



ENTRANCE FORM

*This report is based on information about the participant at the **point in time** when he/she is entering this THP-Plus program.*

Today's date: ____ / ____ / ____

Case Manager First Name: ____

Case Manager Last Name: ____

Name of the organization or agency that operates the THP-Plus program: ____

County currently funding THP-Plus slot: ____

PARTICIPANT OVERVIEW

1. Participant First Name: ____
2. Participant Last Name: ____
3. Date of Birth: ____ / ____ / ____
4. CWS/CMS ClientID # (if known): ____
5. Is the participant unable to be located and lost to follow-up?: Yes No
6. County of jurisdiction at emancipation: ____
7. Prior to emancipation, was the participant an ILP-eligible probation ward?: Yes No
8. Gender: Male Female Other/Decline to answer
9. LGBTQ: Yes No Unknown/Decline to answer
10. Hispanic or Latino Ethnicity? Yes No Unknown
11. Race (for multi-racial, SELECT ALL THAT APPLY):
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Pacific Islander or Native Hawaiian
 - White
 - Some Other Race (not listed above)



Demographics

12. Date of enrollment in this THP-Plus program: ____ / ____ / ____

13. Is this participant re-entering this THP-Plus program after previously exiting this THP-Plus program? Yes No

14. Has the participant given birth to or fathered one or more children? Unknown Yes No

15. Is the participant a custodial parent (i.e. one or more of her/his children living with the participant)?

Yes No

Housing

16. Immediately prior to enrolling in this THP-Plus program, what type of housing did the participant live in? (SELECT ONE)

- Unknown
 A different THP-Plus program
 Foster care or out-of-home probation - THPP
 Foster care or out-of-home probation - Group home
 Foster care or out-of-home probation - Foster Family Agency (FFA) home
 Foster care or out-of-home probation - County foster family home
 Foster care or out-of-home probation - Kinship/NREFM home
 Renting own or shared housing (paying rent)
 Living with relative or other person in stable housing (free rent)
 College dorm
 Other supportive transitional housing program
 Emergency shelter, homeless, or other unstable housing (street, car, couch-surfing, etc.)
 Incarcerated
 Institutionalized
 Other (please specify): _____

17. Was housing subsidized (Section 8, public housing, affordable housing development., receiving rental subsidy, etc.)?

- Unknown
 Not applicable – not paying rent
 Yes
 No

18. County where participant was living: _____

19. Had the participant experienced one or more nights of homelessness after exiting foster care and prior to entering this THP-Plus program?

- Unknown Yes No

20. What housing model is the participant moving into for this THP-Plus program? (SELECT ONE)

- Unknown
 Scattered site (single apartments/dorm rooms scattered in buildings/neighborhoods with non-THP-Plus units)
 Single site – Apartments/dorms/single family home (multiple apartments/dorm rooms located together in one apartment building/dorm or multiple bedrooms located in one single-family home/duplex/etc)
 Host family



21. Does the participant have the option of remaining in the same housing unit after exit from this THP-Plus program? (SELECT ONE)

- Unknown
- Yes (participant may keep or take over lease or remain with host family at end of THP-Plus participation)
- No (participant must move out of unit at end of THP-Plus participation)

Employment and Income

22. Employment at entrance to this THP-Plus program: (SELECT ONE)

- Unknown
- Employed full-time - 35 hours/week or more
- Employed part-time - 10-34 hours/week
- Employed part-time - 1-9 hours/week
- Seeking employment
- Not employed and not seeking employment
- Determined unemployable, SSI eligible, or other special category

23. Hourly wage at entrance to this THP-Plus program: \$ _____ / hour

24. Receiving public benefits at entrance to this THP-Plus program: (SELECT ALL THAT APPLY)

- SSI / SSDI
- GA / GR
- Food Stamps
- CalWORKS / TANF
- WIC
- Subsidized child care
- Other (please specify): _____

25. Receiving other financial support at entrance to this THP-Plus program: (SELECT ALL THAT APPLY)

- Educational / vocational financial aid – grants or scholarships
- Educational / vocational financial aid – loans
- Child support
- Financial support from family member or other person
- Other (please specify): _____

26. Total monthly income from all sources at entrance to this THP-Plus program: \$ _____



Education and Training

27. Educational status at entrance to this THP-Plus program: (SELECT ONE)

- Unknown
- Dropped out of high school
- Attending high school, GED, or high school equivalency program - Part-time enrollment
- Attending high school, GED, or high school equivalency program - Full-time enrollment
- Received high school equivalency or GED
- Received high school diploma

- Dropped out/withdrew from college
- Attending 2-year/community college - Part-time enrollment
- Attending 2-year/community college - Full-time enrollment
- Received AA/AS from 2-year/community college

- Attending 4-year college/university - Part-time enrollment
- Attending 4-year college/university - Full-time enrollment
- Received BA/BS from 4-year college/university

28. Vocational training status at entrance to this THP-Plus program: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out
- Attending vocational / on-the-job training – Part-time enrollment
- Attending vocational / on-the-job training – Full-time enrollment
- Completed vocational / on-the-job training or received certificate or license

29. Other training status (military / JobCorps / CCC / AmeriCorps) at entrance to this THP-Plus program: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out of military / JobCorps / CCC / AmeriCorps
- Trainee or member of military / JobCorps / CCC / AmeriCorps
- Completed training in military / JobCorps / CCC / AmeriCorps



Additional Information

30. Does the participant have a checking account, savings account, or IDA at entrance to this THP-Plus program?

Unknown Yes No

31. Does the participant have health insurance (through MediCal, employer, or other source) at entrance to this THP-Plus program?

Unknown Yes No

32. Has the participant been involved with the adult criminal justice system prior to entering this THP-Plus program?

Incarcerated/detained?

Unknown Yes No

Adult criminal conviction?

Unknown

None

Adult misdemeanor conviction

Adult felony conviction

33. Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice, and guidance at entrance to this THP-Plus program?

Unknown Yes No



QUARTERLY UPDATE FORM

*This report is based on information about the participant at the **point in time** of the end of the quarterly reporting period.*

Today's date: ____ / ____ / ____

Last Day of Quarterly Reporting Period:

Date (SELECT ONE): Sep 30 Dec 31 Mar 31 Jun 30

Year ____

Case Manager First Name: ____

Case Manager Last Name: ____

Name of the organization or agency that operates the THP-Plus program: ____

County currently funding THP-Plus slot: ____

PARTICIPANT

1. **Participant First Name:** ____

2. **Participant Last Name:** ____

3. **Date of Birth:** ____ / ____ / ____

4. **Is the participant unable to be located and lost to follow-up?:** Yes No

5. **Is the participant a custodial parent (i.e. one or more of her/his children living with the participant)?**

Yes No



Employment and Income

6. Employment status: (SELECT ONE)

- Unknown
- Employed full-time - 35 hours/week or more
- Employed part-time - 10-34 hours/week
- Employed part-time - 1-9 hours/week
- Seeking employment
- Not employed and not seeking employment
- Determined unemployable, SSI eligible, or other special category

7. Hourly wage: \$ _____ / hour

8. Receiving public benefits: (SELECT ALL THAT APPLY)

- SSI / SSDI
- GA / GR
- Food Stamps
- CalWORKS / TANF
- WIC
- Subsidized child care
- Other (please specify): _____

9. Receiving other financial support: (SELECT ALL THAT APPLY)

- Educational / vocational financial aid – grants or scholarships
- Educational / vocational financial aid – loans
- Child support
- Financial support from family member or other person
- Other (please specify): _____

10. Total monthly income from all sources: \$ _____



Education and Training

11. Educational status: (SELECT ONE)

- Unknown
- Dropped out of high school
- Attending high school, GED, or high school equivalency program - Part-time enrollment
- Attending high school, GED, or high school equivalency program - Full-time enrollment
- Received high school equivalency or GED
- Received high school diploma

- Dropped out/withdrew from college
- Attending 2-year/community college - Part-time enrollment
- Attending 2-year/community college - Full-time enrollment
- Received AA/AS from 2-year/community college

- Attending 4-year college/university - Part-time enrollment
- Attending 4-year college/university - Full-time enrollment
- Received BA/BS from 4-year college/university

12. Vocational training status: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out
- Attending vocational / on-the-job training – Part-time enrollment
- Attending vocational / on-the-job training – Full-time enrollment
- Completed vocational / on-the-job training or received certificate or license

13. Other training status (military / JobCorps / CCC / AmeriCorps): (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out of military / JobCorps / CCC / AmeriCorps
- Trainee or member of military / JobCorps / CCC / AmeriCorps
- Completed training in military / JobCorps / CCC / AmeriCorps



Additional Information

14. Does the participant have a checking account, savings account, or IDA?

Unknown Yes No

15. Does the participant have health insurance (through MediCal, employer, or other source)?

Unknown Yes No

16. Has the participant been involved with the adult criminal justice system since entering this THP-Plus program?

Incarcerated/detained?

Unknown Yes No

Adult criminal conviction?

Unknown

None

Adult misdemeanor conviction

Adult felony conviction

17. Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice, and guidance?

Unknown Yes No



EXIT FORM

*This report is based on information about the participant at the **point in time** when he/she is exiting this THP-Plus program. If participant information is not available due to an unplanned exit, leave relevant responses blank.*

Today's date: ____ / ____ / ____

Case Manager First Name: ____

Case Manager Last Name: ____

Name of the organization or agency that operates the THP-Plus program: ____

County currently funding THP-Plus slot: ____

PARTICIPANT

1. Participant First Name: ____

2. Participant Last Name: ____

3. Date of Birth: ____ / ____ / ____

4. Is the participant unable to be located and lost to follow-up?: Yes No

Demographics

5. Date of exit from this THP-Plus program: ____ / ____ / ____

6. Has the participant given birth to or fathered one or more NEW children since entering this THP-Plus program?

Yes No Unknown

7. Is the participant a custodial parent (i.e. one or more of her/his children living with the participant) at THP-Plus program exit?

Yes No



Housing

8. Has the participant experienced one or more nights of homelessness since entering this THP-Plus program?

- Unknown Yes No

9. Exit from THP-Plus program was:

- Unknown
 Voluntary (including timed out)
 Involuntary (asked to leave program) but no legal eviction
 Legal eviction

10. Is the participant staying in the same housing unit occupied during this THP-Plus program?

- Unknown Yes No

11. What type of housing will the participant live in after exiting this THP-Plus program? (SELECT ONE)

- Unknown
 A different THP-Plus program
 Foster care or out-of-home probation - THPP
 Foster care or out-of-home probation - Group home
 Foster care or out-of-home probation - Foster Family Agency (FFA) home
 Foster care or out-of-home probation - County foster family home
 Foster care or out-of-home probation - Kinship/NREFM home
 Renting own or shared housing (paying rent)
 Living with relative or other person in stable housing (free rent)
 College dorm
 Other supportive transitional housing program
 Emergency shelter, homeless, or other unstable housing (street, car, couch-surfing, etc.)
 Incarcerated
 Institutionalized
 Other (please specify): _____

12. Is housing subsidized (Section 8, public housing, affordable housing development., receiving rental subsidy, etc.)?

- Unknown
 Not applicable – not paying rent
 Yes
 No

13. Monthly rent participant will be paying (include only the amount paid by participant): \$ _____



Employment and Income

14. Employment status at program exit: (SELECT ONE)

- Unknown
- Employed full-time - 35 hours/week or more
- Employed part-time - 10-34 hours/week
- Employed part-time - 1-9 hours/week
- Seeking employment
- Not employed and not seeking employment
- Determined unemployable, SSI eligible, or other special category

15. Hourly wage at program exit: \$ _____ / hour

16. Receiving public benefits at program exit: (SELECT ALL THAT APPLY)

- SSI / SSDI
- GA / GR
- Food Stamps
- CalWORKS / TANF
- WIC
- Subsidized child care
- Other (please specify): _____

17. Receiving other financial support at program exit: (SELECT ALL THAT APPLY)

- Educational / vocational financial aid – grants or scholarships
- Educational / vocational financial aid – loans
- Child support
- Financial support from family member or other person
- Other (please specify): _____

18. Total monthly income from all sources at program exit: \$ _____



Education and Training

19. Educational status at exit from this THP-Plus program: (SELECT ONE)

- Unknown
- Dropped out of high school
- Attending high school, GED, or high school equivalency program - Part-time enrollment
- Attending high school, GED, or high school equivalency program - Full-time enrollment
- Received high school equivalency or GED
- Received high school diploma

- Dropped out/withdrew from college
- Attending 2-year/community college - Part-time enrollment
- Attending 2-year/community college - Full-time enrollment
- Received AA/AS from 2-year/community college

- Attending 4-year college/university - Part-time enrollment
- Attending 4-year college/university - Full-time enrollment
- Received BA/BS from 4-year college/university

20. Vocational training status at exit from this THP-Plus program: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out
- Attending vocational / on-the-job training – Part-time enrollment
- Attending vocational / on-the-job training – Full-time enrollment
- Completed vocational / on-the-job training or received certificate or license

21. Other training status (military / JobCorps / CCC / AmeriCorps) at exit from this THP-Plus program: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out of military / JobCorps / CCC / AmeriCorps
- Trainee or member of military / JobCorps / CCC / AmeriCorps
- Completed training in military / JobCorps / CCC / AmeriCorps



Additional Information

22. Does the participant have a checking account, savings account, or IDA at exit from this THP-Plus program?

Unknown Yes No

23. Does the participant have health insurance (through MediCal, employer, or other source) at exit from this THP-Plus program?

Unknown Yes No

24. Has the participant been involved with the adult criminal justice system since entering this THP-Plus program?

Incarcerated/detained?

Unknown Yes No

Adult criminal conviction?

Unknown

None

Adult misdemeanor conviction

Adult felony conviction

25. Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice, and guidance at exit from this THP-Plus program?

Unknown Yes No

26. Is the participant receiving services or treatment for mental health needs at program exit?

Unknown Yes No

27. Is the participant receiving services or treatment for substance abuse at program exit?

Unknown Yes No

28. Is the participant receiving services or treatment for an educational or learning disability at program exit?

Unknown Yes No

29. Is the participant receiving services or treatment for a developmental disability at program exit?

Unknown Yes No

30. Is the participant receiving services or treatment for a physical disability at program exit?

Unknown Yes No



6-MONTH FOLLOW-UP FORM

*This report is based on information about the participant at the **point in time** six months after exit from this THP-Plus program. If participant information is not available because the participant cannot be located, check the appropriate box and leave all responses blank.*

Today's date: ____ / ____ / ____

Case Manager First Name: ____

Case Manager Last Name: ____

Name of the organization or agency that operates the THP-Plus program: ____

County funding THP-Plus slot during program participation: ____

PARTICIPANT

1. Participant First Name: ____
2. Participant Last Name: ____
3. Date of Birth: ____ / ____ / ____
4. Is the participant unable to be located and lost to follow-up?: Yes No

Demographics

1. Date of exit from this THP-Plus program: ____ / ____ / ____
2. Has the participant given birth to or fathered one or more **NEW** children since exiting this THP-Plus program?
 Unknown Yes No
3. Is the participant a custodial parent (i.e. one or more of her/his children living with the participant)?
 Yes No



Housing

4. **Has the participant experienced one or more nights of homelessness since exiting the THP-Plus program?**
 Unknown Yes No
5. **Is the participant still living in the housing unit occupied during THP-Plus program participation?**
 Unknown Yes No
6. **What type of housing is the participant living in currently? (SELECT ONE)**
 Unknown
 A different THP-Plus program
 Foster care or out-of-home probation - THPP
 Foster care or out-of-home probation - Group home
 Foster care or out-of-home probation - Foster Family Agency (FFA) home
 Foster care or out-of-home probation - County foster family home
 Foster care or out-of-home probation - Kinship/NREFM home
 Renting own or shared housing (paying rent)
 Living with relative or other person in stable housing (free rent)
 College dorm
 Other supportive transitional housing program
 Emergency shelter, homeless, or other unstable housing (street, car, couch-surfing, etc.)
 Incarcerated
 Institutionalized
 Other (please specify): _____
7. **Is housing subsidized (Section 8, public housing, affordable housing development., receiving rental subsidy, etc.)?**
 Unknown
 Not applicable – not paying rent
 Yes
 No
8. **Monthly rent participant is paying (include only the amount paid by participant): \$ _____**

**9. Employment and Income****10. Employment status: (SELECT ONE)**

- Unknown
- Employed full-time - 35 hours/week or more
- Employed part-time - 10-34 hours/week
- Employed part-time - 1-9 hours/week
- Seeking employment
- Not employed and not seeking employment
- Determined unemployable, SSI eligible, or other special category

11. Hourly wage: \$ _____ / hour

12. Receiving public benefits: (SELECT ALL THAT APPLY)

- SSI / SSDI
- GA / GR
- Food Stamps
- CalWORKS / TANF
- WIC
- Subsidized child care
- Other (please specify): _____

13. Receiving other financial support: (SELECT ALL THAT APPLY)

- Educational / vocational financial aid – grants or scholarships
- Educational / vocational financial aid – loans
- Child support
- Financial support from family member or other person
- Other (please specify): _____

14. Total monthly income from all sources: \$ _____



15. Education and Training

16. Educational status: (SELECT ONE)

- Unknown

- Dropped out of high school
- Attending high school, GED, or high school equivalency program - Part-time enrollment
- Attending high school, GED, or high school equivalency program - Full-time enrollment
- Received high school equivalency or GED
- Received high school diploma

- Dropped out/withdrew from college

- Attending 2-year/community college - Part-time enrollment
- Attending 2-year/community college - Full-time enrollment
- Received AA/AS from 2-year/community college

- Attending 4-year college/university - Part-time enrollment
- Attending 4-year college/university - Full-time enrollment
- Received BA/BS from 4-year college/university

17. Vocational training status: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out
- Attending vocational / on-the-job training – Part-time enrollment
- Attending vocational / on-the-job training – Full-time enrollment
- Completed vocational / on-the-job training or received certificate or license

18. Other training status (military / JobCorps / CCC / AmeriCorps): (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out of military / JobCorps / CCC / AmeriCorps
- Trainee or member of military / JobCorps / CCC / AmeriCorps
- Completed training in military / JobCorps / CCC / AmeriCorps

**19. Additional Information**

20. Does the participant have a checking account, savings account, or IDA?

Unknown Yes No

21. Does the participant have health insurance (through MediCal, employer, or other source)?

Unknown Yes No

22. Has the participant been involved with the adult criminal justice system since exiting this THP-Plus program?

23. Incarcerated/detained?

Unknown Yes No

24. Adult criminal conviction?

Unknown

None

Adult misdemeanor conviction

Adult felony conviction

25. Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice, and guidance?

Unknown Yes No



12-MONTH FOLLOW-UP FORM

*This report is based on information about the participant at the **point in time** 12 months after exit from this THP-Plus program. If participant information is not available because the participant cannot be located, check the appropriate box and leave all responses blank.*

Today's date: ____ / ____ / ____

Case Manager First Name: ____

Case Manager Last Name: ____

Name of the organization or agency that operates the THP-Plus program: ____

County funding THP-Plus slot during program participation: ____

PARTICIPANT

1. Participant First Name: ____
2. Participant Last Name: ____
3. Date of Birth: ____ / ____ / ____
4. Is the participant unable to be located and lost to follow-up?: Yes No

Demographics

5. Date of exit from this THP-Plus program: ____ / ____ / ____
6. Has the participant given birth to or fathered one or more **NEW** children since the 6-month follow-up?
 Unknown Yes No
7. Is the participant a custodial parent (i.e. one or more of her/his children living with the participant)?
 Yes No



Housing

8. Has the participant experienced one or more nights of homelessness since the 6-month follow-up?

- Unknown Yes No

9. Is the participant still living in the housing unit occupied during THP-Plus program participation?

- Unknown Yes No

10. What type of housing is the participant living in currently? (SELECT ONE)

- Unknown
 A different THP-Plus program
 Foster care or out-of-home probation - THPP
 Foster care or out-of-home probation - Group home
 Foster care or out-of-home probation - Foster Family Agency (FFA) home
 Foster care or out-of-home probation - County foster family home
 Foster care or out-of-home probation - Kinship/NREFM home
 Renting own or shared housing (paying rent)
 Living with relative or other person in stable housing (free rent)
 College dorm
 Other supportive transitional housing program
 Emergency shelter, homeless, or other unstable housing (street, car, couch-surfing, etc.)
 Incarcerated
 Institutionalized
 Other (please specify): _____

11. Is housing subsidized (Section 8, public housing, affordable housing development., receiving rental subsidy, etc.)?

- Unknown
 Not applicable – not paying rent
 Yes
 No

12. Monthly rent participant is paying (include only the amount paid by participant): \$ _____

**Employment and Income****13. Employment status: (SELECT ONE)**

- Unknown
- Employed full-time - 35 hours/week or more
- Employed part-time - 10-34 hours/week
- Employed part-time - 1-9 hours/week
- Seeking employment
- Not employed and not seeking employment
- Determined unemployable, SSI eligible, or other special category

14. Hourly wage: \$ _____ / hour**15. Receiving public benefits: (SELECT ALL THAT APPLY)**

- SSI / SSDI
- GA / GR
- Food Stamps
- CalWORKS / TANF
- WIC
- Subsidized child care
- Other (please specify): _____

16. Receiving other financial support: (SELECT ALL THAT APPLY)

- Educational / vocational financial aid – grants or scholarships
- Educational / vocational financial aid – loans
- Child support
- Financial support from family member or other person
- Other (please specify): _____

17. Total monthly income from all sources: \$ _____



Education and Training

18. Educational status: (SELECT ONE)

- Unknown
- Dropped out of high school
- Attending high school, GED, or high school equivalency program - Part-time enrollment
- Attending high school, GED, or high school equivalency program - Full-time enrollment
- Received high school equivalency or GED
- Received high school diploma

- Dropped out/withdrew from college
- Attending 2-year/community college - Part-time enrollment
- Attending 2-year/community college - Full-time enrollment
- Received AA/AS from 2-year/community college

- Attending 4-year college/university - Part-time enrollment
- Attending 4-year college/university - Full-time enrollment
- Received BA/BS from 4-year college/university

19. Vocational training status: (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out
- Attending vocational / on-the-job training – Part-time enrollment
- Attending vocational / on-the-job training – Full-time enrollment
- Completed vocational / on-the-job training or received certificate or license

20. Other training status (military / JobCorps / CCC / AmeriCorps): (SELECT ONE)

- Unknown
- Not applicable – never attended
- Dropped out of military / JobCorps / CCC / AmeriCorps
- Trainee or member of military / JobCorps / CCC / AmeriCorps
- Completed training in military / JobCorps / CCC / AmeriCorps

**Additional Information**

21. Does the participant have a checking account, savings account, or IDA?

Unknown Yes No

22. Does the participant have health insurance (through MediCal, employer, or other source)?

Unknown Yes No

23. Has the participant been involved with the adult criminal justice system since the 6-month follow-up?

Incarcerated/detained?

Unknown Yes No

Adult criminal conviction?

Unknown

None

Adult misdemeanor conviction

Adult felony conviction

24. Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice, and guidance?

Unknown Yes No