## Youth RHYMIS / HMIS Update

*Client Name: SSN:						*Date of Birth:			
*Agency or Program Name:						*Update Date:			
*Case Manager Name: Case Manager Email:						*Case Manager F	/ Phone:		
Case manager Email. Case manager Filone.									
*Employment									
*1. Is client employed or unemployed?  □ Employed □ Unemployed	*2. Type of employment?  Pull Time Part Time Seasonal  *3. Hours per week  Where?			«?	Lookir Unabl	mployed, why? ng for work e to work oking for work			
*5. Monthly Income									
10. Received in Past 30 Days? Received in Past 30 Days?									
\$Earned income (i.e. employment	,	Yes / N	-	\$VA service-connected \$VA non service-co	-		Yes / No		
\$Pension from a former job (includes)  \$ Private disability insurance	ling military retirement pay)		No \$VA non service-connected disability pension  No \$Alimony or other spousal support			ty perision	Yes / No Yes / No		
\$Private disability insurance Yes / \$ Child support Yes /			No \$SSI			Yes / No			
\$Child support Yes / \$Unemployment insurance Yes /			No \$SSDI				Yes / No	)	
. ,			lo				Yes / No	)	
\$Retirement income from Social S	ecurity	Yes / N		\$TANF Yes / No					
				\$Other income sou	rce:		Yes / No	)	
				Benefits		Dave	and in Boot 0	0 D	
- Supplemental Nutrition Assistance Progra		eceived in Past 3 Yes / No		Other TANF-funded services Received in Past 30 Days?					
- TANF Child Care Services	, , ,	Yes / N	0	- Special Supplemental Assis	stance for Wom	en, Infance, Children (WIC)	Yes / No	)	
- TANF Transportation Services		Yes / N	О	- Other		_	Yes / No	)	
*7. Health Insurance									
	Currently Covered?					Currently Covered? HO	PWA: If no, re	ason?	
Medicaid/Medi-Cal	Yes / No			Health insurance obtained the Private Pay Health Insurance	•	Yes / No Yes / No			
MEDICARE Yes / No  State Children's Health Insurance Program (SCHIP) Yes / No			State Health Insurance for Adults  Yes / No						
State Children's Health Insurance Program (SCHIP)  Veteran's Administration (VA) Medical Services  Yes / No  Yes / No				Indian Health Services Progr		Yes / No		_	
Employer-provided Health Insurance	Yes / No			Other		Yes / No		-	
*HOPWA Only: If not covered,	indicate reason (A= Applied bu	t decision pending,	, B = Applie	l ed but client was ineligible, C =	Client did not a	pply, D = Insurance Type not	applicable		
*8		ease answe	<u>er Yes</u>	or No to each of	the follo				
Physical Yes / No	Long Term and Impairs Independence?	Yes / No	Mental	health disorder Y	es / No	Long Term and Impairs Independence?	Yes	/ No	
Developmental Yes / No	•		Alcohol	I use disorder Y	es / No	Long Term and Impairs Independence?	Yes	/ No	
Chronic health condition Yes / No	Long Term and Impairs	Yes / No	Drug us	se disorder Y	es / No	Long Term and Impairs	Yes	/ No	
	Independence?		+ -			Independence?  Long Term and Impairs		/ No	
HIV/AIDS Yes / No Both Alcohol and Drug use Yes / No Independence? Yes /								/ 140	
9. Are you pregnant?									
Well-Being - Use the scale p	provided below. You	may also u	se Clie	ent doesn't know (D	K) or Clier	nt refused(R)			
Strongly disagree (0)									
Somewhat disagree (1),			Client perceives their life has value and worth						
Neither agree or disagree (2) Somewhat agree (3),			Client perceives they have support from others who will listen to problems						
Strongly agree (4),			Client perceives they have a tendency to bounce back after hard times						
Not at all (0), Once a month (1), Several times a month (2),									
Several times a week (3), At least every day (4)  Client's frequency of feeling nervous, tense, worried, frustrated, or afraid									
*Education									
*10. School Status									
☐ Attending school regularly ☐ Graduated from high school ☐ Attending school irregularly ☐ Obtained GED			☐ Dropped out ☐ Suspended ☐ Expelled			Client doesn't know Client refused			
*11. Last grade completed	<b>?</b> 2th Grade			Acceptate de erre		Client doesn't know			
☐ < 5th grade ☐ 12 ☐ Grade 5-6 ☐ G				☐ Associates degree☐ Bachelor's degree		Client doesn't know			
☐ Grade 7-8 ☐ S	chool program does not h	ave grade level	s	☐ Graduate degree					
□ 9th – 11th Grade □ Some college □ Vocational certification									
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 *14.	*14. Ever been promised work where the work or payment ended up being different than what you expected?							
☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐	Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused							
	16. If yes to Question 13, have you had any jobs like these in the last 3 months?							
☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐	Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused							
*Sexual Exploitation *17. a) Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter?    Yes   No   Doesn't know   Refused   Refused   Refused   No   Doesn't know   Refused   Refused   No   Refused   No   Refused   Refused   No   Refused   No   Refused   No   Refused   Refused   No   Refused   No   Refused   No   Refused   No   Refused   No   Refused   Refused   No   Refused   Refused								
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 peer connections outside of project? Yes / No / Worker doesn't know								
21. Does the client have permanent positive community connections outside of project? Yes / No / Worker doesn't know								
*22. Housing Statu	s Updates							
Housing Placement or New Housing Situation:								
□ 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 □ Rental by client, with ORD TIP hour facility with GPD TIP hour facility client, with Housing Cho (tenant or project based)	Rental by client in a public housing unit Residential project or halfway house with no homeless criteria Staying or living in a family member's room, apartment or house Staying or living in a friend's room, apartment or house Staying or living in a friend's room, apartment or house Transitional housing for homeless persons (including homeless youth) Client doesn't know Client refused							
If permanently housed, Move-in Date, City Where Housed:  New Permanent Housing Address  New Permanent Housing Address								
	State Zip							