

# Youth RHYMIS / HMIS Aftercare

Required for Appian Only

<b>Client Name:</b> _____		<b>SSN:</b> _____		<b>Date of Birth:</b> ____/____/____	
<b>Agency or Program Name:</b> _____				<b>Aftercare Date:</b> ____/____/____	
<b>Case Manager Name:</b> _____		<b>Case Manager Email:</b> _____		<b>Case Manager Phone:</b> (____) _____-____	
*1. Was aftercare provided?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused					
*2. If yes, aftercare was provided via: <input type="checkbox"/> Email, Social Media <input type="checkbox"/> Phone <input type="checkbox"/> In person: one-on-one <input type="checkbox"/> In person: group					
*Employment					
*3. Is client employed or unemployed? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		*4. Type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		*5. Hours per week? _____  Where? _____	
*6. If <u>unemployed</u> , why? <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work					
*7. Monthly Income					
			Received in Past 30 Days?		Received in Past 30 Days?
\$ _____ Earned income (i.e. employment income)			Yes / No		\$ _____ VA service-connected disability compensation
\$ _____ Pension from a former job (including military retirement pay)			Yes / No		\$ _____ VA non service-connected disability pension
\$ _____ Private disability insurance			Yes / No		\$ _____ Alimony or other spousal support
\$ _____ Child support			Yes / No		\$ _____ SSI
\$ _____ Unemployment insurance			Yes / No		\$ _____ SSDI
\$ _____ Worker's compensation			Yes / No		\$ _____ General Assistance
\$ _____ Retirement income from Social Security			Yes / No		\$ _____ TANF
					\$ _____ Other income source: _____
					Yes / No
*8. Health Insurance					
		Currently Covered? HOPWA: If no, reason?		Currently Covered? HOPWA: If no, reason?	
Medicaid/Medi-Cal		Yes / No _____		Health insurance obtained through COBRA	
MEDICARE		Yes / No _____		Yes / No _____	
State Children's Health Insurance Program (CHIP)		Yes / No _____		Private Pay Health Insurance State Health	
Veteran's Administration (VA) Medical Services		Yes / No _____		Yes / No _____	
Employer-provided Health Insurance		Yes / No _____		Insurance for Adults	
				Yes / No _____	
				Indian Health Services Program	
				Yes / No _____	
				Other _____	
				Yes / No _____	
*HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable)					
*Health Status					
		Excellent		Very Good	
		Good		Fair	
		Poor			
*9. What is your General Health Status?		<input type="radio"/>		<input type="radio"/>	
*10. What is your Dental Health Status?		<input type="radio"/>		<input type="radio"/>	
*11. What is your Mental Health Status?		<input type="radio"/>		<input type="radio"/>	
				Client doesn't know Client refused	
				Client doesn't know Client refused	
				Client doesn't know Client refused	
*12. Are you pregnant? <input type="checkbox"/> Yes, projected birth date ____/____/____ <input type="checkbox"/> No					
*Education					
*13. School Status					
<input type="checkbox"/> Attending school regularly		<input type="checkbox"/> Graduated from high school		<input type="checkbox"/> Dropped out	
<input type="checkbox"/> Attending school irregularly		<input type="checkbox"/> Obtained GED		<input type="checkbox"/> Suspended	
				<input type="checkbox"/> Expelled	
				<input type="checkbox"/> Client doesn't know	
				<input type="checkbox"/> Client refused	
*14. Last grade completed?					
<input type="checkbox"/> < 5th grade		<input type="checkbox"/> 12th Grade		<input type="checkbox"/> Associates degree	
<input type="checkbox"/> Grade 5-6		<input type="checkbox"/> GED		<input type="checkbox"/> Bachelor's degree	
<input type="checkbox"/> Grade 7-8		<input type="checkbox"/> School program does not have grade levels		<input type="checkbox"/> Graduate degree	
<input type="checkbox"/> 9th - 11th Grade		<input type="checkbox"/> Some college		<input type="checkbox"/> Vocational certification	
*15. GPA of current or most recent education level completed _____					
*Criminal history					
*16. Have you ever been convicted of a crime (Y/N)? _____ Explain crime:					
If yes, were you convicted within the last 6 months (Y/N)? _____					
*Permanent Connections					
*17. Does the client have permanent positive <u>adult</u> connections outside of project? Yes / No / Worker doesn't know					
*18. Does the client have permanent positive <u>peer</u> connections outside of project? Yes / No / Worker doesn't know					
*19. Does the client have permanent positive <u>community</u> connections outside of project? Yes / No / Worker doesn't know					
Aftercare Worker's Signature: _____				Date: _____	