Youth RHYMIS / HMIS Update

| *Client Name: | *Date of Birth: | | | | | | | | | |
|---|---|--------------------------------|---------------------------------|--|------------|-------------|---|------------|--------|----------|
| *Agency or Program Name | *Update Date: | <u>'</u> | | | | | | | | |
| *Case Manager Name: | *Case Manager | hone | e: | | | | | | | |
| *Employment | | | | | | | | | | |
| *1. Is client employed or | *2. Type of | *3. Hours pe | | | | *4 If | unemployed, why? | | | |
| unemployed? | employment? | J. Hours pe | CI WCCN | \: | | | Looking for work | | | |
| ☐ Employed | Full Time Part Time | Where? | | | | _ | Unable to work Not looking for work | | | |
| □ Unemployed | Seasonal | *5 Mc | nthly | Income | | | | | | |
| *5. Monthly Income 10. Received in Past 30 Days? Received in Past 30 Days? | | | | | | | | | | |
| \$Earned income (i.e. employment | | Yes / No | | \$VA service-co | | | | | / No | |
| \$Pension from a former job (included) | ling military retirement pay) | Yes / No | | \$VA non servic \$Alimony or oth | | | • • | Yes | / No | |
| \$Private disability insurance | | Yes / No | | \$SSI | iei spousa | Support | | Yes Yes | / No | |
| \$Child support | | Yes / No | | \$SSDI | | | | Yes | / No | |
| \$Unemployment insurance | | Yes / No | | \$General Assis | tance | | | Yes | / No | |
| \$Worker's compensation | | Yes / No | | \$TANF | | | | Yes | / No | 0 |
| \$Retirement income from Social S | ecurity | Yes / No | 0 | \$ Other income | source: _ | | | Yes | / No | 0 |
| *6. Non Cash Benefits | | | | | | | | | | |
| - Supplemental Nutrition Assistance Progra | | eceived in Past 30 Yes / No | | Other TANF-funded s | ontions | | Rece | | Past 3 | 30 Days? |
| - TANF Child Care Services | im (Food stamps) | Yes / No | | | | for Wom | nen, Infants, Children (WIC) | | / No | |
| - TANF Transportation Services | | Yes / No | | - Other | | | | | / No | |
| Transportation convices | | | | | | | | 100 | , | |
| | Currently Covered? | | | surance | | | Currently Covered? HC | PWA: If | no. r | eason? |
| Medicaid/Medi-Cal | Yes / No | | | Health insurance obtained | ed through | COBRA | • | | | = |
| MEDICARE | Yes / No | | | Private Pay Health Insur | | | Yes / No | | | - |
| State Children's Health Insurance Program | (SCHIP) Yes / No Yes / No | | | State Health Insurance f | | | Yes / No | | | - |
| Veteran's Health Administration (VHA) | | Indian Health Services F | Program | | Yes / No | | | - | | |
| Employer-provided Health Insurance Yes / No Other *HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = CI | | | | | | land allala | Yes / No | | | - |
| | B. Disabilities (ple | | | | | | | pe not a | ppiic | able |
| Physical Yes / No | Long Term and Impairs | Yes / No | I | health disorder | Yes / | | Long Term and Impairs | | Yes | / No |
| Developmental Yes / No | Independence? | | Alcohol | use disorder | Yes / | / No | Independence? Long Term and Impairs | | Yes | / No |
| | Long Term and Impairs | | | | | | Independence? Long Term and Impairs | | | |
| Chronic health condition Yes / No | Independence? | Yes / No | Drug us | se disorder | Yes / | / No | Independence? | | Yes | / No |
| HIV/AIDS Yes / No | | | Both Al | cohol and Drug use | Yes / | / No | Long Term and Impairs Independence? | | Yes | / No |
| 9. Are you pregnant? | ☐ Yes, projected | d birth date _ | | | | | □ No | | | |
| | | *E | Educa | ation | | | | | | |
| *10. School Status | | | | | | | | | | |
| 0 0 , | ☐ Graduated from high scl ☐ Obtained GED | | Dropped Suspende Expelled | | | | Client doesn't know Client prefers not to answ | er | | |
| | | | , | | | | | | | |
| *11. Last grade completed | | | | □ | | | Oli t | | | |
| ☐ < 5th grade ☐ 12 ☐ Grade 5-6 ☐ G | 2th Grade SED | | | ☐ Associates degr☐ Bachelor's degre | | | Client doesn't know Client prefers not to answ | er | | |
| | chool program does not h | ave grade levels | 6 | ☐ Graduate degre | е | | | | | |
| ☐ 9th – 11th Grade ☐ S | some college | | | □ Vocational certif | ication | | | | | |
| 12. GPA of current or most recent education level completed | | | | | | | | | | |
| *Exploitation | | | | | | | | | | |
| *Labor Exploitation | | | | | | | | | | |
| *13. Ever been afraid to quit/le you or your family/friends? | eave work due to thre | eats of violence | ce to | | | | k where the work or what you expected? | | ent | |
| ☐ Yes | ☐ Client Doesn't Know | v | | ☐ Yes | | | Client Doesn't Know | | | |
| | ☐ Client prefers not to | | | □ No | | | Client prefers not to a | inswer | | |
| | _ chang profess flot to | 3101101 | | - 140 | | _ | S.IO. R PIOIOIS HOLLO | | | |

| · · · · · · · · · · · · · · · · · · · | | | | | | If yes to Questic t 3 months? | f yes to Question 13, have you had any jobs like these in the 3 months? | | | | | |
|---|----------------|--------------------------------|--|--|------------|----------------------------------|---|-----------------------|--------------------------------|-----------------------------------|-----------------------|--|
| ☐ Yes | | ☐ Client Doesn't Know | | | ☐ Yes | | | ☐ Client Doesn't Know | | | | |
| □ No | | ☐ Client prefers not to answer | | | □ No | | | | l Client p | refers | not to answer | |
| *Sexual Exploitation | | | | | | | | | | | | |
| *17. a) Have you ever | | | been in the | past 3 months? | | c) H | ow many | y time | es? | | | |
| exchange for having sexual relations with person, such as money, food, drugs, or sh | | | Yes | Client doesn't know | | | | 1-3 | | 12 or more Client doesn't know | | |
| □ Yes | ☐ Doesn't know | | | ☐ No | □ Client p | refers not to answ | ver | | 4-7 8-11 | | Client prefers not to | |
| □ No | ☐ Clie | nt prefers not | to answe | er | а | | | answer | | | | |
| *18. a) If yes to question 17, did someone ever make you or persuade you b) has it been in the past 3 months? | | | | | | | | | | | | |
| to have sex with anyone else in exchange for something, such as money, food, drugs or shelter? | | | | | | □ Yes | ☐ Client doesn't know | | | | | |
| ☐ Yes | · · · · | | | | □ No | | | _ | ☐ Client prefers not to answer | | | |
| □ No | | ☐ Client prefe | | answer | | | | | | | | |
| | | | | | | | | | | | | |
| Permanent Connections 19. Does the client have permanent positive adult connections outside of project? | | | | | | | | | | | | |
| Yes / No / Worker doesn't know | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 20. Does the client have permanent positive <u>peer</u> connections outside of project? Yes / No / Worker doesn't know | | | | | | | | | | | | |
| 21 Doos the clier | at have | normanor | st naci | tivo comm | unity oon | nootions out | aid. | | | | | |
| 21. Does the client have permanent positive <u>community</u> connections outside of project? Yes / No / Worker doesn't kno | | | | | | | | | orker doesn't know | | | |
| | | | | | | | | | | | | |
| *22. Housing Status Updates Housing Placement or New Housing Situation: | | | | | | | | | | | | |
| Housing Placement o | r New H | ousing Situat | iion: | | | | | | | | | |
| □ Place not meant for habitation □ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded host home □ Safe haven □ Host home (non-crisis) □ Foster care home or foster care group home □ Hospital or other residential non-psychiatric medical facility □ Jail, prison, or juvenile detention facility □ Long-term care facility or nursing home □ Psychiatric hospital or other psychiatric facility If permanently housed, Move-in If Move-in Dat | | | Hotology Hot | ostance abuse treatment facility or detox center el or motel paid for without emergency shelter bucher ned by client, no ongoing housing subsidy ned by client, with ongoing housing subsidy sidential project or halfway house with no omeless criteria ying or living in a family member's room, partment, or house ying or living in a friend's room, apartment, or ouse nsitional housing for homeless persons including homeless youth) Where Housed: New Permanent F | | | Rental by client, without ongoing housing subsidy Rental by client, with ongoing housing subsidy With GPD TIP housing subsidy With VASH housing subsidy With RRH or equivalent subsidy With Housing Choice Voucher (HCV) (tenant or project based) In a public housing unit With other ongoing housing subsidy Housing Stability Voucher Family Unification Program Voucher (FUP) Permanent Supportive Housing Client doesn't know Client prefers not to answer | | | | | |
| If permanently housed, Move-in Date, City Where Housed: New Permanent Housing Address New Permanent Housing Address | | | | | | | | | | | | |
| / / | | | | | | State | | Zip | | | | |