

## New Hampshire Continua of Care Entry/Update/Exit Supplement for RHY BCP/MGH/SOP/TLP

Please refer to the HUD HMIS Data Standards Manual of July, 2017 -- available on the NH-HMIS website [www.nh-hmis.org](http://www.nh-hmis.org) -- for an explanation of the data elements in this form.

Single Client

Household/family (complete this form for each family member)

Record Identifiers	
Client Name:	
Client ID #	
Head of Household:	
Date:	
Case Manager Name:	
Project Entry Date:	

### ELEMENTS FOR PROJECT START/UPDATE ONLY

R 1 Referral Source	
<input checked="" type="checkbox"/> Collection is required at project start for Heads of Household, Adults and Unaccompanied Youth in all HHS:RHY components except Street Outreach.	
<input type="checkbox"/> Self-Referral <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual <input type="checkbox"/> Outreach Project <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Residential Project <input type="checkbox"/> Hotline <input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Law Enforcement/Police <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School <input type="checkbox"/> Other Organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If <i>Outreach Project: FYSB</i> for "Referral Source" is selected, <b>number of times approached by outreach prior to entering the project:</b> (Respond with integer.)	

R 2 RHY-BCP Status	
<input checked="" type="checkbox"/> Collection is required at project start for all clients in HHS: RHY-BCP projects.	
Date of Status Determination (mm/dd/yyyy):	
Youth Eligible for RHY Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If No for "Youth Eligible for RHY Services" <b>Reason why services are not funded by BCP grant:</b>	<input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the State – Immediate Reunification <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification <input type="checkbox"/> Other
If Yes for "Youth Eligible for RHY Services," <b>Runaway youth?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

R3 Sexual Orientation			
<input checked="" type="checkbox"/> Collection is required at project start for all Heads of Household, Adults and Unaccompanied Youth entering any HHS:RHY component.			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

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### ELEMENTS FOR PROJECT START, UPDATE AND/OR PROJECT EXIT

<b>R4 Last Grade Completed</b>		
✓ <i>Collection is required once at project start or project exit for Heads of Household, Adults and Unaccompanied Youth in all HHS:RHY components except for Street Outreach.</i>		
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Grades 7-8
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Grade 12/High school diploma	<input type="checkbox"/> School program has no grades
<input type="checkbox"/> GED	<input type="checkbox"/> Some college	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

<b>R5 School Status</b>	
✓ <i>Collection is required once at project start or project exit for Heads of Household, Adults and Unaccompanied Youth in all HHS:RHY components except Street Outreach</i>	
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Attending school irregularly
<input type="checkbox"/> Graduated from high school	<input type="checkbox"/> Obtained GED
<input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended
<input type="checkbox"/> Expelled	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

<b>R6 Employment Status</b>	
✓ <i>Collection is required at project start and project exit for Heads of Household, Adults in all HHS:RHY components except for Street Outreach.</i>	
<b>Employed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for "Employed," <b>Type of employment?</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Sporadic (including day labor)
If No for "Employed," <b>Why not employed?</b>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work

<b>R7 General Health Status</b>	
✓ <i>Collection is required once at project start and project exit for Heads of Household and Adults in all HHS:RHY components except Street Outreach.</i>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

<b>R8 Dental Health Status</b>	
✓ <i>Collection is required once at project start and project exit for Heads of Household and Adults in all HHS:RHY components except Street Outreach.</i>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

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R9 Mental Health Status	
✓ <i>Collection is required once at project start and project exit for Heads of Household and Adults in all HHS:RHY components except Street Outreach.</i>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

R10 Pregnancy Status	
✓ <i>Collection is required at project start and update for female Heads of Household and Adults in all HHS:RHY components.</i>	
<b>Pregnant?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>If Yes for "Pregnant?" Due Date:</b>	

R11 Formerly a Ward of Child Welfare/Foster Care Agency	
✓ <i>Collection is required once at project start for Heads of Household and Adults in all HHS:RHY components except for Street Outreach.</i>	
<b>Formerly a ward of child welfare/foster care agency?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>If Yes for "Formerly a Ward of Child Welfare/Foster Care Agency?" for what number of years?</b>	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years
<b>If Less than one year for "number of years?" what is the number of months? (1-11):</b>	

R12 Formerly a Ward of Juvenile Justice System	
✓ <i>Collection is required once at project start for Heads of Household and Adults in all HHS:RHY components except for Street Outreach.</i>	
<b>Formerly a ward of juvenile justice system?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>If Yes for "Formerly a Ward of Juvenile Justice System?" Number of Years:</b>	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years
<b>If Less than one year for "Number of Years," what is the number of months? (1-11):</b>	

R13 Family Critical Issues		
✓ <i>Collection is required once at project start for Heads of Household and Adults in all HHS:RHY components except Street Outreach.</i>		
<b>Unemployment – Family member</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Mental Health Issues – Family member</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Physical Disability – Family member</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Alcohol or Substance Abuse – Family member</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Insufficient Income to Support Youth – Family member</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Incarcerated Parent of Youth</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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<b>R14 RHY Service Connections</b>		
✓ <i>Collection is required at occurrence point (once per service, provided at the time of the first provision of service) for Heads of Household and Adults in HHS:RHY components as designated below.</i>		
<b>Date of Service (mm/dd/yyyy):</b>		
<b>Type of RHY Service</b>	<b>Collection Required by Projects within:</b>	
<b>Community service/service learning (CSL)</b>	TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Criminal justice/legal services</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Employment and/or training services</b>	TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Health/medical care</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Home-based services</b>	BCP-P	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Life skills training</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Parenting education for youth with children</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Post-natal newborn care (wellness exams, immunizations)</b>	TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Post-natal care for mother</b>	TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Pre-natal care</b>	TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>STD testing</b>	BCP-P, BCP-ES	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Street based services</b>	BCP-P	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Substance abuse treatment</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Substance abuse education/prevention services</b>	BCP-P, BCP-ES,TLP&MGH, DEMO	<input type="checkbox"/> No <input type="checkbox"/> Yes

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**ELEMENTS FOR PROJECT EXIT ONLY**

<b>R15 Commercial Sexual Exploitation/Sex Trafficking</b>	
✓ <i>Collection is required once at project exit for Heads of Household and Adults in all HHS:RHY components.</i>	
<b>Ever received anything in exchange for sex</b> (e.g., money, food, drugs, shelter)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for "Ever received anything in exchange for sex," <b>was it in the last three months?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for "Ever received anything in exchange for sex," <b>how many times?</b>	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for "Ever received anything in exchange for sex," <b>ever made/persuaded/forced to have sex in exchange for something?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for "Ever made/persuaded/forced to have sex in exchange for something?" <b>in the last three months?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<b>R16 Labor Exploitation/Trafficking</b>	
✓ <i>Collection is required at project exit for Heads of Household and Adults in all HHS:RHY components.</i>	
<b>Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Ever promised work where work or payment was different than you expected?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for either "Workplace violence threats," <b>OR</b> "Workplace promise difference," <b>did client feel forced, pressured or tricked into continuing the job?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for either "Workplace violence threats," <b>OR</b> "Workplace promise difference," <b>was it in the last three months?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<b>R17 Project Completion Status</b>	
✓ <i>Collection is required once at project exit for Heads of Household and Adults in all HHS:RHY components except Street Outreach and BCP-Prevention.</i>	
<b>Project Completion Status:</b>	<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project
If <i>Youth was expelled or otherwise involuntarily discharged from project</i> for "Project Completion Status," <b>select the major reason:</b>	<input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared

<b>R18 Counseling</b>	
✓ <i>Collection is required once at project exit for Heads of Household and Adults in all HHS:RHY components except Street Outreach.</i>	
<b>Counseling received by client?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, <b>identify the type(s) of counseling received:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group – including peer counseling
If Yes, <b>indicate the number of sessions received by exit:</b> (Response will be an integer from 1 to 48+.)	

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<b>Total number of sessions planned in youth's treatment or service plan:</b> (Response will be an integer from 1 to 48+.)	
<b>A plan is in place to start or continue counseling after exit:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>R19 Safe and Appropriate Exit</b>	
✓ <i>Collection is required once at project exit for Heads of Household and Adults in all HHS:RHY components except Homelessness Prevention and Street Outreach.</i>	
<b>Exit destination safe – as determined by client?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Exit destination safe – as determined by the project/caseworker?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know
<b>Client has permanent positive adult connections outside of project?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know
<b>Client has permanent positive peer connections outside of project?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know
<b>Client has permanent positive community connections outside of project?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker does not know