

Youth RHYMIS / HMIS Update

*Client Name:		SSN:		*Date of Birth: / /	
*Agency or Program Name:				*Update Date: / /	
*Case Manager Name:		Case Manager Email:		*Case Manager Phone: ()	
*Employment					
*1. Is client employed or unemployed? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		*2. Type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		*3. Hours per week? _____ Where?	
*4. If <u>unemployed</u>, why? <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work					
*5. Monthly Income					
10. Received in Past 30 Days?			Received in Past 30 Days?		
\$ _____ Earned income (i.e. employment income)		Yes / No		\$ _____ VA service-connected disability compensation	
\$ _____ Pension from a former job (including military retirement pay)		Yes / No		\$ _____ VA non service-connected disability pension	
\$ _____ Private disability insurance		Yes / No		\$ _____ Alimony or other spousal support	
\$ _____ Child support		Yes / No		\$ _____ SSI	
\$ _____ Unemployment insurance		Yes / No		\$ _____ SSDI	
\$ _____ Worker's compensation		Yes / No		\$ _____ General Assistance	
\$ _____ Retirement income from Social Security		Yes / No		\$ _____ TANF	
				\$ _____ Other income source: _____	
*6. Non Cash Benefits					
Received in Past 30 Days?			Received in Past 30 Days?		
- Supplemental Nutrition Assistance Program (Food stamps)		Yes / No		-- Other TANF-funded services	
- TANF Child Care Services		Yes / No		- Special Supplemental Assistance for Women, Infants, Children (WIC)	
- TANF Transportation Services		Yes / No		- Other _____	
*7. Health Insurance					
Currently Covered? HOPWA: If no, reason?			Currently Covered? HOPWA: If no, reason?		
Medicaid/Medi-Cal		Yes / No _____		Health insurance obtained through COBRA	
MEDICARE		Yes / No _____		Private Pay Health Insurance	
State Children's Health Insurance Program (SCHIP)		Yes / No _____		State Health Insurance for Adults	
Veteran's Health Administration (VHA)		Yes / No _____		Indian Health Services Program	
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 = Client did not apply, D = Insurance Type not applicable)					
*8. Disabilities (please answer Yes or No to each of the following)					
Physical		Yes / No		Long Term and Impairs Independence?	
Developmental		Yes / No		Alcohol use disorder	
Chronic health condition		Yes / No		Drug use disorder	
HIV/AIDS		Yes / No		Both Alcohol and Drug use	
9. Are you pregnant? <input type="checkbox"/> Yes, projected birth date ____/____/____ <input type="checkbox"/> No					
*Education					
*10. School Status					
<input type="checkbox"/> Attending school regularly		<input type="checkbox"/> Graduated from high school		<input type="checkbox"/> Dropped out	
<input type="checkbox"/> Attending school irregularly		<input type="checkbox"/> Obtained GED		<input type="checkbox"/> Suspended	
<input type="checkbox"/> Client doesn't know					
<input type="checkbox"/> Client prefers not to answer					
*11. Last grade completed?					
<input type="checkbox"/> < 5th grade		<input type="checkbox"/> 12th Grade		<input type="checkbox"/> Associates degree	
<input type="checkbox"/> Grade 5-6		<input type="checkbox"/> GED		<input type="checkbox"/> Bachelor's degree	
<input type="checkbox"/> Grade 7-8		<input type="checkbox"/> School program does not have grade levels		<input type="checkbox"/> Graduate degree	
<input type="checkbox"/> 9th – 11th Grade		<input type="checkbox"/> Some college		<input type="checkbox"/> Vocational certification	
<input type="checkbox"/> Client doesn't know					
<input type="checkbox"/> Client prefers not to answer					
12. GPA of current or most recent education level completed _____					
*Exploitation					
*Labor Exploitation					
*13. Ever been afraid to quit/leave work due to threats of violence to you or your family/friends?			*14. Ever been promised work where the work or payment ended up being different than what you expected?		
<input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> Client prefers not to answer					

