# VCRHYP INTAKE ASSESSMENT

| CLIENT RECORD | | |
|---|---|---|
| First name: | | |
| Middle name: | | |
| Last name: | | |
| Suffix: | | |
| Name data quality: | ☐ Full name recorded<br>☐ Partial, street name, or code name recorded | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| Do you go by any other names? | ***If yes, record them here:*** | |
| What is your social security number? | | |
| Social security number data quality: | ☐ Full SSN recorded<br>☐ Approximate or partial SSN recorded | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| Are you a U.S. military veteran? ***(only ask youth who are 18 or older)*** | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Agency name: | | |
| Agency program: | ☐ Basic Center – Prevention<br>☐ Basic Center – Shelter | ☐ Transitional Living Program |
| Name of youth care worker: | | |
| Date of intake/project entry: | | |

| CLIENT DEMOGRAPHICS | | |
|---|---|---|
| What is your date of birth? | | |
| Date of birth quality: | ☐ Full DOB recorded<br>☐ Approximate or partial DOB recorded | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| What gender do you identify as? | ☐ Female<br>☐ Male<br>☐ Transgender female *(male to female)*<br>☐ Transgender male *(female to male)* | ☐ Gender non-conforming *(not exclusively male or female)*<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Do you identify as transgender?* | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Declined to answer |
| What races do you identify as? ***(select up to two)***<br><br>***Youth care worker:*** *circle whichever the youth identifies first* | ☐ American Indian or Alaska Native<br>☐ Asian<br>☐ Black or African American | ☐ Native Hawaiian or Other Pacific Islander<br>☐ White<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| Do you identify as Hispanic or Latino/Latina? | ☐ No *(Non-Hispanic/ Non-Latino/ Non-Latina)*<br>☐ Yes *(Hispanic/ Latino/ Latina)* | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

| *What is your primary language?* | |
|---|---|
| Client location: | ☐ VT-500 Vermont Balance of State CoC<br>☐ VT-501 Burlington/Chittenden County CoC |

## DISABILITIES

| | | |
|---|---|---|
| Do you have a disabling condition? ***(documentation is not required, client's self-report is considered sufficient)*** | ☐ Yes ***specify below**<br>☐ No ***select "No" for each type below** | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| **Alcohol abuse without drug abuse:** *(an impairment caused by alcohol abuse)* | ☐ Yes ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |
| **Drug abuse without alcohol abuse:** *(an impairment caused by drug abuse)* | ☐ Yes ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |
| **Both alcohol and drug abuse:** *(an impairment caused by both alcohol and drug abuse)* | ☐ Yes ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |
| **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 ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |

| **Mental health problem:**<br>*(select "Yes" if problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature)* | ☐ Yes ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
|---|---|---|
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |
| **Physical disability:**<br>*(physical impairment)* | ☐ Yes ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |
| **Developmental disability:**<br>*(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 ***continue below**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| Is this expected to substantially impair your ability to live independently? | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| Is your condition going to be long term? | ☐ Yes | ☐ No |
| *Comments/notes:* | | |

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

## MONTHLY INCOME – *TLP only*

| Do you have income from any source? | ☐ Yes ***specify below***<br>☐ No ***select "No" for each type below*** | | | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
|---|---|---|---|---|
| Alimony or other spousal support: | ☐ Yes | Monthly Amount<br>$ | ☐ No | ☐ Data not collected |
| Child support: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Earned income: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| General Assistance: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Other: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Pension or retirement income from a former job: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Private disability insurance: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Retirement income from SS: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| SSDI: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| SSI: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| TANF (Reach Up): | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Unemployment insurance: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| VA non-service-connected disability pension: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| VA service-connected disability compensation: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| Worker's compensation: | ☐ Yes | $ | ☐ No | ☐ Data not collected |
| **Total monthly income:** | | **$** | | |

## NON-CASH BENEFITS

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

| CLIENT LOCATION | |
|---|---|
| Where did you stay last night?<br><br>***(response should be where the client was the NIGHT PRIOR to project entry)*** | **1. Homeless Situation *ask follow-up questions in section 1 below (pg. 5)**<br>☐ Place not meant for habitation *(e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)*<br>☐ Emergency shelter, including hotel or motel paid for WITH an emergency shelter voucher<br>**2. Institutional Situation *ask follow-up questions in section 2 on pg. 6**<br>☐ Foster care home or foster care group home<br>☐ Hospital or other residential non-psychiatric medical facility<br>☐ Jail, prison, or juvenile detention facility<br>☐ Long-term care facility or nursing home<br>☐ Psychiatric hospital or other psychiatric facility<br>☐ Substance abuse treatment facility or detox center<br>**3. Transitional and Permanent Housing Situation *ask follow-up questions in section 3 on pg. 6**<br>☐ Hotel or motel paid for WITHOUT emergency shelter voucher<br>☐ Owned by client, NO ongoing housing subsidy<br>☐ Owned by client, WITH ongoing housing subsidy<br>☐ Permanent housing for formerly homeless persons (other than RRH)<br>☐ Rental by client, NO ongoing housing subsidy<br>☐ Rental by client, with VASH subsidy ***(Veterans only)***<br>☐ Rental by client, with GPD TIP subsidy ***(Veterans only)***<br>☐ Rental by client, with other ongoing housing subsidy (including RRH)<br>☐ Residential project or halfway house with no homeless criteria<br>☐ Staying or living in a family member's room, apartment, or house<br>☐ Staying or living in a friend's room, apartment, or house<br>☐ Transitional housing for homeless persons (including youth)<br>**Other *skip to Domestic Violence section on pg. 7**<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

| 1. IF CLIENT IS ENTERING FROM HOMELESS SITUATION | | |
|---|---|---|
| How long have you been staying there? | ☐ One night or less<br>☐ Two to six nights<br>☐ One week or more, but less than one month<br>☐ One month or more, but less than 90 days<br>☐ More than three months, but less than one year<br>☐ One year or longer<br>☐ Client doesn't know<br>☐ 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)? | ☐ One time<br>☐ Two times<br>☐ Three times<br>☐ Four or more times | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| How many months were you on the streets/in emergency shelter in the past 3 years? | ☐ One month *(this is the first time)*<br>☐ 2-12 months: **specify #__**<br>☐ More than 12 months | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

## 2. IF CLIENT IS ENTERING FROM INSTITUTIONAL SITUATION

| How long have you been staying there? | ☐ One night or less ***continue below**<br>☐ Two to six nights ***continue below**<br>☐ One week or more, but less than one month ***continue below**<br>☐ One month or more, but less than 90 days ***continue below**<br>☐ More than three months, but less than one year ***BCP Shelter continue below**<br>☐ One year or longer ***BCP Shelter continue below**<br>☐ Client doesn't know ***BCP Shelter continue below**<br>☐ Client refused |
|---|---|

***IF LENGTH OF STAY WAS LESS THAN 90 DAYS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW***

| On the night before entering the institutional situation, did you stay on the streets/in emergency shelter? | ☐ Yes ***continue below** | ☐ No ***BCP Shelter continue below** |
|---|---|---|

***IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW***

| 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)? | ☐ One time<br>☐ Two times<br>☐ Three times<br>☐ Four or more times | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| How many months were you on the streets/ in emergency shelter in the past 3 years? | ☐ One month *(this is the first time)*<br>☐ 2-12 months: **specify #__**<br>☐ More than 12 months | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

## 3. IF CLIENT IS ENTERING FROM TRANSITIONAL/PERMANENT SITUATION

| How long have you been staying there? | ☐ One night or less ***continue below**<br>☐ Two to six nights ***continue below**<br>☐ One week or more, but less than one month ***BCP Shelter continue below**<br>☐ One month or more, but less than 90 days ***BCP Shelter continue below**<br>☐ More than three months, but less than one year ***BCP Shelter continue below**<br>☐ One year or longer ***BCP Shelter continue below**<br>☐ Client doesn't know<br>☐ Client refused |
|---|---|

***IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW***

| On the night before entering the transitional/permanent situation, did you stay on the streets/ in emergency shelter? | ☐ Yes ***continue below** | ☐ No ***BCP Shelter continue below** |
|---|---|---|

***IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW***

| 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)? | ☐ One time<br>☐ Two times<br>☐ Three times<br>☐ Four or more times | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| How many months were you on the streets/in emergency shelter in the past 3 years? | ☐ One month *(this is the first time)*<br>☐ 2-12 months: **specify #__**<br>☐ More than 12 months | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

| DOMESTIC VIOLENCE | | |
|---|---|---|
| Has a partner ever made you feel afraid for your safety, hurt you, or controlled your choices? | ☐ Yes ***continue below**<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| ***IF YES, CONTINUE WITH SECTION BELOW*** | | |
| When did you have this experience? | ☐ Within the past 3 months<br>☐ Three to six months ago<br>☐ Six months to one year ago | ☐ One year ago or more<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| Are you currently fleeing a partner? | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

| RHY SPECIFIC DATA | | |
|---|---|---|
| **BCP only - Youth care worker:** Is youth a runaway? | ☐ Yes *(youth under 18 years of age who absents themselves from home/place of legal residence without the permission of a parent/legal guardian)* | ☐ No<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| What is your sexual orientation? | ☐ Heterosexual<br>☐ Gay<br>☐ Lesbian<br>☐ Bisexual | ☐ Questioning/Unsure<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| What was the last grade you completed in school? | ☐ Less than grade 5<br>☐ Grades 5-6<br>☐ Grades 7-8<br>☐ Grades 9-11<br>☐ Grade 12/high school diploma<br>☐ School program does not have grade levels<br>☐ GED | ☐ Some college<br>☐ Associate's degree<br>☐ Bachelor's degree<br>☐ Graduate degree<br>☐ Vocational certification<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| What is your current school status? | ☐ Attending school regularly *(without extended absenteeism)*<br>☐ Attending school irregularly *(1-3 days/week on average)*<br>☐ Graduated from high school<br>☐ Obtained GED | ☐ Dropped out<br>☐ Suspended<br>☐ Expelled<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| Are you employed? | ☐ Yes ***ask follow-up question**<br>☐ No ***ask follow-up question** | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| If employed, what type of employment is it? | ☐ Full-time<br>☐ Part-time | ☐ Seasonal/sporadic *(including day labor)*<br>☐ Data not collected |
| If not employed, why not? | ☐ Looking for work<br>☐ Unable to work *(due to a physical/ developmental disability or illness)* | ☐ Not looking for work<br>☐ Data not collected |

| Question | Responses | Other responses |
| --- | --- | --- |
| How would you rate your general health status? | ☐ Excellent<br>☐ Very good<br>☐ Good<br>☐ Fair | ☐ Poor<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Have you had an annual check-up with a doctor within the last year?* | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| How would you rate your dental health status? | ☐ Excellent<br>☐ Very good<br>☐ Good<br>☐ Fair | ☐ Poor<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Have you been to the dentist in the last year?* | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| How would you rate your mental health status? | ☐ Excellent<br>☐ Very good<br>☐ Good<br>☐ Fair | ☐ Poor<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Do you have any current thoughts of harming yourself or others?* | ☐ Yes to harming **yourself**<br>☐ Yes to harming **others**<br>☐ No to harming **yourself**<br>☐ No to harming **others** | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *If so, please explain:* | | |
| *Have you previously had thoughts of harming yourself or others?* | ☐ Yes to harming **yourself**<br>☐ Yes to harming **others**<br>☐ No to harming **yourself**<br>☐ No to harming **others** | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *If so, please explain:* | | |
| *Have you had thoughts about killing yourself?* | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| *If so, please explain:* | | |
| Are you pregnant? | ☐ Yes ***answer next question**<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| If yes, what is your due date? | | |
| *Is your partner pregnant?* | ☐ Yes ***answer next question**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| *If yes, what is their due date?* | | |
| *Do you have any children?* | ☐ Yes ***ask next question**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |

| | | |
|---|---|---|
| *If yes, do you have custody of your children?* | ☐ Yes<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| *Are you currently involved with DCF?* | ☐ Yes ***ask next question**<br>☐ No<br>☐ Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| *If yes, what is your current DCF involvement?*<br>***(Check all that apply)*** | ☐ Open DCF investigation<br>☐ In DCF custody<br>☐ Conditional custody order<br>☐ Open family case with DCF<br>☐ On juvenile probation ***ask next question**<br>☐ Youthful offender status ***ask next question** | ☐ Unknown ****if possible, contact DCF district office to determine & provide updated information to VCRHYP*** |
| *If on juvenile probation/ youthful offender status, are you currently involved with any of the following programs?* | ***Check all that apply***<br>☐ Community Justice Center<br>☐ Court Diversion Program<br>☐ Alternative Restorative Justice Program | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| Have you ever been in DCF foster care in the past? | ☐ Yes ***ask # of years ->**<br>☐ No<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected | **If yes, for how long?**<br>☐ Less than one year<br>**# of months (1-11):___**<br>☐ 1 to 2 years<br>☐ 3 to 5 or more years<br>☐ Data not collected |
| *Have you or your family ever been involved with DCF in the past other than being in foster care?* | ☐ Yes ***ask next question**<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *If yes, what was your past DCF involvement?*<br>***(Check all that apply)*** | ☐ DCF investigation<br>☐ Conditional custody order<br>☐ Family case with DCF<br>☐ Juvenile probation ***ask next <u>two</u> questions**<br>☐ Youthful offender status ***ask next <u>two</u> questions** | ☐ Unknown ****if possible, contact DCF district office to determine & provide updated information to VCRHYP*** |
| If on juvenile probation or youthful offender status, for how long? | ☐ Less than one year<br>**# of months (1-11):____**<br>☐ 1 to 2 years<br>☐ 3 to 5 or more years | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *If on juvenile probation/ youthful offender status, have you ever been involved with any of the following programs in the past?* | ***Check all that apply***<br>☐ Community Justice Center<br>☐ Court Diversion Program<br>☐ Alternative Restorative Justice Program | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |

| *Are you currently involved with the adult criminal justice system?* *(Drug Court, Parole, Community Service, Probation, etc.)* | ☐ Yes ***ask name of officer ->**<br>☐ No<br>☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected | ***What is the name of your probation/parole/etc. officer?***<br><br>***What is their contact info?*** |
|---|---|---|
| *Have you ever been involved with the adult criminal justice system in the past?* | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Are you subject to or protected by any of the following?* | | |
| *Relief from abuse order?* | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Stalking or sexual assault protection order?* | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *No contact order?* | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Other legal orders?* | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client refused<br>☐ Data not collected |
| *Comments/notes:* | | |

| ARE ANY OF THE FOLLOWING CRITICAL ISSUES FOR YOU? *(as identified by youth or staff)* | | |
|---|---|---|
| Unemployment – family member | ☐ No | ☐ Yes |
| Mental health issues – family member | ☐ No | ☐ Yes |
| Physical disability – family member | ☐ No | ☐ Yes |
| Alcohol or other substance abuse – family member | ☐ No | ☐ Yes |
| Insufficient income to support youth *(parents/guardians have insufficient income to support youth's basic needs)* | ☐ No | ☐ Yes |
| Incarcerated parent of youth | ☐ No | ☐ Yes |

## HOW WERE YOU REFERRED TO THIS PROGRAM?

- ☐ Self-referral
- ☐ Individual *(parent, guardian, relative, friend, foster parent, or other individual)*
- ☐ Temporary shelter
- ☐ Residential project
- ☐ Outreach project
- ☐ Hotline
- ☐ Child welfare/CPS *(DCF)*
- ☐ School
- ☐ Juvenile justice program
- ☐ Law enforcement/police
- ☐ Mental hospital
- ☐ Other organization
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

| ***Youth care worker****: did this client receive brief services or have brief contacts with the agency before coming into the program?* | ☐ Yes<br>☐ No |
|---|---|

| *CLIENT CONTACT INFORMATION* | | |
|---|---|---|
| *What is the address where you can get mail?* | | |
| *What is your town of residence?* | | |
| *What is your email address?* | | |
| *What is your phone number?* | | |
| *Is it okay to leave a message at this phone number?* | ☐ Yes | ☐ No |
| *Can we say the agency name when we call this phone number?* | ☐ Yes | ☐ No |
| *What is the name and contact information for your parents/guardians?* | | |
| *If you are 18 or over, what is the name and contact information for who we should contact in case of an emergency?* | | |
| *Are there any other ways to contact you if we lose touch?* | | |

By signing below, I understand that my information will be shared with VCRHYP in order to be entered into the HMIS database:

Youth signature Date

Youth care worker signature Date