

Contact Record Form: Youth Formerly in DCYF Custody

Date: _____		
Gender: _____	Race/Ethnicity: _____	
City/Town of Origin: _____	Current City/Town: _____	
Client ID: _____	Primary Provider: _____	Staff Initials: _____
Date of Discharge: _____	Age at Discharge: _____	Years in DCYF Care: _____

BASIC NEEDS

- Do you have enough food to eat? Yes No
- Do you have the clothes and other personal items you need to live? Yes No
- Do you have health insurance? Yes No
- Have you needed medical care since you left DCYF care? Yes No
- If yes, did you receive it? Yes No
- If you didn't receive care, why not? _____

HOUSING

- Where were you living before you left DCYF care? _____
- Where have you been staying since you left DCYF care? _____
- How often do you stay here? _____
- Is this a safe place to stay? Yes No

EDUCATION AND TRAINING

- Were you attending school or a training program while you were in DCYF care? Yes No
- As a result of leaving DCYF care have you had to leave school or a training program? Yes No

WORK

- Were you working while you were in DCYF care? Yes No
- If yes, how many hours per week: _____ Pay rate: _____
- Are you currently working? Yes No
- If yes, how many hours per week: _____ Pay rate: _____

SAFETY

- Do you feel safe? Yes No
- If no, why? _____
- If no, do you have someone you can go to when you feel unsafe? Yes No

Parenting

- Did you have custody of any children when you were in DCYF care? Yes No
- If yes, do you still have custody? Yes No
- Since leaving DCYF care are you now or have you ever been pregnant? Yes No