RHY Supplemental Update/Exit Form

RHY BCP Status

Date RHY-BCP Status Determined

		/		/			

month *day* *year*

Youth Eligible For RHY Services

☐ Yes   ☐ No   ☐ Client Refused   ☐ Client Doesn't Know   ☐ Data not collected

If Yes, Runaway Youth?	**Youth Eligible For RHY Services**
☐ Yes	☐ Out of Range
☐ No	☐ Ward of State - Immediate Reunification
☐ Client Refused	☐ Ward of Criminal Justice System - Immediate Reunification
☐ Client Doesn't Know	☐ Other
☐ Data not collected	

RHY Specific Youth Information

Last Grade Completed

☐ Less than Grade 5	☐ Associate's Degree
☐ Grades 5-6	☐ Bachelor's Degree
☐ Grades 7-8	☐ Graduate Degree
☐ Grades 9-11	☐ Vocational Certification
☐ 12th grade/High School Diploma	☐ Client doesn't know
☐ School program does not have grade levels	☐ Client refused
☐ GED	☐ Data not collected
☐ Some College	

School Status

☐ Attending School Regularly	☐ Suspended
☐ Attedning School Irregularly	☐ Expelled
☐ Graduated From High School	☐ Client doesn't know
☐ Obtained GED	☐ Client refused
☐ Dropped Out	☐ Data not collected

Education Goals

☐ Met	☐ Partially Met	☐ Not Met
☐ Client Refused	☐ Client Doesn't Know	☐ Data Not Collected

Employment

Employed

☐ Yes

☐ No

☐ Data not collected

If Employed Average Number of Hours Worked Per Week

_____

If Currently Employed, Select Tenure

☐ Full-time   ☐ Seasonal

☐ Part-time   ☐ Data Not Collected

If No, Why Not Employed

☐ Looking for Work   ☐ Unable to Work

☐ Not Looking for Work   ☐ Client Refused

☐ Client Doesn't Know   ☐ Data Not Collected

Employment Goals

☐ Met   ☐ Partially Met   ☐ Not Met

☐ Client Refused   ☐ Client Doesn't Know   ☐ Data Not Collected

General Health Status

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Dental Health Status

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Mental Health Status

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Substance Use Status

☐ Severe Use/Dependence

☐ Dependence

☐ Persistent Use Within Last 6 Months

☐ Single Use Within Last 6 Months

☐ No Use Within Last 6 Months

☐ Client Refused

☐ Client Doesn't Know

☐ Data Not Collected

Pregnant   ☐ No   ☐ Yes   Due Date:_____

Commercial Sexual Exploitation/Sex Trafficking   *(Exit Only)*

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?

☐ Yes -> In the Last 3 Months?_____   ☐ Client Refused

☐ No   ☐ Client Doesn't Know

If Yes, How Many Times?_____

Ever made/persuaded/forced to have sex in exchange for something?

☐ Yes -> In the Last 3 Months?_____   ☐ Client Refused

☐ No   ☐ Client Doesn't Know

Labor Exploitation/Trafficking   *(Exit Only)*

Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?

☐ Yes -> In the Last 3 Months?_____   ☐ Client Refused

☐ No   ☐ Client Doesn't Know

Ever promised work where work or payment was different than you expected?

☐ Yes -> In the Last 3 Months?_____   ☐ Client Refused

☐ No   ☐ Client Doesn't Know

Felt forced, coerced, pressured or tricked into continuing the job?

☐ Yes -> In the Last 3 Months?_____   ☐ Client Refused

☐ No   ☐ Client Doesn't Know

Counseling   *(Exit Only)*

Counseling Received by Client   **Type(s) of Counseling Received**

☐ Yes   ☐ No   ☐ Individual   ☐ Family   ☐ Group - including peers

Number of Sessions Received by Exit   **A Plan is in Place to Start or Continue Post-Exit**

_____   ☐ Yes   ☐ No

Safe & Appropriate Exit   *(Exit Only)*

Exit Destination Safe - as determined by client   **Exit Destination Safe - as determined by caseworker**

☐ Yes   ☐ No   ☐ Client Refused   ☐ Yes   ☐ No   ☐ Worker Doesn't Know

Client has permanent positive adult connections outside of project

☐ Yes   ☐ No   ☐ Worker Doesn't Know

Client has permanent positive peer connections outside of project

☐ Yes   ☐ No   ☐ Worker Doesn't Know

Client has permanent positive community connections outside of project

☐ Yes   ☐ No   ☐ Worker Doesn't Know

Additional Information

If linked to a mental health agency please list:

_____   **OR**   ☐ Not currently linked, but **NEEDS** linkage

☐ Not currently linked, does **NOT** need linkage