**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