

MSHMIS CRISIS INTERVENTION LOG

MDHHS HOMELESS YOUTH AND RUNAWAY (HYR) PROJECTS

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

DHHS-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	Contact Type <small>(i.e. Homeless Youth, Runaway, Parent, School, DHS, etc.)</small>	Minutes	Brief Note:
Total Crisis Intervention Minutes:			
Total Mileage (if applicable):			

- Outcome of Screening (If Applicable)?**
- Case Opened – BCC Shelter
 - Case Opened – BCC Nonresidential
 - Case Opened – TLP Residential
 - Case Opened – TLP Nonresidential
 - Ineligible
 - Refused Service