

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 | |
|--|---|
| Where did you stay last night? <i>(response should be where the client was the NIGHT PRIOR to project entry)</i> | <p>1. Homeless Situation *ask follow-up questions in section 1 on pg. 2</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>) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for WITH an emergency shelter voucher <p>2. Institutional Situation *ask follow-up questions in section 2 on pg. 2</p> <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"/> 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>3. Transitional and Permanent Housing Situation *ask follow-up questions in section 3 on pg. 3</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"/> 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 in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Transitional housing for homeless persons (including youth) <p>Other *skip to Domestic Violence section on pg. 3</p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

| 1. IF CLIENT IS ENTERING FROM HOMELESS SITUATION | | |
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| 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 |

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| 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 <i>*if possible, contact DCF district office to determine & provide updated information to VCRHYP</i> |

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| <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> <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"/> Client refused <input type="checkbox"/> Data not collected |
| <p><i>Are you currently involved with the <u>adult</u> criminal justice system? (Drug Court, Parole, Community Service, Probation, etc.)</i></p> | <input type="checkbox"/> Yes *ask name of officer -> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | <p>What is the name of your probation/parole officer/etc?</p> <p>What is their contact info?</p> |
| <p>Comments/notes:</p> | | |

| ARE ANY OF THE FOLLOWING CRITICAL ISSUES FOR YOU? <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 |

| HOW WERE YOU REFERRED TO RHY SERVICES? | | |
|---|--|---|
| <input type="checkbox"/> Self-referral <input type="checkbox"/> Individual <i>(parent, guardian, relative, friend, foster parent, or other individual)</i> <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Residential project <input type="checkbox"/> Outreach project <input type="checkbox"/> Hotline <input type="checkbox"/> Child welfare/CPS <i>(DCF)</i> | <input type="checkbox"/> School <input type="checkbox"/> Juvenile justice program <input type="checkbox"/> Law enforcement/police <input type="checkbox"/> Mental hospital <input type="checkbox"/> Other organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |
| <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> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |