MSHMIS Individual Brief Contact Record (HYR Contract)

Youth Name:_____ **Alias***(If Name Unknown)*:_____

Youth Age:_____ **Youth County of Residence:** _____

Youth Contact Number(s): (_____)_____**/(_____)**_____

Youth in foster care? *[Foster Care/Young Adult Voluntary Foster Care (YAVFC)]*
☐ Yes ☐ No ☐ Past

If past, how old was the youth when he/she exited foster care *(for youth in care multiple times, record the youth's age at most recent exit)* _____

If currently in foster care, is case closing (within 60 days) with no identified housing?
☐ Yes ☐ No ☐ N/A

DHS-956 referral form received? *(Applies to youth currently in foster care)*
☐ Yes ☐ No ☐ N/A

If YAVFC eligible, will the youth return to/remain in foster care?
☐ Yes ☐ No ☐ N/A

Date	**Deliverable** *(Crisis Intervention or Recruitment):*	**Contact Type** *(i.e. Homeless Youth, Runaway, Parent, School, DHS, etc.)*	**Minutes**	**Brief Note:**

Total Youth Recruitment Minutes:	
Total Crisis Intervention Minutes:	
Total Mileage (if applicable):	

Outcome of Screening (If Applicable)?
☐ Case Opened – Prevention
☐ Case Opened – Basic Care Center
☐ Case Opened - TLP
☐ Ineligible
☐ Refused Service