YAS Progress Report

Client Name:		Fuzzy ID #:		Avatar/DDAP ID:		
Admission Date (Most Recent):		Date Di	Date Discharged (If Applicable):			
Your Name:			Your Ph	Your Phone Number:		
YAS Program:			_ Was thi	Was this client an OOC referral?Yes No		
6-month period of this report:toto			Report	Report Date:		
I. PROGRESS: Your answers should describe the PAST 6-MONTH PERIOD.						
1.	Where did the client sleep for the majority of the time? (Select one best answer)					
	a. In their own home/apartment, including with/without a roommate and with/without YAS supports					
	b. Supervised or transitional housing (e.g., transition sites, specialized residential program)					
	c. Institution. <i>Specify:</i>					
	1. Residential substance use treatment program					
	2. Hospital, Crisis/respite					
	d. Homeless (Shelter, outdoors, abandoned building; includes couch-surfing defined as staying temporarily in a series of other					
	people's homes, typically making use of improvised sleeping arrangements)					
	e. Jail/prison					
	f. Living with family/friends (If couch-surfing, circle "d")					
	g. Other. <i>Specify:</i>					
1a.	At the end of this period or at di	scharge, where were t	they sleeping?	Enter correspondi	ing letter:	
1b.	How frequently does the client have positive family involvement (including family-like relationships)? (Select one)					
10.	a. Once per week or more b. Less than once per week, but at least once per month. c. Less than once per month					
2.	How many nights did the client spend: (Enter number of nights in each space; use "0" to indicate NO nights.)					
	Homeless: Jail/Prison: Hospital/Inpatient: (Total max in 6 months = 183 nights)					
3.	In the past 6 months, how many times was the client arrested? (If none, enter "0")					
	If any arrests, how many were for felony charges? (If none, enter "0")					
4.	In the past 6 months, please indicate which of the following skills trainings the client participated in: (Select <u>all</u> that apply)					
	a. Vocational or job training prog				"soft skills" training	
	c. Life skills training d. None of the above					
5.	What best describes the client's student status for the majority of the past 6 months? (Select one best answer)					
	a. Attending high school or GED					
	b. Attending college full or part time					
	c. Attending vocational or professional school					
_	d. Did not attend school for the majority of the time					
6.	If the client was employed in this period, what best describes the client's employment during the past 6 months?					
	(Select <u>one</u> best answer. Leave blank if client has been unemployed during 6-month period.) a. Employed full time b. Employed full time, but with staff support					
	c. Employed part time			ne, but with staff		
	e. Self-employed (full-time)				тзирроге	
	e. Self-employed (full-time) f. Self-employed (part-time) g. Employed seasonal/temporary full time h. Employed seasonal/temporary part time					
	i. Paid but non-competitive work (including sheltered work, transitional employment programs, BRS, etc.)					
	j. Volunteer (not paid) (Count volunteer time as <i>employed</i> when responding to question 7)					
7.	Did the client spend any time this					
8.	months was the client unemployed? (months) (Do not enter "6" months if any items circled in question 6) Does the client receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?					
J.	Yes No	intal security income ((331) Of 30clar 3	County Disability	, maaranee (3351):	
9.	Was this client pregnant during t	he nast 6 months?	Voc	No.	If Yes, complete Addendum I.	
10.	Was this client actively parenting				· ·	
	of client's gender or custody arrange	::::::::::::::::::::::::::::::::::::::	Yes	NU	If Yes, complete Addendum II.	