

## NEORHYMIS v2.1 – TRANSITIONAL LIVING PROGRAM EXIT REPORT

**Expiration date:** 09/30/2010— **OMB Control No:** 0970-0123

**Program Name:**        **TRANSITIONAL LIVING PROGRAM**

The following items are retrieved from the entrance record data automatically when entering data online:

**Center ID:** \_\_\_\_\_ **Youth ID:** \_\_\_\_\_ (from name and birth date)  
(agency identifier in the form **RRSS####** where RR=ACF region number (01-10); SS=State abbreviation;  
#### = assigned RHYMIS agency number. This value is displayed automatically, based on id entered at startup.)

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (mm/dd/yyyy)

**TLP Entrance Date:** \_\_\_\_\_ (mm/dd/yyyy)

The following items are generated automatically online: **Updated By** (staff id for data entry person)  
**Updated Date** (data entry date)

**Enter the date the youth exited TLP services:**

**TLP Exit Date:** \_\_\_\_\_ (mm/dd/yyyy)

**NOTE:** If the youth is temporarily absent from the program by prior arrangement with the TLP staff (e.g., “on hiatus”), then do not enter the TLP exit data. The exit record indicates that the youth has completed their current visit and is not expected to return.

**1. Young Person’s Critical Issues:** Choose **all** codes that describe the young person’s critical issues, as identified by staff and the young person during period of services. It is not necessary to check a response under each heading. These categories are for reporting purposes and are therefore general and broad. Agency case management practice should reflect more precision.

\_\_\_\_\_ **1. Household Dynamics:** *Issues related to interactions and interrelationships within the household (for example, frequent arguments between household members.)*

\_\_\_\_\_ **2. Sexual Orientation/Gender Identity:** *Issues related to the sexual orientation or gender identity of (select **one** or **both**):*

\_\_\_\_\_ Youth

\_\_\_\_\_ Family member(s)

- \_\_\_\_\_ **3. Housing Issues:** *Issues related to lack of sufficient housing or shelter for (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **4. School and Educational Issues:** *School or educational issues involving (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **5. Unemployment:** *Unemployment issues of (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **6. Mental Health Issues:** *Issues related to the mental health status of (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **7. Health Issues:** *Issues related to the physical well-being of (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **8. Physical Disability:** *Issues related to a physical disability or impairment experienced by (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **9. Mental Disability:** *Issues related to a mental disability or impairment of (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **10. Abuse and Neglect:** *Physical, sexual, or emotional abuse, or neglect of (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)
- \_\_\_\_\_ **11. Alcohol and Other Drug Abuse:** *Any abuse of alcohol, or legal or illegal drugs by (select **one** or **both**):*  
\_\_\_\_\_ Youth  
\_\_\_\_\_ Family member(s)

\_\_\_\_\_ **12. Insufficient Income to Support Youth:** *Issues related to insufficient incomes of the parents/legal guardians to support the basic needs of the youth (e.g. food, clothing, and shelter).*

\_\_\_\_\_ **13. Incarcerated Parent of Youth:** *Is the parent or legal guardian of the youth currently incarcerated?*

If yes, please select **one** of the following :

\_\_\_\_\_ One of two parents/legal guardians is incarcerated

\_\_\_\_\_ Both parents/legal guardians are incarcerated

\_\_\_\_\_ The only parent/legal guardian (single guardian) of the youth is incarcerated

\_\_\_\_\_ **14. Pregnant or Teen Parent:** *Issues related to the youth being pregnant or the parent of a child.*

**2. Services Provided to Youth by or Through the Basic Center Program:** Choose **all** cases that describe the services provided to the young person through the Basic Center Program. It is not necessary to check a response under each heading. These categories are for reporting purposes and are therefore broad. Agency case management practice should reflect more precision. Except for number 17 (aftercare), if a service was “refused,” it should not be listed, unless a viable portion of the service was delivered prior to refusal.

\_\_\_\_\_ **1. Counseling/Therapy:** *The provision of guidance, support, and advice designed to address interfamilial problems or help youth decide on a future course of action. (Examples of counseling/therapy include crisis intervention, individual youth counseling, home-based services, group counseling, outdoor adventure/challenge activities, expressive/art therapy, and mediation.)*

\_\_\_\_\_ **2. Basic Support Services:** *Includes provision of food, clothing, shelter, transportation, etc.*

\_\_\_\_\_ **3. Peer (Youth) Counseling:** *Counseling provided by trained youth volunteers or youth staff to the young person.*

\_\_\_\_\_ **4. Education:** *Includes learning disability assessment, tutoring, GED preparation, local school enrollment, vocational education, etc.*

\_\_\_\_\_ **5. Life Skills Training:** *Includes formal and informal coaching and training in communications skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene, etc.*

\_\_\_\_\_ **6. Employment Services:** *Includes services related to helping young people obtain and retain employment, such as assessment, coaching, filling out applications, interviewing, practicing and conducting job searches, referrals, and job maintenance skills.*

\_\_\_\_\_ **7. Physical Health Care:** *Provision of general health care or surgical services by licensed medical practitioners. May include prenatal testing, STD testing, and other types of health screening.*

- \_\_\_\_\_ **8. Dental Care:** *Provision of dental services by a licensed dentist or other oral health specialist.*
- \_\_\_\_\_ **9. Psychological or Psychiatric Care:** *Provision of assessment or treatment services by a licensed/certified medical mental health professional or professional psychologist.*
- \_\_\_\_\_ **10. Substance Abuse Assessment and/or Treatment:** *Comprehensive assessment of an individual's current or past involvement with alcohol and/or drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse.*
- \_\_\_\_\_ **11. Substance Abuse Prevention:** *Includes activities related to alcohol and drug abuse prevention, such as education, group activities, peer coaching, refusal skills, etc.*
- \_\_\_\_\_ **12. Legal Services:** *Legal services or guidance provided through an attorney or an attorney-supervised paralegal.*
- \_\_\_\_\_ **13. Parenting Education:** *Services designed to build improved parenting skills that are provided to (select **one** or **both**):*
- \_\_\_\_\_ 1. Youth with Children
- \_\_\_\_\_ 2. Parent of Youth
- \_\_\_\_\_ **14. Recreational Activities:** *Includes sports, arts and crafts, field trips, nature hikes, etc.*
- \_\_\_\_\_ **15. Support Groups:** *Participation in one or more support groups, such as Alateen, Alcoholics Anonymous, Alanon, or a faith-based group.*
- \_\_\_\_\_ **16. Community Service/Service Learning (CSL):** *Activities that involve youth in helping others or the community. A discussion of CSL, positive youth development and a variety of related options to explore is available on request from the NEORHYMIS hotline at 1-888-749-6474.*
- \_\_\_\_\_ **17. Transitional, Exitcare or Aftercare Plans and Actions:** *A plan developed for the period during and after the young person has exited the program. (NOTE: Current law requires all TLP youth to be provided an aftercare plan.) If YES, please check **one or more** of the following features or related activities. If referral to mainstream or non-agency assistance programs is part of aftercare, please also respond to question 18. If mentoring is part of aftercare service, please also respond to question 19.*
- \_\_\_\_\_ 17.1. *A written transitional, aftercare or follow-up plan or agreement has been worked out with the youth, understood, and agreed to.*
- \_\_\_\_\_ 17.2. *Advice about and/or referral to appropriate mainstream assistance programs has been provided (further information can be supplied under question 18, "program connection").*

- ☐ 17.3. Placement in appropriate, permanent, stable housing (not a shelter) or residency accommodations has been arranged. (This option goes beyond mere referral to mainstream housing assistance alluded to in 2. and assumes the youth is eligible for and guaranteed an immediately available or reserved slot, with a waiting period for reserved accommodations of no longer than 2 weeks and suitable interim arrangements).
- ☐ 17.4. Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter that can provide age-appropriate safety, security and services, and supervision if advisable.
- ☐ 17.5. Exit counseling has been provided, including, at minimum, a discussion between staff and the youth of exit options, resources, and destinations appropriate for his/her well being and continued progress, possibly including continued follow-up, such as the next two actions.
- ☐ 17.6. A course of future follow-up treatment or services (e.g., incremental family reunification, formal or informal counseling, etc.) has been prescribed and scheduled, via referral, or on a non-residential, drop-in, or appointment basis.
- ☐ 17.7. A follow-up meeting or series of staff/youth meetings or contacts has been scheduled to be held after youth has departed the TLP program.
- ☐ 17.8. A “package” with such things as maps, information about local shelters and resources, a phone card, fare tokens, healthy snacks, etc., has been provided.
- ☐ 17.9. Other.
- ☐ 17.10. The youth refused or declined any and all of the above aftercare/exitcare services (including any listed as “other”)
- ☐ **18. Program Connection:** Has the youth been connected to other federal, state, local, or privately funded non-residential cash or non cash assistance programs (NOTE: residential programs, such as Job Corps, are included under living situation at exit)? If YES, please check **one or more** of the following:
  - ☐ 18.1. HUD Section 8 or other permanent housing assistance
  - ☐ 18.2. TANF or other welfare or non-disability income maintenance program (all TANF services, including transportation and childcare are included)
  - ☐ 18.3. SSI or disability assistance
  - ☐ 18.4. Medicaid
  - ☐ 18.5. S-CHIP
  - ☐ 18.6. Food Stamps or other non WIC nutrition

- \_\_\_\_\_ 18.7. WIC
- \_\_\_\_\_ 18.8. Childcare (Non TANF)
- \_\_\_\_\_ 18.9. Unemployment insurance
- \_\_\_\_\_ 18.10. Workforce development services (e.g., WIA)
- \_\_\_\_\_ 18.11. Mentoring program other than RHY agency (federal, state, local or private; for RHY agency mentoring, please respond to question 19.)
- \_\_\_\_\_ 18.12. National Service (e.g., Americorps, VISTA, Learn and Serve)
- \_\_\_\_\_ 18.13. Non residential substance abuse treatment or mental health program
- \_\_\_\_\_ 18.14. Other public federal, state or local program
- \_\_\_\_\_ 18.15. Private non-profit charity or foundation support
- \_\_\_\_\_ 18.16. Individual Development Account

**Firststep:** A tool to assist case managers and outreach workers to access Federal benefits for their homeless clients (<http://www.cms.hhs.gov/Medicaid/homeless/firststep/index.html>)

\_\_\_\_\_ **19. Mentoring youth during and/or after their term of services.**

**NOTE:** Mentoring is a one-to-one supportive relationship between a youth and a caring adult who has been screened, trained with appropriate skills, and who receives follow-up supervision and support by the agency. Group activities with other mentors can be valuable, but the one-to-one relationship is paramount. Information on effective mentoring practices can be found at [www.mentoring.org](http://www.mentoring.org).

\_\_\_\_\_ **20. Pregnant or Teen Parent:** Were services provided to a pregnant teen or teen parent? If yes, please select **one or more** responses, as appropriate:

- \_\_\_\_\_ 20.1. Prenatal care
- \_\_\_\_\_ 20.2. Birthing care
- \_\_\_\_\_ 20.3. Post-natal care
- \_\_\_\_\_ 20.4. Nutrition/WIC
- \_\_\_\_\_ 20.5. Child care

\_\_\_\_\_ **21. Services to Non-resident or “Pre-Resident” Youth.**

**NOTE:** Parts of this section, specifically “Assessment” and “Transitional Life Planning” may apply to most youth in the program since assessment at entry and planning shortly thereafter is commonly considered good practice).

Please select **one or more** responses, as appropriate.

\_\_\_\_\_ **21.1. Assessment prior to TLP entry:** *The youth’s needs and capabilities were assessed prior to admission to TLP in preparation for an expected opening in the TLP residency. Assessment may mean psychological or vocational testing, fact finding, counseling, or other activities that can determine if a TLP residency is in the youth’s best interest and as part of developing a Transitional Living Plan. Substance abuse assessment is also reported under Services, item 10. An inventory of assessment tools developed by the National Clearinghouse on Families and Youth is available on request from the NEORHYMIS hotline at 1-888-749-6474.*

\_\_\_\_\_ **21.2. Assessment during TLP residency:** *The youth’s needs and capabilities were assessed as part of the service during TLP residency. Substance abuse assessment is reported separately under Services, item 10.*

\_\_\_\_\_ **21.3. Transitional Life Planning:** *The youth, in collaboration with TLP staff, professional counselors and/or mentors, created and agreed on a Transitional Life Plan before or shortly after moving into the TLP (often with assessment as a important element of the plan). Transitional Life Plans for all TLP youth are statutorily required by the Runaway and Homeless Youth Act.*

**NOTE:** Transitional Life Plans can be more successful when the youth is involved as a co-creator and partner. Plans may be creative, utilizing features that appeal to young people, such as sports, music or cultural themes, scrapbooks or password-protected, personalized internet pages or on the TLP’s internal network. These plans may be revised on an ongoing basis in response to opportunities or adjust to circumstances.

The “Positive Youth Development Approach” to youth services (<http://www.acf.dhhs.gov/programs/fysb/content/positiveyouth/>) emphasizes that assets, strengths, goals and other capacities of young people should factor into planning. The focus should not be dominated by issues, problems, and deficits of the youth, which may be addressed in an affirmative, developmental context.

\_\_\_\_\_ **21.4. Services in settings apart from the TLP:** *The youth received services besides assessment, such as counseling, recreation, nutrition, etc., while not residing in the TLP, either prior to joining or during a period of stand-by, a temporary leave of absence, respite, or while on a wait list (e.g., during the situation in the next field).*

**If the youth never formally enters the TLP, but received services other than casual or drop-in contact, NEORHYMIS reports should be created.** This situation would usually indicate a “Program Completion” status of 2 (left voluntarily with an opportunity) or 3 (left voluntarily with no plans). Even if the youth in this latter status had a transitional living plan developed, he or she did not intend or appear to follow it.)

**NOTE:** Specific non-residency activities can be reported under other options in this “Services Provided” section along with services provided during residency.

\_\_\_\_\_ **21.5. Respite, temporary leave of absence, standby or involuntary separation:** *After joining the TLP as a resident, the youth was referred to a safe and appropriate living situation on a temporary or conditional basis. This may be by agreement between the youth and the program or involuntarily because of serious infractions or potential harm. The period of non-residency does not count as part of the statutory time-limited eligibility for TLP. It is advisable to stay connected with the youth during these periods. There is no FYSB standard of practice for these situations nor for the length of absence. TLP should use discretion to assess each youth and situation to determine if an invitation to return in the future may be appropriate.*

**NOTE: When return is possible, the NEORHYMIS Exit Report should not be opened or completed.** In cases of permanent involuntary discharge or unmistakable voluntary departure which will not involve return, please provide information about the Living Situation at Exit and Program Completion Status in the following sections and finalize the TLP Exit Report. If a youth’s case has been closed with an exit report after a long absence, then the youth reappears unexpectedly, start a new entrance record for the youth. NEORHYMIS will create the same Youth ID in a new record.



**3. Living Situation at Exit:** Choose **one** code that describes where the youth will go upon leaving the Basic Center Program at the conclusion of the periods described under 20 above.

Some of the living situation categories have further type sub-classifications. If this is the case for the applicable living situation at exit for the youth, then both a code for the living situation and a code for living situation type must be selected.

**To a Shelter**

	<b>FYSB Basic Center</b>	<i>FYSB-funded program providing core services (shelter, food, clothing, and counseling) to runaway and homeless youth. Basic Center services may be provided in one central location, such as a group home residence, or in decentralized locations. Federal guidelines dictate that youth may stay at Basic Centers for up to 2 weeks using FYSB funding.</i>
	<b>Other Youth Emergency Shelter</b>	<i>Non-FYSB-funded program providing core services (shelter, food, clothing, and counseling) to runaway and homeless youth. Shelter services may be provided in one central location, such as a group home residence, or in decentralized locations.</i>
	<b>Homeless Family Center</b>	<i>A program designed to provide shelter and services to homeless families.</i>
	<b>Homeless Shelter</b>	<i>A program designed to provide shelter and services to homeless individuals.</i>
	<b>Other Temporary Shelter</b>	<i>A shelter not described by any of the above that provides a temporary place to sleep.</i>

**To the Street As a Runaway or Homeless Youth**

*The young person is on the street or in a facility that has become an informal shelter for runaway and homeless youth and adults. (The informal shelter may be an apartment the leaser allows to be used, an abandoned building, a 24-hour business, or another location. It usually is temporary, and may be operating illegally.*

**To a Private Residence**

	<b>Living Independently</b>	<i>The youth will live on his/her own and have an address.</i>
	<b>Parent/Legal Guardian's Home</b>	<i>The residence of the biological parent(s), adoptive parent(s), legal guardian, or parent who is not the youth's legal guardian.</i>
	<b>Relative or Friend's Home</b>	<i>The residence of a relative other than the youth's parent(s) or a friend not related to the family.</i>
	<b>Other Adult's Home</b>	<i>The residence of an adult other than a relative or a friend.</i>
	<b>Other Youth's Home</b>	<i>The residence of a youth other than a relative or a friend.</i>
	<b>Foster Home</b>	<i>A temporary residence in which the youth has been legally placed by a social services agency.</i>
	<b>Partner/Spouse</b>	<i>A residence shared with a partner or spouse.</i>
	<b>Host Home</b>	<i>The residence of an adult other than a relative or a friend operated as a host home.</i>

**To a Residential Program**

	<b>FYSB Transitional Living Program</b>	<i>FYSB-funded program for older homeless youth ages 16-21 for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.</i>
	<b>Other Transitional Living Program</b>	<i>Residential program that provides older homeless youth who have no other safe alternative living arrangement with the skills they will need to move to independent living.</i>
	<b>Group Home</b>	<i>A structured residential program that provides a homelike environment for those youth unable to return home, generally a minimum of 3 months and a maximum of 2 years stay.</i>
	<b>Independent Living Program That Is Residential</b>	<i>Program funded by the Children's Bureau (U.S. Department of Health and Human Services) designed to prepare youth in the foster care system to live on their own, independently from that system.</i>
	<b>Job Corps</b>	<i>Residential structured educational/vocational training program aimed at developing skills that will lead to self-sufficiency.</i>
	<b>Drug Treatment Center</b>	<i>Drug treatment centers focus on detoxification and substance abuse treatment.</i>
	<b>Residential Treatment Center</b>	<i>Residential treatment centers are highly structured, intensive 24-hour treatment programs that address the full range of needs of young people, including social, educational, mental health, and psychological.</i>
	<b>Educational Institute</b>	<i>A residence at a school, such as a boarding school or college dormitory.</i>
	<b>Other Agency Residential Program</b>	<i>Another residential program that is run by your agency.</i>
	<b>Other Residential Program</b>	<i>Residential program other than those listed above.</i>

**To a Correctional Institute or Detention Center:**

*Secure facility operated in conjunction with the juvenile justice system.*

**To a Mental Hospital:**

*Facility providing treatment for psychiatric illness.*

**To the Military:**

*In a facility operated by a military organization or a residence approved for military personnel.*

**To Another Living Situation:**

*Other living situation not described above.*

**Do Not Know:**

*The staff does not have enough information on the youth's living situation to correctly respond.*

**NOTE:** It is important to connect with each youth, help them develop plans for the future, and maintain contact. However, on occasion youth abruptly leave the premises without assistance, counseling or guidance. Reconnection with the youth or news of his/her whereabouts may emerge at a later date. If this is within a “reasonable” period of time (according to the judgment of the TLP), updating or correcting the data in NEORHYMIS is strongly encouraged to change the “unknown” exit situation to the actual situation. The technical support hotline provides guidance on how to accomplish this task before or after semi- annual data transfer at 1-888-749-6474.

**4. Program Completion Status:** Choose **one** code describing the youth's program completion status at exit.

	<b>Completed Transitional Living Program</b>	<i>The youth completed the term and plan of services developed for his or her TLP tenure.</i>
	<b>Voluntarily Did Not Complete Transitional Living Program Because of Other Opportunities</b>	<i>The youth voluntarily terminated from the program to pursue employment or educational opportunities or a suitable independent living opportunity.</i>
	<b>Voluntarily Did Not Complete Transitional Living Program, No Plans</b>	<i>The youth voluntarily terminated from the program, but had no definite plans (or if a Transitional Living Plan was developed, he or she did not intend or appear to follow it.)</i>
	<b>Youth Was Expelled or Otherwise Involuntarily Discharged From Program</b>	<i>The youth was involuntarily terminated from the program with no plan or invitation to return.</i>

**Note:** Although not explicitly entered by the user, the duration of the youth's stay in the Transitional Living Program (Program Completion Type) is calculated from the youth's entry and exit dates. This information is reported along with the Program Completion Status.

**5. Employment Status:** Choose **one** code describing the youth's employment status at exit.

	<b>Employed Full-Time or Part-Time</b>	<i>Youth is employed full-time or part-time (includes Military).</i>
	<b>Seasonal/Sporadic</b>	<i>Youth is employed occasionally, with periods of unemployment interspersed with employment. This includes summer or holiday-specific employment.</i>
	<b>Not Employed, Looking for Work</b>	<i>Youth is not employed and is actively looking for employment.</i>
	<b>Not Employed, in School</b>	<i>Youth is not employed because he or she is in school.</i>
	<b>Not Employed, Unable to Work</b>	<i>Youth is not employed because he or she is unable to work due to a physical disability, a developmental disability, or an illness.</i>
	<b>Not Employed, Not Looking for Work</b>	<i>Youth is not employed and is not looking for employment.</i>
	<b>Do Not Know Employment Status</b>	<i>No information is available on the youth's employment status at entrance.</i>

**6. Last Grade Completed:** Choose **one** code corresponding to the response that best describes the last grade level completed by the youth.

	Less than Grade 5
	Grades 5-6
	Grades 7-8
	Grades 9-12
	GED
	Some College
	School Program Does Not Have Grade Levels
	Do Not Know

**7. School Status:** Choose **one** code describing the youth's school status. If school was not in session at the time of the youth's exit, this question pertains to the school year just completed.

	<b>Attending School Regularly</b>	<i>The youth is enrolled in an educational program and attends classes regularly, without extended absenteeism.</i>
	<b>Attending School Irregularly</b>	<i>The youth is enrolled in an educational program and attends classes 1-3 days per week on average.</i>
	<b>Graduated High School</b>	<i>The youth has earned a high school diploma.</i>
	<b>Obtained GED</b>	<i>The youth has earned a General Equivalency Diploma.</i>
	<b>Dropped Out</b>	<i>The youth has formally withdrawn from school prior to completing the course of study.</i>
	<b>Suspended</b>	<i>The youth has been temporarily removed from school through official school action.</i>
	<b>Expelled</b>	<i>The youth has been permanently removed from school through official school action.</i>
	<b>Do Not Know</b>	<i>No information is available on the youth's school status.</i>

**8. Physical Health Status:** Choose **one** code that best portrays the youth's physical health status at exit. (The examining health professional should be a certified practitioner but need not be an MD.)

	<b>Good</b>	<i>An examination by a medical professional reveals the youth is in good physical health.</i>
	<b>Not Good</b>	<i>An examination by a medical professional reveals the youth is not in good physical health.</i>
	<b>Not Known</b>	<i>A medical professional was not consulted.</i>

**9. Dental Health Status:** Choose **one** code that best portrays the youth's dental health status at exit. (The examining dental health professional should be a certified practitioner but need not be DDS.)

	<b>Good</b>	<i>An examination by a dental professional reveals the youth's dental health is good.</i>
	<b>Not Good</b>	<i>An examination by a dental professional reveals the youth's dental health is not good.</i>
	<b>Not Known</b>	<i>A dental professional was not consulted.</i>

**10. Mental Health Status:** Choose **one** code that best portrays the youth's mental health status at exit. (The examining mental health professional should be a certified practitioner but need not be MD.)

	<b>Good</b>	<i>An examination by a mental health professional reveals the youth is in good mental health.</i>
	<b>Not Good</b>	<i>An examination by a mental health professional reveals the youth is not in good mental health.</i>
	<b>Not Known</b>	<i>A mental health professional was not consulted.</i>

**11. Child of Pregnant or Teen Parent Health Status:** Choose **one** code that best portrays the health status of the child or children (if any) of the youth at exit. (The examining health professional should be a certified practitioner but need not be an MD.)

**NOTE:** Other information associated with the youth's child(ren) is entered on the Transitional Living Entrance form.

Child Number	Child's Date of Birth (mm/dd/yyyy)	Child's Gender		Child Currently in Parent Youth's Care?		Child's Health Status	
1			Male		No		<b>Good</b>
							<b>Not Good</b>
			Female		Yes		<b>Not Known</b>
2			Male		No		<b>Good</b>
							<b>Not Good</b>
			Female		Yes		<b>Not Known</b>
3			Male		No		<b>Good</b>
							<b>Not Good</b>
			Female		Yes		<b>Not Known</b>
4			Male		No		<b>Good</b>
							<b>Not Good</b>
			Female		Yes		<b>Not Known</b>
5			Male		No		<b>Good</b>
							<b>Not Good</b>
			Female		Yes		<b>Not Known</b>
6			Male		No		<b>Good</b>
							<b>Not Good</b>
			Female		Yes		<b>Not Known</b>