

VCRHYP PROJECT REENTRY FORM

CLIENT RECORD		
Client ID # from ServicePoint:		
Agency name:		
Agency program:	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter	<input type="checkbox"/> Transitional Living Program
Name of youth care worker:		
Date of project reentry:		

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

1. IF CLIENT IS ENTERING FROM HOMELESS SITUATION		
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: 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

2. IF CLIENT IS ENTERING FROM INSTITUTIONAL SITUATION		
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 *continue below <input type="checkbox"/> One month or more, but less than 90 days *continue below <input type="checkbox"/> More than 3 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	
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?	<input type="checkbox"/> Yes *continue below	<input type="checkbox"/> 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)?	<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

3. IF CLIENT IS ENTERING FROM TRANSITIONAL/PERMANENT SITUATION		
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 3 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	
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?	<input type="checkbox"/> Yes *continue below	<input type="checkbox"/> 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)?	<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
DOMESTIC VIOLENCE		
Has a partner 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		
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
RHY SPECIFIC DATA		
BCP only - Youth care worker: 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
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 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
If employed, what type of employment is it?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal/sporadic (<i>including 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
<i>Have you had an annual check-up (well-adolescent visit) 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"/> Client refused <input type="checkbox"/> Data not collected
<i>Have you seen a dentist in the last year?</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 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
If yes, what is your due date?		
<i>Is your partner pregnant?</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, what is their due date?</i>		
<i>Do you have any children?</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, do you have custody of your children?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Are you currently involved with DCF?</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, 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 *ask next question <input type="checkbox"/> Youthful offender status *ask next question	<input type="checkbox"/> Unknown *if possible, contact DCF district office to determine & provide updated information to VCRHYP

<p><i>If on juvenile probation/ youthful offender status, are you currently involved with any of the following programs?</i></p>	<p>Check all that apply</p> <p><input type="checkbox"/> Community Justice Center</p> <p><input type="checkbox"/> Court Diversion Program</p> <p><input type="checkbox"/> Alternative Restorative Justice Program</p>	<p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>
<p><i>Are you currently involved with the <u>adult</u> criminal justice system? (Drug Court, Parole, Community Service, Probation, etc.)</i></p>	<p><input type="checkbox"/> Yes *ask name of officer -></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	<p>What is the name of your probation/parole officer/etc?</p> <p>What is their contact info?</p>
<p><i>Comments/notes:</i></p>		

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

<p>HOW WERE YOU REFERRED TO RHY SERVICES?</p>		
<p><input type="checkbox"/> Self-referral</p> <p><input type="checkbox"/> Individual <i>(parent, guardian, relative, friend, foster parent, or other individual)</i></p> <p><input type="checkbox"/> Temporary shelter</p> <p><input type="checkbox"/> Residential project</p> <p><input type="checkbox"/> Outreach project</p> <p><input type="checkbox"/> Hotline</p> <p><input type="checkbox"/> Child welfare/CPS <i>(DCF)</i></p>	<p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Juvenile justice program</p> <p><input type="checkbox"/> Law enforcement/police</p> <p><input type="checkbox"/> Mental hospital</p> <p><input type="checkbox"/> Other organization</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	
<p>Youth care worker: <i>did this client receive brief services or have brief contacts with the agency before coming into the program?</i></p>		<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>