**Youth Information Form**

**Entry Data**

*For the selected study participant, please enter the following information as recorded at his or her date of entry into the TLP/MGH program:*

1. **TLP/MGH program entry date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Month |  | Day |  | Year |

1. **Did the study participant enter the TLP/MGH from a Basic Center Program (BCP):**

*(Select only one answer.)*

[ ]  Yes

[ ]  No

[ ]  Don’t know

1. **Study participant’s highest educational attainment upon entering the TLP/MGH:**

 *(Select only one answer.)*

[ ]  Less than Grade 5

[ ]  Grades 5-6

[ ]  Grades 7-8

[ ]  Grades 9-11

[ ]  Grade 12/High school diploma

[ ]  School program does not have grade levels

[ ]  GED

[ ]  Vocational certification

[ ]  Some college

[ ]  Associate’s degree

[ ]  Bachelor’s degree

[ ]  Graduate degree

[ ]  Don't know

1. **Study participant’s educational enrollment status upon entering the TLP/MGH:**

*(Select only one answer.)*

[ ]  Enrolled in post-secondary program (i.e., vocational certification, 2-year degree, or 4-year degree)

[ ]  Enrolled in GED or basic education program (not post-secondary)

[ ]  Enrolled in school (not post-secondary), attending regularly

[ ]  Enrolled in school (not post-secondary), attending irregularly

[ ]  Enrolled in school (not post-secondary), suspended

[ ]  Not currently enrolled, completed educational goal (diploma, GED, certificate, degree)

[ ]  Not currently enrolled, dropped out of school

[ ]  Not currently enrolled, expelled

[ ]  Don't know

1. **Was the study participant employed upon entering the TLP/MGH?**

 *(Select only one answer.)*

[ ]  No

[ ]  Yes, full-time (30+ hours)

[ ]  Yes, part-time (<30 hours)

[ ]  Yes, hours not known

[ ]  Don't know

1. **Study participant’s housing status prior to entering the TLP/MGH:**

*(Select only one answer.)*

[ ]  Emergency shelter, including hotel or motel paid for voucher with emergency shelter, or RHY-funded Host Home shelter

[ ]  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

[ ]  Safe Haven

[ ]  Foster care home or foster care group home

[ ]  Hospital or other residential non-psychiatric medical facility

[ ]  Jail, prison or juvenile detention facility

[ ]  Psychiatric hospital or other psychiatric facility

[ ]  Substance abuse treatment facility or detox center

[ ]  Residential project or halfway house with no homeless criteria

[ ]  Hotel or motel paid for without emergency shelter voucher

[ ]  Transitional housing for homeless persons (including homeless youth)

[ ]  Host home (non-crisis)

[ ]  Staying or living in a family member's room, apartment, or house

[ ]  Staying or living in a friend's room, apartment, or house

[ ]  Rental by client, no ongoing housing subsidy

[ ]  Rental by client, with RRH or equivalent subsidy

[ ]  Rental by client, with Housing Choice Voucher (HCV) (tenant or project-based)

[ ]  Rental by client in a public housing unit

[ ]  Rental by client, with VASH housing subsidy

[ ]  Rental by client, with GPD TIP housing subsidy

[ ]  Rental by client, with other ongoing housing subsidy

[ ]  Owned by client, no ongoing housing subsidy

[ ]  Owned by client, with ongoing housing subsidy

[ ]  Permanent housing (other than RRH) for formerly homeless persons

[ ]  Long-term care facility or nursing home

[ ]  Other

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

1. **Study participant’s Social Security Number:**

\_ \_ \_ - \_ \_ - \_ \_ \_ \_

1. **Study participant’s date of birth:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Month |  | Day |  | Year |

**Exit Data**

*For the selected study participant, please enter the following information as recorded at his or her date of exit from the TLP/MGH program. If the participant has not exited the program, by the end of the end of the study period, please indicate that below.*

1. **Has the participant exited the TLP/MGH program?**

(Select only one answer.)

☐ Yes

☐ No

[ ]  Don't know

*If Yes, ask questions 2-5.*

*If No or Don’t Know, skip to question 6*

1. **TLP/MGH program exit date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Month |  | Day |  | Year |

1. **Did the study participant have a safe exit, as determined by the client?**

 *(Select only one answer.)*

[ ]  Yes

[ ]  No

[ ]  Don’t know

1. **Did the study participant have a safe exit, as determined by the case manager?**

 *(Select only one answer.)*

[ ]  Yes

[ ]  No

[ ]  Don’t know

1. **Study participant’s exit destination:**

*(Select only one answer.)*

[ ]  Emergency shelter, including hotel or motel paid for voucher with emergency shelter, or RHY-funded Host Home shelter

[ ]  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

[ ]  Safe Haven

[ ]  Foster care home or foster care group home

[ ]  Hospital or other residential non-psychiatric medical facility

[ ]  Jail, prison or juvenile detention facility

[ ]  Psychiatric hospital or other psychiatric facility

[ ]  Substance abuse treatment facility or detox center

[ ]  Residential project or halfway house with no homeless criteria

[ ]  Hotel or motel paid for without emergency shelter voucher

[ ]  Transitional housing for homeless persons (including homeless youth)

[ ]  Host home (non-crisis)

[ ]  Staying or living with family, temporary tenure (e.g. room, apartment or house)

[ ]  Staying or living with friends, temporary tenure (e.g. room, apartment or house)

[ ]  Staying or living with family, permanent tenure (e.g. room, apartment or house)

[ ]  Staying or living with friends, permanent tenure (e.g. room, apartment or house)

[ ]  Rental by client, no ongoing housing subsidy

[ ]  Rental by client, with RRH or equivalent subsidy

[ ]  Rental by client, with Housing Choice Voucher (HCV) (tenant or project-based)

[ ]  Rental by client in a public housing unit

[ ]  Rental by client, with VASH housing subsidy

[ ]  Rental by client, with GPD TIP housing subsidy

[ ]  Rental by client, with other ongoing housing subsidy

[ ]  Owned by client, no ongoing housing subsidy

[ ]  Owned by client, with ongoing housing subsidy

[ ]  Permanent housing (other than RRH) for formerly homeless persons

[ ]  Long-term care facility or nursing home

[ ]  Deceased

[ ]  Other

[ ]  No exit interview completed

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected

1. **Study participant’s highest educational attainment upon exiting the TLP/MGH, or at the end of the study’s data collection period:**

 *(Select only one answer.)*

[ ]  Less than Grade 5

[ ]  Grades 5-6

[ ]  Grades 7-8

[ ]  Grades 9-11

[ ]  Grade 12/High school diploma

[ ]  School program does not have grade levels

[ ]  GED

[ ]  Vocational certification

[ ]  Some college

[ ]  Associate’s degree

[ ]  Bachelor’s degree

[ ]  Graduate degree

[ ]  Don't know

1. **Study participant’s educational enrollment status upon exiting the TLP/MGH, or at the end of the study’s data collection period:**

*(Select only one answer.)*

[ ]  Enrolled in post-secondary program (i.e., vocational certification, 2-year degree, or 4-year degree)

[ ]  Enrolled in GED or basic education program (not post-secondary)

[ ]  Enrolled in school (not post-secondary), attending regularly

[ ]  Enrolled in school (not post-secondary), attending irregularly

[ ]  Enrolled in school (not post-secondary), suspended

[ ]  Not currently enrolled, completed educational goal (diploma, GED, certificate, degree)

[ ]  Not currently enrolled, dropped out of school

[ ]  Not currently enrolled, expelled

[ ]  Don't know

1. **Was the study participant employed upon exiting the TLP/MGH, or at the end of the study’s data collection period:**

 *(Select only one answer.)*

[ ]  No

[ ]  Yes, full-time (30+ hours)

[ ]  Yes, part-time (<30 hours)

[ ]  Yes, hours not known

[ ]  Don't know

**9. Was [Name] served by your TLP/MGH during the COVID-19 pandemic (which officially began in March 2020 when the U.S. declared a state of emergency)?**

*(Select only one answer.)*

[ ] Yes

[ ] No

[ ] Don’t know

*If yes, go to question 10.*

**10. When working with [Name] on their ISP, did you need to adjust expectations for any of the following goal areas because of COVID-19?**

*(Select all that apply.)*

[ ] Education

[ ] Employment

[ ] Housing

[ ] Exit Planning

[ ] No modifications were made to these goal areas

*If education, employment, housing, or exit planning is selected, go to question 11.*

**11. How did you modify or adjust expectations for the following elements of [Name]’s individualized service plan (ISP) because of COVID-19?**

*(Select one response per category.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Goal was emphasized** | **Goal was de-emphasized** | **No change to emphasis** |
| Education | [ ] | [ ] | [ ] |
| Employment | [ ] | [ ] | [ ] |
| Housing  | [ ] | [ ] | [ ] |
| Exit Planning | [ ] | [ ] | [ ] |

**Aftercare Data**

*For the selected study participant, please enter the following information as recorded for each successful aftercare contact:*

1. **Date of aftercare contact:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Month |  | Day |  | Year |

1. **Study participant’s current housing status:**

*(Select only one answer.)*

[ ]  Emergency shelter, including hotel or motel paid for voucher with emergency shelter, or RHY-funded Host Home shelter

[ ]  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

[ ]  Safe Haven

[ ]  Foster care home or foster care group home

[ ]  Hospital or other residential non-psychiatric medical facility

[ ]  Jail, prison or juvenile detention facility

[ ]  Psychiatric hospital or other psychiatric facility

[ ]  Substance abuse treatment facility or detox center

[ ]  Residential project or halfway house with no homeless criteria

[ ]  Hotel or motel paid for without emergency shelter voucher

[ ]  Transitional housing for homeless persons (including homeless youth)

[ ]  Host home (non-crisis)

[ ]  Staying or living in a family member's room, apartment, or house

[ ]  Staying or living in a friend's room, apartment, or house

[ ]  Rental by client, no ongoing housing subsidy

[ ]  Rental by client, with RRH or equivalent subsidy

[ ]  Rental by client, with Housing Choice Voucher (HCV) (tenant or project-based)

[ ]  Rental by client in a public housing unit

[ ]  Rental by client, with VASH housing subsidy

[ ]  Rental by client, with GPD TIP housing subsidy

[ ]  Rental by client, with other ongoing housing subsidy

[ ]  Owned by client, no ongoing housing subsidy

[ ]  Owned by client, with ongoing housing subsidy

[ ]  Permanent housing (other than RRH) for formerly homeless persons

[ ]  Long-term care facility or nursing home

[ ]  Deceased

[ ]  Other

[ ]  Worker unable to confirm

[ ]  Client doesn't know

[ ]  Client refused

[ ]  Data not collected