

RHY Supplemental Intake Form

RHY BCP Status

Date RHY-BCP Status Determined

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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

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

School Status

- Attending School Regularly Suspended
 Attending School Irregularly Expelled
 Graduated From High School Client doesn't know
 Obtained GED Client refused
 Dropped Out 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: _____