

Client Name \_\_\_\_\_ Date: \_\_\_\_\_ HMIS ID: \_\_\_\_\_  
*First Middle Last*

<p><b>Data Collection Instructions</b></p> <ul style="list-style-type: none"> <li>The Outcomes Assessment can be utilized as an active tool that can support case management and can be updated throughout the youth’s participation in the program.</li> <li>At minimum, the assessment must be updated for each youth before the report is submitted.</li> <li>A response of “yes” or “no” is required for every single outcome area. “Yes” indicates the client accomplished the outcome. “No” means they are either not focused on that outcome or are making progress but the outcome has not yet been achieved.</li> </ul>	<p><b>HMIS Tips</b></p> <ul style="list-style-type: none"> <li>Use the <i>General HMIS Instructions</i> and <i>DHS-OEO-HYA Program HMIS User Guide</i> for complete data entry instruction.</li> <li>EDA to Entry provider.</li> <li>Click on the “Interims” icon next to the HYA Entry in the Entry/Exit tab</li> <li>Select <b>6 Month Review</b> as the Review Type and enter the date of the review. Update as needed throughout that 6 month reporting period. Create a new <b>6 Month Review</b> every 6 month reporting period.</li> </ul>
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**CASE PLANNING**

Was youth assisted in completing a case plan?  Yes  No

**VITAL DOCUMENTS**

Does youth have their Birth Certificate?  Yes  No

Does youth have their Social Security Card?  Yes  No

Does youth have a State ID or Tribal ID Card?  Yes  No

**EMPLOYMENT**

Was youth employed at any point in reporting period?  Yes  No

Was youth provided employment-related support services?  Yes  No

**EDUCATION**

Does youth have GED or High School Diploma?  Yes  No

Is youth attending High School or GED classes?  Yes  No

Is youth attending post-secondary education classes?  Yes  No

Was youth provided education-related services during reporting period?  Yes  No

**CONNECTIONS**

Was youth provided support in connecting and building relationships with family during the reporting period?  Yes  No

Was youth provided support in connecting and building a stable relationship with a positive, supporting adult (other than family or agency staff)?  Yes  No

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**FOSTER CARE BENEFITS**

Is the youth eligible for extended foster care benefits?  **Yes**  **No**

If **Yes**, is the youth accessing or in the process of accessing extended foster care benefits?  **Yes**  **No**

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**MEDICAL**

Does the youth have identified healthcare (including mental health) providers and/or is connected to a clinic?  **Yes**  **No**

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**CONNECTIONS TO SAFE HARBOR**

Has the youth exchanged sex acts for money, a place to stay, clothing, food, drugs, transportation, or other things to meet their needs?  **Yes**  **No**

If **Yes**, has the youth been offered or referred to Safe Harbor services?  **Yes**  **No**