

## VCRHYP PROJECT SWITCH FORM

Client ID # from ServicePoint:		
Name of youth care worker:		
Agency name:		
Date of switch:		
Program youth is <b>switching OUT OF:</b>	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter <input type="checkbox"/> State – BCP	<input type="checkbox"/> Transitional Living Program <input type="checkbox"/> State - TLP
Program youth is <b>switching INTO:</b>	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter <input type="checkbox"/> State – BCP	<input type="checkbox"/> Transitional Living Program <input type="checkbox"/> State - TLP
Reason for switch:	<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Left for housing opportunity before completing program <input type="checkbox"/> Needs could not be met ( <i>youth determined there were special needs/goals that could be better addressed in another positive program/setting</i> ) <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Reached maximum time allowed	
Where are you staying at time of the switch?	<p><b>1. Homeless Situation *ask follow-up questions: section 1, pg. 2</b></p> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel/motel paid for WITH emergency voucher <p><b>2. Institutional Situation *ask follow-up questions: section 2, pg. 2</b></p> <input type="checkbox"/> Foster care home or foster care group home <b>*also answer follow-up questions in Foster Care section on pg. 4</b> <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <p><b>3. Transitional/Permanent Housing Situation *ask follow-up questions: section 3, pg. 3</b></p> <input type="checkbox"/> Hotel or motel paid for WITHOUT emergency shelter voucher <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 for formerly homeless persons (other than RRH) <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Rental by client, NO ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy ( <i>Veterans only</i> ) <input type="checkbox"/> Rental by client, with GPD TIP subsidy ( <i>Veterans only</i> ) <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH) <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 <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Transitional housing for homeless persons (including youth) <p><b>Other *skip to Safe &amp; Appropriate Location section on pg. 3</b></p> <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	

<b>1. IF CLIENT IS CURRENTLY IN A HOMELESS SITUATION</b>		
How long have you been staying there?	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Approximate date your homelessness started:	(mm/dd/yyyy)	
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

<b>2. IF CLIENT IS CURRENTLY IN AN INSTITUTIONAL SITUATION</b>		
How long have you been staying there?	<input type="checkbox"/> One night or less <b>*continue below</b> <input type="checkbox"/> Two to six nights <b>*continue below</b> <input type="checkbox"/> One week or more, but less than one month <b>*continue below</b> <input type="checkbox"/> One month or more, but less than 90 days <b>*continue below</b> <input type="checkbox"/> More than three months, but less than one year <b>*BCP Shelter continue below</b> <input type="checkbox"/> One year or longer <b>*BCP Shelter continue below</b> <input type="checkbox"/> Client doesn't know <b>*BCP Shelter continue below</b> <input type="checkbox"/> Client refused	
<b>IF LENGTH OF STAY WAS LESS THAN 90 DAYS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW</b>		
On the night before entering the institutional situation, did you stay on the streets/ in emergency shelter?	<input type="checkbox"/> Yes <b>*continue below</b>	<input type="checkbox"/> No <b>*BCP Shelter continue below</b>
<b>IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW</b>		
Approximate date your homelessness started:	(mm/dd/yyyy)	
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

<b>3. IF CLIENT IS CURRENTLY IN A TRANSITIONAL/PERMANENT SITUATION</b>		
How long have you been staying there?	<input type="checkbox"/> One night or less *continue below <input type="checkbox"/> Two to six nights *continue below <input type="checkbox"/> One week or more, but less than one month *BCP Shelter continue below <input type="checkbox"/> One month or more, but less than 90 days *BCP Shelter continue below <input type="checkbox"/> More than three months, but less than one year *BCP Shelter continue below <input type="checkbox"/> One year or longer *BCP Shelter continue below <input type="checkbox"/> Client doesn't know *BCP Shelter continue below <input type="checkbox"/> Client refused	
<b>IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW</b>		
On the night before entering the transitional/permanent situation, did you stay on the streets/ in emergency shelter?	<input type="checkbox"/> Yes *continue below	<input type="checkbox"/> No *BCP Shelter continue below
<b>IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW</b>		
Approximate date your homelessness started:	(mm/dd/yyyy)	
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

<b>SAFE &amp; APPROPRIATE LOCATION AT TIME OF SWITCH</b>		
Does the client consider their current location 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 client's current location to be safe?  <ul style="list-style-type: none"> <li>• <b>Jail, prison, or juvenile detention facilities</b> can be considered safe &amp; appropriate if the youth became involved in activities that lead to this destination <u>before</u> entering your program</li> <li>• <b>Residential program</b> can be considered safe &amp; appropriate if it is consistent with the youth's needs</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth care worker doesn't know
Does the client 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 client 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 client 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
<b>At time of switch, has family reunification been achieved? (answer for all youth under the age of 18)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>FOSTER CARE – Complete for any youth under 18 who is in foster care at time of switch</b>	
What type of foster care is the youth currently in?	<input type="checkbox"/> Foster/kinship care home <b>*answer follow-up question</b> <input type="checkbox"/> Foster care group home/institution <input type="checkbox"/> Unknown <b>*if possible, contact DCF district office to determine &amp; provide updated information to VCRHYP</b>
Is there a DCF case plan goal of adoption or guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>*if possible, contact DCF district office to determine &amp; provide updated information to VCRHYP</b>

<b>COUNSELING</b>	
Did client receive counseling while in the program they are switching <b>out of</b> ? ( <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?	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group (including peer counseling)
How many sessions were provided by the time of the program switch?	Provide #: _____ ( <i>estimate is okay</i> )
How many sessions had been planned as part of the client's treatment or service plan?	Provide #: _____ ( <i>estimate is okay</i> )

<b>DOMESTIC VIOLENCE</b>		
Has a partner 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 three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> Six months to one year ago	<input type="checkbox"/> One 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 a partner?	<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>DISABILITIES</b>		
Have there been any updates to your disability status?	<input type="checkbox"/> Yes <b>*complete Disability Addendum starting on pg. 11</b>	<input type="checkbox"/> No

<b>HEALTH INSURANCE</b>				
Do you have health insurance?	<input type="checkbox"/> Yes <b>*specify below</b> <input type="checkbox"/> No <b>*select "No" for each type below</b>			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Medicaid:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Medicare:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
State children's ins. program:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
VA medical services:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Employer-provided health ins.	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
COBRA:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Private pay health insurance:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
State health ins. for adults:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Indian health services program:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Other:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
<i>Medicaid ID number:</i>				

<b>MONTHLY INCOME - Only complete if youth is switching into or out of TLP or State TLP</b>				
Do you have income from any source?	<input type="checkbox"/> Yes <b>*specify below</b> <input type="checkbox"/> No <b>*select "No" for each type below</b>			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Alimony or other spousal support:	<input type="checkbox"/> Yes	Monthly Amount \$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Child support:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Earned income:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
General Assistance:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Other:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Pension or retirement income from a former job:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Private disability insurance:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Retirement income from SS:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
SSDI:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
SSI:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
TANF (Reach Up):	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Unemployment insurance:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
VA non-service-connected disability pension:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
VA service-connected disability compensation:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Worker's compensation:	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
<b>Total monthly income:</b>	<b>\$</b>			

<b>NON-CASH BENEFITS</b>			
Do you receive non-cash benefits from any source?	<input type="checkbox"/> Yes <b>*specify below</b> <input type="checkbox"/> No <b>*select "No" for each type below</b>		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
SNAP (3SquaresVT/food stamps):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
WIC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Reach Up child care services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Reach Up transportation services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Other Reach Up services:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
Other source:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data not collected

<b>RHY SPECIFIC DATA</b>		
<b>Youth care worker:</b> Is youth eligible for federal BCP services?	<i>(Yes must be checked if youth is switching into BCP Prevention or Shelter)</i>	
	<input type="checkbox"/> Yes <b>*answer follow-up question</b> <input type="checkbox"/> No <b>*answer follow-up question</b>	
<b>Youth care worker:</b> If eligible for federal BCP services, is youth a runaway?	<input type="checkbox"/> Yes <i>(youth under 18 years of age who absents themselves from home/place of legal residence without the permission of a parent/legal guardian)</i>	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Youth care worker:</b> If not eligible, why not? <i>(If any reason is checked here, youth must be switching into TLP or State BCP/TLP)</i>	<input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the state <input type="checkbox"/> Ward of the criminal justice <i>(currently under a court order to attend a residential juvenile facility)</i> <input type="checkbox"/> Other	
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"/> 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

If employed, what type of employment is it?	<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
If not employed, why not?	<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
<i>Have you had an annual check-up with a doctor within the last year?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer
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
<i>Have you seen a dentist within the last year?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer
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
If yes, what is your due date?		
<i>Is your partner pregnant?</i>	<input type="checkbox"/> Yes <b>*ask next question</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer
<i>If yes, what is their due date?</i>		
<i>Do you have any children?</i>	<input type="checkbox"/> Yes <b>*ask next question</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer
<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"/> Declined to answer
<i>Are you currently involved with DCF?</i>	<input type="checkbox"/> Yes <b>*ask next question</b> <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer
<i>What is your current DCF involvement? (Check all that apply)</i>	<input type="checkbox"/> Open DCF investigation <input type="checkbox"/> In DCF custody <input type="checkbox"/> Conditional custody order <input type="checkbox"/> Open family case with DCF <input type="checkbox"/> On juvenile probation <b>*ask next question</b> <input type="checkbox"/> Youthful offender status <b>*ask next question</b>	<input type="checkbox"/> Unknown <b>*if possible, contact DCF district office to determine &amp; provide updated information to VCRHYP</b>
<i>Are you currently involved with any of the following programs?</i>	<input type="checkbox"/> Community Justice Center <input type="checkbox"/> Court Diversion Program <input type="checkbox"/> Alternative Restorative Justice Program	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer

<p>Are you currently involved with the <u>adult</u> criminal justice system? (Drug Court, Parole, Community Service, Probation, etc.)</p>	<input type="checkbox"/> Yes <b>*ask name of officer -&gt;</b> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Declined to answer	<p><b>What is the name of your probation/parole officer/etc?</b></p> <p><b>What is their contact info?</b></p>
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**SEXUAL EXPLOITATION/TRAFFICKING**

<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>Has this happened in the past 3 months?</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>How many times have you received something in exchange for having sexual contact with another person?</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>Has someone ever made you or persuaded you to have sexual contact with anyone else in exchange for something?</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>If yes, has this happened in the past 3 months?</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**

<p>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?</p>	<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
<p>Have you ever been promised work where the work or payment ended up being different from what you expected?</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 TO EITHER OF THE PREVIOUS 2 QUESTIONS, CONTINUE WITH SECTION BELOW</b>		
<p>Did you feel forced, pressured, or tricked into continuing the job?</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>Have you had any jobs like these in the last 3 months?</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



<b>ARE ANY OF THE FOLLOWING CRITICAL ISSUES FOR YOU AT THIS TIME?</b> <i>(as identified by youth or staff)</i>		
Unemployment – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mental health issues – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Physical disability – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Alcohol or other drug abuse – family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Insufficient income to support youth <i>(parents/guardians have insufficient income to support youth's basic needs)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incarcerated parent of youth	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>TLP Outcomes - Only complete if youth is switching <u>out of TLP or State TLP</u></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

<b>SERVICE CONNECTIONS</b>	
<i>(Indicate all services provided to youth in the program they are switching out of)</i>	
<b>TYPE OF RHY SERVICE:</b> <i>(select when services are provided either by the grant organization or elsewhere in the local community and with which the client has been connected)</i>	<b>DATE OF SERVICE:</b> <i>(estimate is okay)</i>
<input type="checkbox"/> Community service/service learning <i>(activities that involve youth in helping others or in the community)</i>	
<input type="checkbox"/> Criminal justice/legal services <i>(legal services or guidance provided through an attorney or attorney-supervised paralegal)</i>	
<input type="checkbox"/> Education <i>(includes learning disability assessment, tutoring, GED preparation, local school enrollment, vocational education, etc.)</i>	
<input type="checkbox"/> Employment and/or training services <i>(services related to helping young people obtain and retain employment, such as assessment, coaching, filling out applications, interviewing, practicing and conducting job searches, referrals, and job maintenance skills)</i>	
<input type="checkbox"/> Health/medical care <i>(general health care or surgical services by licensed medical practitioners; may include prenatal testing or other health screenings)</i>	
<input type="checkbox"/> Home-based services <i>(any range of services offered at home, usually aimed at keeping a youth from running away or the family stabilized)</i>	
<input type="checkbox"/> Life skills training <i>(formal and informal coaching/training in communication skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene, etc.)</i>	
<input type="checkbox"/> Parenting education for youth with children <i>(services designed to build improved parenting skills for youth with children)</i>	
<input type="checkbox"/> Post-natal newborn care <i>(services and healthcare provided to the baby after birth, including wellness exams and immunizations)</i>	
<input type="checkbox"/> Post-natal care for mother <i>(services and healthcare provided to clients after the birth of a baby, including wellness exams and immunizations)</i>	
<input type="checkbox"/> Pre-natal care <i>(services and healthcare provided to expectant clients to ensure a healthy pregnancy, labor, and delivery)</i>	
<input type="checkbox"/> STD testing <i>(procedures to test for a range of Sexually Transmitted Infections)</i>	
<input type="checkbox"/> Street-based services <i>(services provided to youth on the street, including gateway services, assessment, harm reduction, crisis stabilization, and continuum service linkages)</i>	
<input type="checkbox"/> Substance abuse education/prevention <i>(activities related to alcohol and drug abuse prevention, such as education, group activities, peer coaching, refusal skills, etc.)</i>	
<input type="checkbox"/> Substance abuse treatment <i>(comprehensive assessment of an individual's current or past involvement with alcohol and/or drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse)</i>	

<b>DISABILITY ADDENDUM</b> - Complete if there are any updates to a client's disability status		
Do you have a disabling condition?	<input type="checkbox"/> Yes <b>*specify below</b> <input type="checkbox"/> No <b>*select "No" for each type below</b>	<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> <i>(an impairment caused by alcohol abuse)</i>	<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>		
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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Drug abuse without alcohol abuse:</b> <i>(an impairment caused by drug abuse)</i>	<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>		
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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Both alcohol and drug abuse:</b> <i>(an impairment caused by both alcohol and drug abuse)</i>	<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>		
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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Chronic health condition:</b> <i>(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)</i>	<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>		
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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mental health problem:</b> <i>(select "Yes" if problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature)</i>	<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 ON NEXT PAGE</b>		

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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Physical disability:</b> <i>(physical impairment)</i>	<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>		
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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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 <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>		
Is this expected to substantially impair 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
Is your condition going to be long term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Comments/notes:</i>		