

# RHY Supplemental Intake 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?

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

### Youth Eligible For RHY Services

- Out of Range  
 Ward of State - Immediate Reunification  
 Ward of Criminal Justice System - Immediate Reunification  
 Other

## RHY Specific Youth Information

### Sexual Orientation

- Heterosexual     Bisexual     Client Refused  
 Gay     Questioning/Unsure     Client Doesn't Know  
 Lesbian     Other Specify: \_\_\_\_\_     Data Not Collected

### Last Grade Completed

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

### School Status

- |   |  |
|---|--|
| <input type="checkbox"/> Attending School Regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated From High School   | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Dropped Out                  | <input type="checkbox"/> Data not collected  |

## Employment

### Employed

- Yes
- No
- Data not collected

### If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

### If Employed Average Number of Hours Worked Per Week

\_\_\_\_\_

### If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- 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: \_\_\_\_\_

### Formerly a Ward of Child Welfare/Foster Care

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

**If Yes, Number of Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**Formerly a Ward of Criminal Justice System**

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

If Yes, Number of Years \_\_\_\_\_ Months \_\_\_\_\_

**Family Critical Issues**

**Unemployment - Family Member**

- Yes  
 No

**Alcohol or Substance User Disorder - Family Member**

- Yes  
 No

**Mental Health Disorder - Family Member**

- Yes  
 No

**Insufficient Income to Support Youth - Family Member**

- Yes  
 No

**Physical Disability - Family Member**

- Yes  
 No

**Incarcerated Parent**

- Yes  
 No

**Referral Source**

**Referral Source**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Self-Referral                    | <input type="checkbox"/> Hotline                | <input type="checkbox"/> School              |
| <input type="checkbox"/> Individual: Parent/Guardian/etc. | <input type="checkbox"/> Child Welfare/CPS      | <input type="checkbox"/> Other Organizations |
| <input type="checkbox"/> Outreach Project                 | <input type="checkbox"/> Juvenile Justice       | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Temporary Shelter                | <input type="checkbox"/> Law Enforcement/Police | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Residential Project              | <input type="checkbox"/> Mental Hospital        | <input type="checkbox"/> Data Not Collected  |

If Outreach Project, Number of Times Approached Before Entering Project: \_\_\_\_\_

**Additional Information**

Zip Code of Last Permanent Address \_\_\_\_\_

**General Area of Previous Residence**

- |  |  |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus)  | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio                               |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus)  | <input type="checkbox"/> Client Doesn't Know                           |

If linked to a mental health agency please list: \_\_\_\_\_

- OR  Not currently linked, but **NEEDS** linkage  
 Not currently linked, does **NOT** need linkage

**Received Vocational Training**

- Yes
- No

- Client doesn't know
- Client refused

**Homeless Primary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

**Homeless Secondary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**COVID Vaccine Information**

**COVID Vaccine Received**

- Fully vaccinated
- Not vaccinated

- Partially vaccinated
- Client doesn't know

**Vaccine Brand Options**

- Pfizer
- Johnson & Johnson

- Moderna

Date of 1st dose: \_\_\_\_\_

Expected date of 2nd dose: \_\_\_\_\_

Date of 2nd dose: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_