or a BCP shelter/host home bed ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Hotel or motel paid for WITHOUT emergency shelter voucher ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Non-crisis host home *(this does **NOT** include BCP or TLP host homes)* ☐ Owned by client, NO ongoing housing subsidy ☐ Owned by client, WITH ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Place not meant for human habitation ☐ Psychiatric hospital or other psychiatric facility ☐ Rental by client in public housing of a housing authority ☐ Rental by client, NO ongoing housing subsidy ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with GPD TIP housing subsidy ***(Veterans only)*** ☐ Rental by client, with other ongoing housing subsidy ☐ Rental by client, with Housing Choice (Section 8) Voucher *(tenant/project based)* ☐ Rental by client, with VASH housing subsidy ***(Veterans only)*** ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living with family, permanent tenure ☐ Staying or living with family, temporary tenure ☐ Staying or living with friends, permanent tenure ☐ Staying or living with friends, temporary tenure ☐ Substance abuse treatment facility or detox center ☐ Transitional housing for homeless persons (including homeless youth) ☐ Other - **Specify:** _____ ☐ No exit interview completed ☐ Client is deceased ☐ Client doesn't know ☐ Client refused ☐ Data not collected

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)**	☐ Yes ***specify below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Alcohol abuse without drug abuse: *(an impairment caused by alcohol abuse)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Drug abuse without alcohol abuse: *(an impairment caused by drug abuse)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Both alcohol and drug abuse: *(an impairment caused by both alcohol and drug abuse)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Mental health problem: *(a mental health problem may range from situational depression to serious mental illnesses)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Physical disability: *(physical impairment)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **physical disability**, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
HIV/ AIDS: *(human immunodeficiency virus/ acquired immunodeficiency syndrome)*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Developmental disability: *(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)*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ 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)**	☐ None ☐ Chronic health condition ☐ Mental health problem ☐ Physical disability ☐ Developmental disability ☐ HIV/ AIDS	☐ Alcohol abuse ☐ Drug abuse ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, which, if any, are expected to be long-continued and substantially impair their ability to live independently? **(Check all that apply)**	☐ None ☐ Chronic health condition ☐ Mental health problem ☐ Physical disability ☐ Developmental disability ☐ HIV/ AIDS	☐ Alcohol abuse ☐ Drug abuse ☐ Client doesn't know ☐ Client refused ☐ Data not collected

ADDENDUM FOR PARENTING YOUTH HOUSEHOLDS *Complete this page for EACH child who joined the household in the previous quarter*		
First name:		
Middle name:		
Last name:		
Suffix: *(i.e. Jr., III, etc.)*		
Name data quality:	☐ Full name recorded ☐ Partial, street name, or code name recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Social security number:		
Social security number data quality: **(Select "client doesn't know" if child does not have a Social Security #)**	☐ Full SSN recorded ☐ Approximate or partial SSN recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your child's date of birth?		
Date of birth quality:	☐ Full DOB recorded ☐ Approximate or partial DOB recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your child's gender?	☐ Female ☐ Male ☐ Transgender female ☐ Transgender male	☐ Gender non-conforming ☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your child's race? **(Select up to two; <u>circle whichever the parent identifies first)</u>**	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White	☐ Native Hawaiian or Other Pacific Islander ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is your child Hispanic or Latino/Latina?	☐ Yes *(Hispanic/ Latino/ Latina)* ☐ No *(Non-Hispanic/ Non-Latino/ Non-Latina)*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Does your child have any of the following disabilities? **(Check all that apply)**	☐ None ☐ Chronic health condition ☐ Mental health problem ☐ Physical disability ☐ Developmental disability	☐ Alcohol abuse ☐ Drug abuse ☐ HIV/AIDS ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If they have a disability, which, if any, are expected to be long-continued and substantially impair their ability to live independently? **(Check all that apply)**	☐ None ☐ Chronic health condition ☐ Mental health problem ☐ Physical disability ☐ Developmental disability	☐ Alcohol abuse ☐ Drug abuse ☐ HIV/AIDS ☐ Client doesn't know ☐ Client refused ☐ Data not collected