# RHY Supplemental Intake Form

## RHY BCP Status

**Date RHY-BCP Status Determined**

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**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

## RHY Specific Youth Information

### Sexual Orientation

- [ ] Heterosexual
- [ ] Bisexual
- [ ] Gay
- [ ] Questioning/Unsure
- [ ] Lesbian
- [ ] Other Specify: _______________________
- [ ] 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

### School Status

- [ ] Attending School Regularly
- [ ] Attended School Irregularly
- [ ] Graduated From High School
- [ ] Obtained GED
- [ ] Dropped Out
- [ ] Suspended
- [ ] Expelled
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] 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

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

If No, Why Not Employed

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

- Yes
- 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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment - Family Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol or Substance User Disorder - Family Member</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Yes
- No

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Disorder - Family Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insufficient Income to Support Youth - Family Member</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Yes
- No

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability - Family Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated Parent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Yes
- No

### Referral Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual: Parent/Guardian/etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare/CPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement/Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Doesn’t Know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Not Collected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Outreach Project, Number of Times Approached Before Entering Project:__________

### Additional Information

Zip Code of Last Permanent Address

**General Area of Previous Residence**

- Within Franklin County (Outside City-Columbus)
- Within Franklin County (Within City-Columbus)
- Outside Franklin County (Outside City-Columbus)
- Outside of Ohio
- Outside Franklin County (Inside City-Columbus)
- 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: ___________________________