

## NEORHYMIS v2.1 - TRANSITIONAL LIVING PROGRAM ENTRANCE REPORT

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

This instrument collects information regarding young people served by the Family and Youth Services Bureau (FYSB)-funded Transitional Living Programs (TLPs). (For youth to whom the Transitional Living Program staff provides services lasting fewer than 6 hours and/or who do not stay overnight, please complete the Brief Service Contact Record.)

Full and accurate reporting of information regarding youth served by TLP grantees is important because it helps to inform the U.S. Congress and funding sources about the youth whom TLPs serve and about the services TLPs provide.

For each youth who enters the TLP, please provide answers to all of the questions on this form. To answer a question, click on the appropriate response from the drop-down list box, and/or select the appropriate response. Services for youth provided prior to or outside of the TLP residential program can be reported in the TLP Exit Report under Services, item 20.

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

**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)

**NOTE:** Names and birthdays should not be modified after the Youth ID is created automatically online except by calling technical assistance at 1-(888) 749-6474.

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

**Type of Funding (select one):**        \_\_\_\_\_ **FYSB**        \_\_\_\_\_ **Other Funding Source**

**NOTE:** Entry of non-FYSB funded youth in NEORHYMIS is optional. Such non-FYSB records are for your own use or convenience. NEORHYMIS software segregates the records automatically and they are not sent to the national FYSB database during transmission. A referral check-off is now available in the Brief Services Record to provide a rough headcount of current "system" youth (who are not included in the FYSB treatment population) whom you refer to or treat with system-funded services after they present themselves at the FYSB shelter.

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

1. **Gender:** Choose **one** code indicating how the youth describes his/her gender identity.

	Male (M)
	Female (F)
	Transgender F to M
	Transgender M to F
	Other
	Not known or not determined

2. **Sexual Orientation:** Choose **one** code indicating how the youth describes his/her sexual orientation.

	Heterosexual
	Gay
	Lesbian
	Bisexual
	Questioning/Unsure
	Not known or not determined

3. **How does the youth describe himself/herself using these census categories?**

Based on the youth's self-perception, select **one or more** codes indicating the young person's **race category** and **one** code indicating their **ethnicity category**.

**NOTE:** The race and ethnicity classifications below are defined by revised OMB Statistical Policy Directive No. 15. The classifications should not be interpreted as being scientific or anthropological in nature, nor should they be viewed as determinants of eligibility for participation in any Federal program. They have been developed in response to needs expressed by both the executive branch and the U.S. Congress to provide for the collection and use of compatible, non-duplicated, exchangeable racial and ethnic data by Federal agencies.

1. **Race** (select **one or more** codes)

	<b>American Indian or Alaska Native</b>	<i>A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.</i>
	<b>Asian</b>	<i>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</i>
	<b>Black, or African American</b>	<i>A person having origins in any of the black racial groups of Africa</i>
	<b>Native Hawaiian or Other Pacific Islander</b>	<i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i>
	<b>White</b>	<i>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</i>
<b>If the following option is selected, no other race code may be entered:</b>		
	<b>Not provided</b>	<i>The young person did not provide information on their race.</i>

**2. Ethnicity** (select **one** code)

	<b>Not Hispanic or Latino</b>	<i>A person <u>not</u> of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>
	<b>Hispanic or Latino</b>	<i>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>
	<b>Not Provided</b>	<i>The young person did not provide information on his or her ethnicity.</i>

**4. Living situation at entry:** Choose **one** code to indicate the living situation (this situation may be the same or different from a prevention setting, if any), in which the youth spent at least six of the 12 months prior to entrance. (If the youth did not spend more than 6 months at one residence during the 12 months prior to entrance, enter the code corresponding to the residence in which he or she spent the most time during that period.)

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

\_\_\_\_\_ **In 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>

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**On the Street**

	<b>On the street as a runaway or homeless youth.</b>	<i>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.)</i>
	<b>On the street as a throwaway youth</b>	<i>The young person was told to leave a stable residence by a parent or guardian, or the parent or guardian knew the young person was leaving but did not care. The young person is now 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.)</i>

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**In a Private Residence**

	<b>Living Independently</b>	<i>The youth lives on his/her own and has 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>

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**In 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>

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

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

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**In a Mental Hospital:**

*Facility providing treatment for psychiatric illness.*

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**In the Military:**

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

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**In Another Living Situation:**

*Other living situation not described above.*

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**Do Not Know:**

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

**5. Who referred the youth to the Transitional Living Program?** Choose **one** code (or **one** code/type combination) for the individual or organization through which the youth was advised about, sent, or directed to the Transitional Living Program.

\_\_\_\_\_ **Self-Referral:**

*The youth came to the agency without any direction from another person or organization.*

\_\_\_\_\_ **Individual**

	<b>Parent/Legal Guardian</b>	<i>The youth's biological parent(s), adoptive parent(s), legal guardian (s), or parent(s) who is not the youth's legal guardian.</i>
	<b>Relative or Friend</b>	<i>A relative other than the youth's parent or guardian or a friend of the young person.</i>
	<b>Other Adult or Youth</b>	<i>An adult or youth other than a relative or friend.</i>
	<b>Partner/Spouse</b>	<i>The young person's partner or spouse.</i>
	<b>Foster Parent</b>	<i>A foster parent of the youth.</i>
	<b>Responsible Adult (not related) of a Host Home</b>	<i>The residence of an adult other than a relative or a friend operated as a host home.</i>

\_\_\_\_\_ **Street Outreach Program**

	<b>FYSB Street Outreach Program</b>	<i>A FYSB-funded Street Outreach Program.</i>
	<b>Other Street Outreach Program</b>	<i>A street outreach program not funded by FYSB.</i>

\_\_\_\_\_ **Temporary Shelter**

	<b>FYSB Basic Center Program</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>Safe Place</b>	<i>An organization designated as a Safe Place as part of the national Project Safe Place program. Safe Places are business and community buildings that display the diamond-shaped yellow and black Safe Place logo identifying them as Safe Place sites and are places in neighborhoods where youth can get immediate help. Safe Place sites include fast-food restaurants, convenience stores, movie theaters, and other community facilities such as fire departments, libraries, YMCAs, and Boys &amp; Girls Clubs. In some cases, buses are designated as mobile Safe Place sites.</i>
	<b>Other Temporary Shelter</b>	<i>A shelter other than those described above that provides a temporary place to sleep.</i>

**Residential Program** (Operated by Your Agency or Another Agency)

	<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>

**Hotline**

	<b>National Runaway Switchboard</b>	<i>The National Runaway Switchboard.</i>
	<b>Other Hotline</b>	<i>A hotline other than the National Runaway Switchboard.</i>

**Other Agency or Program** (Operated by Your Agency or Another Agency)

	<b>Child Welfare/CPS</b>	<i>Child Welfare or Child Protective Services.</i>
	<b>Independent Living Program That Is Nonresidential</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>Other Program Operated by Your Agency</b>	<i>Another nonresidential program that is run by your agency.</i>
	<b>Other Youth Services Agency</b>	<i>Another agency that provides nonresidential services to youth.</i>

\_\_\_\_\_ **Juvenile Justice:**

*Agencies such as juvenile courts, correctional institutions, and detention facilities, or probation and parole workers.*

\_\_\_\_\_ **Law Enforcement/Police:**

*A legally recognized law enforcement body for a town, city, or county, such as a sheriff's department.*

\_\_\_\_\_ **Religious Organization:**

*Church, temple, or other organized group espousing the tenets of a spiritual or religious teaching.*

\_\_\_\_\_ **Mental Hospital:**

*Facility providing treatment for psychiatric illness.*

\_\_\_\_\_ **School:**

*A school.*

\_\_\_\_\_ **Other Organization:**

*Another organization not described above.*

\_\_\_\_\_ **Do Not Know:**

*Insufficient information is available to determine how the youth was referred to the agency.*

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

	<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>



**7. 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

**8. School Status:** Choose **one** code describing the youth's school status. If school was not in session at the time of the youth's entry, 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>

**9. Youth who was formerly, but is not currently, the responsibility of the child welfare or foster care agency:**

**NOTE:** FYSB funds are not intended to support “system” youth who are currently the responsibility of the foster care/child welfare system. Some states designate such youth as “wards of the state” (for whom the state is legal guardian). However, some youth previously in foster care have been discharged from that system or have reached an age of legal independence in your state. (Specific rules about age, etc., vary by state.) Such youth are no longer a public responsibility and can be helped by the FYSB BCP. For youth of this type, please answer the following question:

<input type="checkbox"/>	<b>No</b> (default)
<input type="checkbox"/>	<b>Yes</b>

If the youth is no longer in the system but was in foster care previously in his or her life, please select **yes** to indicate the youth is a former ward of the state child welfare agency:

If **yes**, then please enter the **number of months OR the code describing the number of years** (next table) the youth was in the care of the State:

<input type="checkbox"/>	Not Applicable ( <i>more than 11 months (enter years below) or never in child welfare or foster care</i> )
<input type="checkbox"/>	Number of months ( <i>enter 1-11 for number of months in child welfare or foster care</i> )

**Number of years** (if 12 or more months, select **one** year code):

<input type="checkbox"/>	Not Applicable ( <i>less than 1 year-enter months above or never in child welfare or foster care</i> )
<input type="checkbox"/>	1 to 2 years
<input type="checkbox"/>	3 to 5 years
<input type="checkbox"/>	More than 5 years

**10. Youth who was formerly, but is not currently, the responsibility of the public juvenile justice system:**

**NOTE:** FYSB funds are not intended to support “system” youth who are presently the responsibility of the juvenile justice system. However, some youth previously under the supervision or care of juvenile justice agencies have been discharged from that system or reached an age of legal independence in your state. (Specific rules about age, etc., vary by state.) Such youth are no longer a public responsibility and can be helped by the FYSB BCP. For youth of this type, please answer the following question:

<input type="checkbox"/>	<b>No</b> (default)
<input type="checkbox"/>	<b>Yes</b>

If the youth is no longer in the system but was in the care of the juvenile justice system previously in his or her life, please select **yes** to indicate the youth is a former ward of the state juvenile justice system:

If **yes**, then please enter the **number of months OR the code describing the number of years** (next table) the youth was in the care of the State:

<input type="checkbox"/>	Not Applicable ( <i>more than 11 months (enter years below) or never in the juvenile justice system</i> )
<input type="checkbox"/>	Number of months ( <i>enter 1-11 for number of months in the juvenile justice system</i> )

**Number of years** (if 12 or more months, select **one** year code):

<input type="checkbox"/>	Not Applicable ( <i>less than 1 year-enter months above or never in the juvenile justice system</i> )
<input type="checkbox"/>	1 to 2 years
<input type="checkbox"/>	3 to 5 years
<input type="checkbox"/>	More than 5 years

**11. Pregnant or Teen Parent:** Is the youth currently pregnant or the parent of a child?

	<b>No (default)</b>
	<b>Yes</b>
	<b>Do Not Know</b>

**If the youth is a parent, please provide the following information:**

	<b>Number of Children</b>
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<b>Child Number</b>	<b>Child's Date of Birth (mm/dd/yyyy)</b>	<b>Child's Gender</b>		<b>Child Currently in Parent Youth's Care?</b>	
1			Male		No
			Female		Yes
2			Male		No
			Female		Yes
3			Male		No
			Female		Yes
4			Male		No
			Female		Yes
5			Male		No
			Female		Yes
6			Male		No
			Female		Yes