Youth RHYMIS / HMIS Aftercare

Required for Appian Only

Client Name: SSN:						Date of Birth:			
							/	1	
Agency or Program Name:							re Date:	1	
Case Manager Name: Case Manager Email:						Case M	<i>I</i> anager P	hone:	
						()	none.	
*1. Was aftercare provided	I?: □Yes	□ No □ Cli	ent prefers no	t to answer					
*2. If yes, aftercare was provided via: □ Email, Social Media □ Phone □ In person: one-on-one □ In person: group									
*Employment									
*3. Is client employed or		,	*6. If <u>unem</u>	ploved.	whv?				
unemployed? employment? 5. Hours per we			Lookir			ng for work e to work			
□ Employed□ Unemployed	Full Time Part Time Seasonal	Where?			_	ing for work			
1 7	Seasonal	*7. Monthl	v Income						
	Receiv	ed in Past 30 Days?	Income				Rece	ived in Past 30 Days?	
\$Earned income (i.e. employment	\$VA service-connected disability compensation Yes / No								
\$Pension from a former job (included)	\$VA non service-connected disability pension Yes / No								
\$Private disability insurance	\$Alimony or other spousal support Yes / No \$ SSI Yes / No								
\$Child support	\$SSI								
\$Unemployment insurance	\$General Assistance Yes / No								
\$Worker's compensation	\$TANF								
\$Retirement income from Social S	ecurity	Yes / No	\$ Other	income source	:			Yes / No	
*8. Health Insurance									
	•	HOPWA: If no, reason?	1			-		OPWA: If no, reason?	
Medicaid/Medi-Cal	Yes / No Yes / No		Health insurance		-	Yes Yes			
MEDICARE	Private Pay Health Insurance State Health Yes / No Insurance for Adults Yes / No								
State Children's Health Insurance Program Veteran's Health Administration (VHA)	Indian Health Se		1	Yes					
Employer-provided Health Insurance	Yes / No Yes / No				•	Yes			
*HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable									
*Health Status									
Excellent Very Good Good Fair Poor									
*9. What is your General Heal	th Status?	0	0 0	O Cli	ient doesn'	t know (Client prefe	ers not to answer	
*10. What is your Dental Heal	th Status?	0	0 0	O Cli	ient doesn'	t know (Client prefe	ers not to answer	
*11. What is your Mental Heal		0	0 0	O Cli	ient doesn'	t know (Client prefe	ers not to answer	
*12. Are you pregnant?	☐ Yes, projected	d birth date	//			□ No			
*Education									
*13. School Status		Educ	alion						
Attending school regularly Attending school irregularly	d out ided d			ient doesn' ient prefers	t know s not to ansv	ver			
*14. Last grade completed	?								
	2th Grade		□ Associate	es degree	□ Cli	ent doesn'	t know		
☐ Grade 5-6 ☐ GED ☐ Bachelor's degree ☐ Client prefers not to answer									
☐ Grade 7-8 ☐ School program does not have grade levels ☐ Graduate degree ☐ 9th – 11th Grade ☐ Some college ☐ Vocational certification									
The State College									
*15. GPA of current or most recent education level completed									
*Criminal history									
*16. Have you ever been convicted of a crime (Y/N)? Explain crime: If yes, were you convicted within the last 6 months (Y/N)?									
*Permanent Connections									
*17. Does the client have permanent positive adult connections outside of project? Yes / No / Worker doesn't know									
*18. Does the client have permanent positive peer connections outside of project? Yes / No / Worker doesn't know *19. Does the client have permanent positive community connections outside of project? Yes / No / Worker doesn't know *19. Does the client have permanent positive community connections outside of project? Yes / No / Worker doesn't know									
19. Does the client have p	permanent positive	community conf	iections out	side of pr	oject? Y	es / NO	vvorker	uoesn i know	
Aftercare Worker's S			Date	:					