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

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |