

90 Days

180 Days

### MSHMIS Youth Follow-up (HYR Contract)

Michigan Department of Human Services

<b>Client ID #:</b>	<b>Client Age at Entry:</b>	<b>County:</b>
<b>Intake Date:</b>	<b>Closing Date:</b>	<b>Interview Date:</b>
<b>DHS-956 Referral Form Received:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Services Received: At any Point from Initial Contact up to 180 Follow-up (IMPORTANT!! Check ALL that apply)**

<input type="checkbox"/> Recruitment	<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Prevention
<input type="checkbox"/> Basic Care Center	<input type="checkbox"/> Transitional Living Program (TLP)	<input type="checkbox"/> Graduated Housing Program
<input type="checkbox"/> Counseling – Individual	<input type="checkbox"/> Counseling – Family	<input type="checkbox"/> Counseling – Group
<input type="checkbox"/> Independent Living Skills (ILS) Training	<input type="checkbox"/> Landlord/Tenant Leasing Training	<input type="checkbox"/> Transportation
<input type="checkbox"/> Employment Support	<input type="checkbox"/> Education Assistance	<input type="checkbox"/> McKinney-Vento Resources
<input type="checkbox"/> Help Obtaining Identification Documents (Birth Certificates, IDs, SS Card)	<input type="checkbox"/> Help Obtaining Other Important Records (i.e. School/Medical Records)	<input type="checkbox"/> Medical/Dental Related Services
<input type="checkbox"/> Information Regarding and/or Assistance Accessing Mainstream Services (i.e. community agencies that support runaway/homeless youth)	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Participation in Community Service and/or Service Learning Activities (while in the program)
<input type="checkbox"/> Survival Kits	<input type="checkbox"/> Specialized Services for Highly Vulnerable Youth	<input type="checkbox"/> Security Deposit
<input type="checkbox"/> First Month's Rent	<input type="checkbox"/> Startup goods	<input type="checkbox"/> Aftercare (Length of time provided)

**Youth Achieved Goals Identified in Service Plan (HYR Service Plan Completion Status):**

Fully                       Partially                       Not At All                       N/A

**Follow-up Interview Completed:**

Yes                       No

***If follow-up was not completed, reason why:***

Unable to contact client (or other knowledgeable party)

Client declined interview

Other (explain): \_\_\_\_\_

**If follow-up was not completed, record each attempt to contact the client:**Date of 1<sup>st</sup> AttemptDate of 2<sup>nd</sup> AttemptDate of 3<sup>rd</sup> Attempt # disconnected # disconnected # disconnected no answer no answer no answer no longer at # no longer at # no longer at # declined interview declined interview declined interview left message left message left message

- If unable to contact the client, record the date the Follow-up Form was mailed:
- If Follow-up Form was sent, was it returned?  YES  NO
- If Follow Form was returned, what was the date?

**Person Interviewed:** Youth Relative Other Parent/Guardian School Other Adult Parent's Partner Human Service Provider**INTERVIEW BEGINS HERE**

Introductory Statement to be utilized by worker completing call:

"My name is \_\_\_\_\_. I am calling from \_\_\_\_\_, and would like to ask you some questions regarding your (or youth's name) services here. These questions are designed to let us know whether our services are helpful and how we can make them better.

**Answer Q:1-11 for ALL youth:**

Outcome/Situation		Yes	No	Don't Know	NA	Comments
1.	Were you (the youth) able to maintain positive (safe & stable) housing since exiting the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How long have you (the youth) been in current situation?
						This current housing situation is: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
2.	Did you (the youth) graduate from high school, earn a general equivalency diploma (GED) or complete a skills training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check applicable H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> Skills Training Prg. <input type="checkbox"/>
	If no, are you (the youth) currently enrolled in an educational or training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Were you (the youth) pregnant or a parent before receiving services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Did you (the youth) become pregnant or become a parent after services ended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Do you (the youth) have some type of medical insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Do you (the youth) have access to health care <u>and</u> understand how to get it when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Did the program provide you (the youth) with information relative to your specific needs ( <i>this includes but is not limited to information regarding parenting, strained relationships, substance abuse, child abuse and/or homeless prevention</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Do you (the youth) have a healthy, positive, caring relationship with at least one adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Outcome/Situation		Yes	No	Don't Know	NA	Comments
9.	Did you (the youth) have involvement with the juvenile justice system before accessing this agency's services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, have you (the youth) had any <b>new</b> involvement with the juvenile justice system since leaving services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Did you (the youth) run away from home prior to accessing this agency's services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Did you (the youth) run away from home since leaving services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Did you (the youth) enter any community homeless shelters after exiting the program? ( <b>Applies to BCC Youth Only</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ONLY Answer Q: 12-14 for youth who received TLP and/or GRADUATED HOUSING PROGRAM services:**

Outcome/Situation		Yes	No	Don't Know	NA	Comments
12.	Are you (the youth) currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full-time or Part Time (circle one)
	If no, are you (the youth) actively seeking employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If actively seeking employment, are you (the youth) registered with Michigan Works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If you are unable to work, are you receiving any cash entitlements (i.e. SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Are you (the youth) living in affordable, independent housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Are you (the youth) earning enough to pay your bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Closing Statement to be utilized by worker completing call:**

"Thank you for taking the time to answer these questions. Do you have anything else that you would like to add, or comment on?"

(FOR 90 DAY FOLLOW-UPS ONLY) "We would like to call again in three months to see how things are going. Thanks again for your time."

Respondent's Comments:

Questions completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date