

RHY Basic Center Program (BCP) Status

Collect the RHY BCP Status for all clients enrolled into BCP funded RHY programs. If the client is not FSYB Youth enrolled, the reason for not providing services is also required. While this status is collected at enrollment, it can be updated at anytime during the program stay using the Enrollment function for **Update BCP Status**.

Date BCP Status Determined: * _____

FYSB Youth Enroll Status: * No
 Yes

Reason for not providing services: * Out of age range
 Ward of the State – Immediate Reunification
 Ward of the Criminal Justice System – Immediate Reunification
 Other

RHY Entry Assessment

The RHY entry assessment is used to collect project entry data for RHY funded projects.

Assessment Date: _____

*

Referral Source:

- * Self-Referral
- Individual: Parent/Guardian
- Individual: Relative or Friend
- Individual: Other Adult or Youth
- Individual: Partner/Spouse
- Individual: Foster Parent
- Outreach Project: FYSB
- Outreach Project: Other
- Temporary Shelter: FYSB Basic Center Project
- Temporary Shelter: Other Youth Only Emergency Shelter
- Temporary Shelter: Emergency Shelter for Families
- Temporary Shelter: Emergency Shelter for Individuals
- Temporary Shelter: Domestic Violence Shelter
- Temporary Shelter: Safe Place
- Temporary Shelter: Other
- Residential Project: FYSB Transitional Living Project
- Residential Project: Other Transitional Living Project
- Residential Project: Group Home
- Residential Project: Independent Living Project
- Residential Project: Job Corps
- Residential Project: Drug Treatment Center
- Residential Project: Treatment Center
- Residential Project: Educational Institute
- Residential Project: Other Agency project
- Residential Project: Other Project
- Hotline: National Runaway Switchboard
- Hotline: Other
- Other Agency: Child Welfare/CPS
- Other Agency: Non-Residential Independent Living Project
- Other Project Operated by your Agency
- Other Youth Services Agency
- Juvenile Justice
- Law Enforcement/ Police
- Religious Organization
- Mental Hospital
- School
- Other Organization
- Client doesn't know
- Client Refused
- Data Not Collected
- * Yes

Received something in exchange for sex in the past 3 months:

- No
- Client doesn't know
- Client refused
- Data Not Collected

Sexual Orientation:

- * Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Client doesn't know
- Client refused
- Data not collected

Critical Issue

Status* Incarcerated Parent Type

Household Dynamics

- No One parent / legal guardian is incarcerated
- Yes Both parents / legal guardians are incarcerated
- The only parent / legal guardian is incarcerated

Sexual Orientation/Gender Identity – Youth

- No One parent / legal guardian is incarcerated
- Yes Both parents / legal guardians are incarcerated
- The only parent / legal guardian is incarcerated

Sexual Orientation/Gender Identity - Family member

- No One parent / legal guardian is incarcerated
- Yes Both parents / legal guardians are incarcerated
- The only parent / legal guardian is incarcerated

Housing Issues – Youth

- No One parent / legal guardian is incarcerated
- Yes Both parents / legal guardians are incarcerated
- The only parent / legal guardian is incarcerated

Housing Issues - Family member

- No One parent / legal guardian is incarcerated
- Yes Both parents / legal guardians are incarcerated
- The only parent / legal guardian is incarcerated

School or Educational Issues – Youth

- No One parent / legal guardian is incarcerated
- Yes Both parents / legal guardians are incarcerated
- The only parent / legal guardian is incarcerated

Critical Issue

Status* Incarcerated Parent Type

School or Educational Issues - Family member

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Unemployment – Youth

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Unemployment - Family member

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Mental Health Issues – Youth

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Mental Health Issues - Family member

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Health Issues – Youth

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Health Issues - Family member

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Physical Disability – Youth

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated
 The only parent / legal guardian is incarcerated

Physical Disability - Family member

- No One parent / legal guardian is incarcerated
 Yes Both parents / legal guardians are incarcerated

Critical Issue

Status* Incarcerated Parent Type

Mental Disability – Youth

- The only parent / legal guardian is incarcerated
- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Mental Disability - Family member

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Abuse and Neglect – Youth

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Abuse and Neglect - Family member

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Alcohol or other drug abuse – Youth

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Alcohol or other drug abuse - Family member

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Insufficient Income to support youth - Family member

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Active Military Parent - Family member

- One parent / legal guardian is incarcerated
- Both parents / legal guardians are incarcerated
- No
- Yes
- The only parent / legal guardian is incarcerated

Incarcerated Parent of Youth

- No
- One parent / legal guardian is incarcerated

Critical Issue

Status* Incarcerated Parent Type

- Yes Both parents / legal guardians are incarcerated.
 The only parent / legal guardian is incarcerated
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Assessment Sharing: Shared

Restriction: * Do Not Share Transaction
 Share Transaction

Formerly a Ward of System

Use this form to assess if the youth client was formerly a ward of either a Child Welfare/Foster Care Agency or the Juvenile Justice System.

Assessment Date: * _____

<input type="checkbox"/> System	Formerly a Ward Of:*	Number of Years	Number of Months (1-11)
<input type="checkbox"/> Child Welfare/Foster Care Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years	_____
<input type="checkbox"/> Juvenile Justice System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years	_____

Health Status Assessment

Select the appropriate general health, dental health and mental health status. If the client is female, you will need to select the appropriate pregnancy status, which also includes recording the due date (or approximate due date) if the client reports as pregnant.

Assessment Date: * _____

- General Health Status: *
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 - Don't Know
 - Refused

- Dental Health Status: *
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 - Don't Know
 - Refused

- Mental Health Status: *
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 - Don't Know
 - Refused

- Pregnancy Status: *
- Yes
 - No
 - Client doesn't know
 - Client refused
 - Data not collected

Pregnancy Due Date: * _____

Assessment Sharing: Not Shared

RHY Exit Assessment

The RHY exit assessment is used to collect project exit data for RHY funded projects.

Assessment Date: * _____

Project Completion Status: * Completed project
 Youth voluntarily left early
 Youth was expelled or otherwise involuntarily discharged from project

Family Reunification Achieved: * Yes
 No
 Client doesn't know
 Client refused
 Data Not Collected

9 records found.

<input type="checkbox"/> Actions	Action Status*
<input type="checkbox"/> A written transitional, aftercare or follow-up plan or agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> Advice about and/or referral to appropriate mainstream assistance programs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> Placement in appropriate, permanent, stable housing (not a shelter)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> Exit counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> A course of further follow-up treatment or service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> A follow-up meeting or series of staff/youth meetings or contacts has been scheduled	<input type="checkbox"/> Yes

<input type="checkbox"/> Actions	Action Status*
<input type="checkbox"/> A "package" of such things as maps, information about local shelters and resources	<input type="checkbox"/> No <input type="checkbox"/> Client refused
<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused

Assessment Sharing: Shared

Restriction: * Do Not Share Transaction
 Share Transaction