**ServicePoint Additional Entry Questions for Head of Household - RHY ServicePoint ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Client’s Name:**  |
| **School Status:** \_\_\_\_\_Attending school regularly \_\_\_\_\_Obtained GED \_\_\_\_\_Expelled \_\_\_\_\_Attending school irregularly \_\_\_\_\_Dropped Out \_\_\_\_\_Client doesn’t know \_\_\_\_\_Graduated from high school \_\_\_\_\_Suspended \_\_\_\_\_Client refused |
| **Employed?** \_\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  **If, Yes:**  \_\_\_\_\_Part Time \_\_\_\_\_Full Time \_\_\_\_\_Seasonal/Sporadic **If, No:** \_\_\_\_\_Looking for Work \_\_\_\_\_Unable to Work \_\_\_\_\_Not Looking for Work |
| **General Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_Client Refused |
| **Dental Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_Client Refused |
| **Mental Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know \_\_\_\_\_Client Refused |
| **Sexual Orientation:** \_\_\_\_\_Heterosexual \_\_\_\_\_Gay \_\_\_\_\_Lesbian \_\_\_\_\_Bisexual  \_\_\_\_\_Questioning/Unsure \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Pregnant:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If Yes, Projected Date of Birth**:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| **Formerly a Ward of Child Welfare/Foster Care Agency:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If Yes, Number of Years**: \_\_\_\_\_Less than one \_\_\_\_\_1 to 2 years \_\_\_\_\_3 to 5 years or more  **If Less than one year, Number of Months**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Formerly a Ward of Juvenile Justice System:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_ Refused **If Yes, Number of Years**: \_\_\_\_\_Less than one \_\_\_\_\_1 to 2 years \_\_\_\_\_3 to 5 years or more  **If Less than one year, Number of Months**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Referral Source:**\_\_\_\_\_Self-Referral \_\_\_\_\_Residential Project: Drug Treatment Center\_\_\_\_\_Individual: Parent/Guardian \_\_\_\_\_Residential Project: Treatment Center\_\_\_\_\_Individual: Relative or Friend \_\_\_\_\_Residential Project: Educational Institute\_\_\_\_\_Individual: Other Adult or Youth \_\_\_\_\_Residential Project: Other Agency Project\_\_\_\_\_Individual: Partner/Spouse \_\_\_\_\_Residential Project: Other Project\_\_\_\_\_Individual: Foster Parent \_\_\_\_\_Hotline: National Runaway Switchboard\_\_\_\_\_Outreach Project: FYSB \_\_\_\_\_Hotline: Other\_\_\_\_\_Outreach Project: Other \_\_\_\_\_Other Agency: Child Welfare/CPS\_\_\_\_\_Temporary Shelter: FYSB Basic Center Project \_\_\_\_\_Other Agency: Non-residential Independent \_\_\_\_\_Temporary Shelter: Other Youth Only Emergency Shelter Living Project\_\_\_\_\_Temporary Shelter: Emergency Shelter for Families \_\_\_\_\_Other Project Operated by your Agency\_\_\_\_\_Temporary Shelter: Emergency Shelter for Individuals \_\_\_\_\_Other Youth Services Agency\_\_\_\_\_Temporary Shelter: Domestic Violence Shelter \_\_\_\_\_Juvenile Justice\_\_\_\_\_Temporary Shelter: Safe Place \_\_\_\_\_Law Enforcement/Police\_\_\_\_\_Temporary Shelter: Other \_\_\_\_\_Religious Organization\_\_\_\_\_Residential Project: FYSB Transitional Living Project \_\_\_\_\_Mental Hospital\_\_\_\_\_Residential Project: Other Transitional Living Project \_\_\_\_\_School\_\_\_\_\_Residential Project: Group Home \_\_\_\_\_Client doesn’t know\_\_\_\_\_Residential Project: Independent Living Project \_\_\_\_\_Client refused\_\_\_\_\_Residential Project: Job Corps |
| **Labor Exploitation:****Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **Ever promised work where work or payment was different than you expected?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **If yes for either "Workplace violence threats" or "Workplace promise difference" Felt forced, pressured or tricked into continuing the job?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If yes for either "Workplace violence threats" or "Workplace promise difference" In the last three months?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Commercial Sexual Exploitation:****Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If yes for "received anything in exchange for sex" How many times?** \_\_\_\_\_1-3 \_\_\_\_\_4-7 \_\_\_\_\_8-11 \_\_\_\_\_12 or more \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused**If yes for "received anything in exchange for sex" has this occurred in the last three months?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If yes for "received anything in exchange for sex" Ever made/persuaded to have sex in exchange for something?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused**If yes for "ever made/persuaded to have sex in exchange for something" has this occurred in the last three months?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Young Person’s Critical Issues:** *(Fill out all options below)* | **Yes** | **No** |
| Household Dynamics |  |  |
| Sexual Orientation/Gender Identity - Youth |  |  |
| Sexual Orientation/Gender Identity - Family Member |  |  |
| Housing issues - Youth |  |  |
| Housing Issues - Family member |  |  |
| School or Educational issues - Youth |  |  |
| School or Educational Issues - Family member |  |  |
| Unemployment - Youth |  |  |
| Unemployment - Family member |  |  |
| Mental Health Issues - Youth |  |  |
| Mental Health Issues - Family member |  |  |
| Health Issues - Youth |  |  |
| Health Issues - Family member |  |  |
| Physical Disability - Youth |  |  |
| Physical Disability - Family member |  |  |
| Mental Disability - Youth |  |  |
| Mental Disability - Family member |  |  |
| Abuse and Neglect - Youth |  |  |
| Abuse and Neglect - Family member |  |  |
| Alcohol or other drug abuse - Youth |  |  |
| Alcohol or other drug abuse - Family member |  |  |
| Insufficient Income to Support Youth |  |  |
| Active Military Parent - Family member |  |  |
| Incarcerated Parent of Youth |  |  |
| **If Yes for Incarcerated Parent of Youth:** \_\_\_\_\_One Parent/legal guardian is incarcerated  \_\_\_\_\_Both Parents/legal guardians are incarcerated \_\_\_\_\_The only parent/legal guardian is incarcerated |
| **ONLY FOR Basic Center Projects: Date of BCP Status Determination:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**FYSB Youth:** \_\_\_\_\_Yes \_\_\_\_\_No **If FYSB, number of times approached by outreach prior to entering project**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If no, reason for not providing services:** \_\_\_\_\_Ward of the State-Immediate Reunification \_\_\_\_\_Ward of the Criminal Justice System-Immediate Reunification\_\_\_\_\_Out of Range \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |