

Prevention Supplemental Form

If linked to a mental health agency please list:

Pregnant No Yes

Due Date: _____

OR:

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

Employment

Employed

- Yes
- No
- Data not collected

If Employed Average Number of Hours Worked Per Week

If Currently Employed, Select Tenure

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

If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

Last Grade Completed

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- 12th grade/High School Diploma
- School program does not have grade levels
- GED
- Some College

- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Vocational Certification
- Client doesn't know
- Client refused
- Data not collected

Number of Credit Hours (Success Bridge Only): _____

Received Vocational Training

- Yes
- No
- Client doesn't know
- Client doesn't know
- Data Not Collected

Household Relocated to More Affordable Housing

- Yes
- No

Housing Assessment at Exit

- | | |
|---|--|
| <input type="checkbox"/> Able to Maintain the Housing They Had at Project Entry | <input type="checkbox"/> Moved to Transitional or Temporary Housing Facility |
| <input type="checkbox"/> Moved to New Housing Unit | <input type="checkbox"/> Became Homeless - Shelter or Place Not Meant For Habitation |
| <input type="checkbox"/> Moved in w/ Family or Friends, Temporary Basis | <input type="checkbox"/> Moved in w/ Family or Friends, Permanent Basis |
| <input type="checkbox"/> Client Went to Jail/Prison | <input type="checkbox"/> Client Died |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Able to Maintain Housing...

- | | |
|---|--|
| <input type="checkbox"/> Without a Subsidy | <input type="checkbox"/> With Subsidy They Had at Project Entry |
| <input type="checkbox"/> With an Ongoing Subsidy Acquired Since Project Entry | <input type="checkbox"/> Only With Financial Assistance Other Than a Subsidy |

If Moved to New Housing Unit...

- | | |
|---|--|
| <input type="checkbox"/> Without an Ongoing Subsidy | <input type="checkbox"/> With an Ongoing Subsidy |
|---|--|
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