

HMIS Supplemental Data Form for Project START – Transition Age Youth

This form is to be used by all Transition Age Youth in Prevention, PSH, RRH, or TH project types.

PROJECT START DATE (e.g., 08/24/2017)

		/			/			
Month			Day			Year		

NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)r.

Client ID#	
Client Name	

Referral Source:

<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	<input type="checkbox"/> Law Enforcement/Police
<input type="checkbox"/> Outreach Project → # of times approached by outreach: _____	<input type="checkbox"/> Mental Hospital
<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> School
<input type="checkbox"/> Residential Project	<input type="checkbox"/> Other Organization
<input type="checkbox"/> Hotline	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Client Refused

Sexual Orientation

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Questioning/Unsure
<input type="checkbox"/> Gay	<input type="checkbox"/> Client refused
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Bisexual	

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"/> Grade 12/ 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:

- Attending School Regularly
- Attending School Irregularly
- Graduated High School
- Obtained GED
- Dropped Out

- Suspended
- Expelled
- Client refused
- Client doesn't know
- Data not collected

Employed?

- Client refused
- Yes



- Full-time
- Part-time
- Seasonal/Sporadic (including day labour)

- Client doesn't know
- No



- Looking for work
- Unable to work
- Not looking for work

General Health Status:

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client refused
- Client Doesn't Know

Dental Health Status:

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client refused
- Client Doesn't Know

Mental Health Status:

- Excellent
- Very Good
- Good
- Fair

- Poor
- Client refused
- Client Doesn't Know

Substance Use Status:

- Severe Use/Dependence
- Dependence
- Persistent use within last 6 months
- Single use within last 6 months

- No use in last 6 months
- Client refused
- Client Doesn't Know

Formerly a Ward of Child Welfare/Foster Care Agency?:

No

Yes

Client doesn't know

Client refused



Number of Years/months:

Formerly a Ward of Juvenile Justice System?:

No

Yes

Client doesn't know

Client refused



Number of Years/months:

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____