

YHDP HMIS Joint Component Change in Location Form

*Use if youth is evicted from or vacates a RRH or TH unit, but remains in the program
OR if youth is moving between project components (TH to RRH or RRH to TH)*

| CHANGE IN LOCATION INFORMATION | |
|---|--|
| Client ID # from HMIS: | |
| Name of youth care worker: | |
| Agency name: | |
| Where was the youth staying BEFORE their change in location? | <input type="checkbox"/> Transitional (TH) unit <input type="checkbox"/> Rapid Rehousing (RRH) unit |
| Date of the youth's last night in the above location: | |
| Where are staying now that you have left the above location? <ul style="list-style-type: none"> • If youth moved into a unit with a RRH voucher, select "rental by client, with RRH or equivalent subsidy" • If youth moved into a TH unit, select "transitional housing for homeless persons" | <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 NOT include BCP or TLP host homes</i>) <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, with RRH or equivalent subsidy <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 - Specify: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

| SAFE & APPROPRIATE LOCATION | | |
|--|---|--|
| Does the youth consider where they are staying now to be 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 now to be 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 |

| HOUSING HISTORY | | |
|--|--|--|
| How long were you staying in the RRH unit or TH unit before leaving? | <input type="checkbox"/> 1 night or less *continue below <input type="checkbox"/> 2-6 nights *continue below <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 |
| IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS, CONTINUE BELOW | | |
| On the night before staying there, did you stay on the streets or in emergency shelter? | <input type="checkbox"/> Yes *continue below <input type="checkbox"/> No | |
| IF YES, CONTINUE WITH SECTION BELOW | | |
| 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 wasn't on the streets/ an emergency shelter before entering the RRH unit, then enter the day after 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 - Specify #: _____ <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 |

| MONTHLY INCOME | | |
|---|---|--|
| 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 |
| <input type="checkbox"/> Alimony or other spousal support | | Monthly Amount \$ |
| <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 - 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 (<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 | | \$ |
| Total monthly income: | | \$ |

| NON-CASH BENEFITS | | |
|---|--|--|
| Do you receive non-cash benefits from any source? | <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 |

| DISABILITIES | | |
|--|--|-----------------------------|
| Have there been any updates to your disability status? | <input type="checkbox"/> Yes *complete Disability Addendum on pg. 7 | <input type="checkbox"/> No |

| 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 adult health ins. <input type="checkbox"/> Indian health services <input type="checkbox"/> Other- Specify: <hr/> <input type="checkbox"/> Data not collected |

| CHILD'S HEALTH INFORMATION – Skip if youth is not parenting | | |
|--|--|---|
| Does your child 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 does your child 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"/> Indian health services <input type="checkbox"/> Other- Specify: <hr/> <input type="checkbox"/> Data not collected |
| Have there been any updates to your child's disability status? | <input type="checkbox"/> Yes *complete Child Disability Addendum (pg. 8) | <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 |

| 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 - Please describe: <hr/> <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 *ask follow-up question <input type="checkbox"/> No *ask follow-up question | <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 *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> | | |
| Is your partner 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 their due date?</i> | | |
| Are you currently involved with DCF? | <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 current DCF involvement?</i> (Check all that apply) | <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 |
| Are you currently involved with the <u>adult</u> criminal justice system? (<i>Drug Court, Parole, Community Service, Probation, etc.</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 working with any of the following programs? (These may be called something else in your community; use actual program names if possible) | Check all that apply: <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 |

| SEXUAL EXPLOITATION/TRAFFICKING | | |
|---|--|--|
| Have you ever received anything in exchange for having sexual contact with another person (such as money, food, drugs, or shelter)? | <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>Has this happened in the past 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 |
| <i>How many times have you received something in exchange for having sexual contact with another person?</i> | <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 |
| <i>Has someone ever made you or persuaded you to have sexual contact with anyone else in exchange for something?</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, has this happened in the past 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 |

| 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 *ask next 3 questions <input type="checkbox"/> No *ask next question | <input type="checkbox"/> Client doesn't know *ask next question <input type="checkbox"/> Client refused *ask next question <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 *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 TO EITHER OF THE PREVIOUS 2 QUESTIONS, CONTINUE WITH SECTION BELOW | | |
| <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 three 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 |

| 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 |
| HIV/ AIDS: <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 |
| 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 <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"/> 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> (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"/> 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 |