

## VCRHYP QUARTERLY UPDATE

CLIENT RECORD		
Client ID # from ServicePoint:		
Name of youth care worker:		
Agency name:		
Date update is completed:		
Agency program:	<input type="checkbox"/> Basic Center – Prevention <input type="checkbox"/> Basic Center – Shelter	<input type="checkbox"/> Transitional Living Program
Quarter being reviewed:	<input type="checkbox"/> Quarter 1 (Oct, Nov, Dec) <input type="checkbox"/> Quarter 2 (Jan, Feb, Mar)	<input type="checkbox"/> Quarter 3 (Apr, May, Jun) <input type="checkbox"/> Quarter 4 (Jul, Aug, Sep)
Client location:	<input type="checkbox"/> VT-500 Vermont Balance of State CoC <input type="checkbox"/> VT-501 Burlington/Chittenden County CoC	

EMPLOYMENT and ENROLLMENT STATUS	
Have you been employed at any point during the past 3 months? <i>(Employment can include: full time, part-time, or seasonal/sporadic work, vocational training placements, apprenticeships, or work experience opportunities)</i>	<input type="checkbox"/> Yes <b>*ask next question</b> <input type="checkbox"/> No
If yes, during which months of the quarter were you employed? <b><i>(Check all that apply)</i></b> <i>(Example: if reviewing quarter 1, 1<sup>st</sup> month = Oct, 2<sup>nd</sup> month = Nov, 3<sup>rd</sup> month = Dec)</i>	<input type="checkbox"/> 1 <sup>st</sup> month <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 3 <sup>rd</sup> month
Have you been enrolled in and attending an educational program at any point during the past 3 months? <i>(Educational program can include: elementary/secondary school, GED prep course, college, technical school, etc.)</i>	<input type="checkbox"/> Yes <b>*ask next question</b> <input type="checkbox"/> No
If yes, during which months of the quarter were you enrolled and attending? <b><i>(Check all that apply)</i></b>	<input type="checkbox"/> 1 <sup>st</sup> month <input type="checkbox"/> 2 <sup>nd</sup> month <input type="checkbox"/> 3 <sup>rd</sup> month

BROKERED HOUSING - BCP Prevention only	
Did the program provide brokered housing for the client during the past 3 months? <i>(Brokered housing is defined as: helping a youth set up and/or maintain housing with a trusted adult they know, other than a guardian, as an alternative to living on their own, couch-surfing, going home, etc.)</i>	<input type="checkbox"/> Yes <b>*answer next question</b> <input type="checkbox"/> No
How many nights of brokered housing were provided? <b><i>(Provide the # of nights, NOT a date range)</i></b>	

PREGNANCY STATUS		
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?		

DISABILITIES		
Have there been any updates to your disability status?	<input type="checkbox"/> Yes <b>*complete Disability Addendum starting on pg. 4</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

<b>MONTHLY INCOME - TLP only</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"/> Client doesn't know	<input type="checkbox"/> Client refused
	<input type="checkbox"/> No <b>*select "No" for each type below</b>	<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>SERVICE CONNECTIONS</b> <i>(Indicate all services provided to the youth during the quarter)</i>	
TYPE OF RHY SERVICE <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>	DATE OF SERVICE <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 &amp; retain employment, such as assessment, coaching, filling out applications, interviewing, practicing &amp; conducting job searches, referrals, &amp; 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, &amp; 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 - Complete if there are any updates to a client's disability status</b>		
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 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>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