

ORIGINAL

AGREEMENT FOR SERVICES #012-S1111 AMENDMENT I

Transitional Housing Program-Plus (THP-Plus) Services

This Amendment I to that Agreement for Services #012-S1111, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County"), and Remi Vista, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 393 Park Marina Circle, (Mailing: P.O. Box 494100, Redding, CA 96049-4100), Redding, CA 96001 and whose Agent for Service of Process is John W. Tillery, 393 Park Marina Circle, Redding, CA 96001; (collectively hereinafter referred to as the "Parties");

RECITALS

WHEREAS, Contractor has been engaged by County to provide a services necessary for the Transitional Housing Program-Plus (THP-Plus) for the Department of Human Services in accordance with Agreement for Services #012-S1111, dated May 18, 2010, incorporated herein and made by reference a part hereof; and

WHEREAS, the Parties hereto have mutually agreed to amend Article I – Scope of Services, Article II – Term, Article III – Compensation, Article IV – Nondiscrimination, and Article XIX – Notice to Parties; and

WHEREAS, the Parties hereto have mutually agreed to add Article XXXII - Accounting Systems and Financial Records, Article XXXIII - Annual Audit, and Article XXXIV - Debarment and Suspension Certification.

NOW THEREFORE, the Parties do hereby agree that Agreement for Services #012-S1111 shall be amended a First time as follows:

ARTICLE I

Scope of Services: Contractor agrees to provide services necessary for the Transitional Housing Program -Plus (THP-Plus) for the Department of Human Services, Social Services Division (DHS). THP-Plus shall consist of no more than nine (9) young adults ages 18-24 (participants) who are former foster/probation youth who have emancipated from County or former foster/probation youth who reside in County, but who have emancipated from a different county and who have elected to participate in THP-Plus, as they move from dependency to self-sufficiency. THP-Plus shall provide youth with housing and supportive services while they acquire the skills necessary for independent living. Services shall be in accordance with Exhibit "A" marked "Remi Vista, Inc. Transitional Housing – Plus Program", incorporated herein and made by reference a part hereof.

Contractor agrees to comply with all rules, regulations, and guidelines from the California Department of Social Services (CDSS) and DHS related to THP-Plus, including, but not limited to, modifications to existing rules, regulations, or guidelines and newly issued rules, regulations, or guidelines that may be issued during the term of this Agreement. Compliance with said CDSS rules, regulations, and guidelines shall be considered a required deliverable and failure to comply may result in a significant delay in reimbursement for services.

Contractor agrees to input data on all DHS clients who have been placed in Contractor's THP-Plus program, are currently placed in Contractor's THP-Plus program, or who may, in the future, be placed in Contractor's THP-Plus program into the John Burton Foundation THP-Plus Tracking System and as more thoroughly instructed in Exhibit "B" marked "THP-Plus Participant Tracking System Online System User Manual", incorporated herein and made by reference a part hereof. Compliance with said input of THP-Plus client information into the John Burton Foundation THP-Plus Tracking system shall be considered a required deliverable and failure to comply may result in a significant delay in reimbursement for services.

Contractor agrees to take all actions necessary, up to and including eviction, as provided in the Transitional Housing Participant Misconduct Act (California Health and Safety Code Section 50580 et seq.) and in compliance with California landlord-tenant law (California Civil Code Section 1940 et seq.), to protect the safety of participants in the program in the event that any participant becomes abusive (as "abuse" is defined in California Health and Safety Code section 50582(a)) or to remove a former program participant from the transitional housing leased to Contractor at Contractor's sole expense.

During such removal proceedings, Contractor may continue to invoice the County for services provided to the participant who is the subject of the removal proceedings so long as the participant remains in the THP-Plus housing that is provided by Contractor. In the event of an eviction process (unlawful detainer action) against a THP-Plus participant, Contractor may continue to invoice the County for the actual period of time that the THP-Plus participant remains in the Contractor-provided THP-Plus housing for a maximum period of time not to exceed two (2) months. In the event that the CDSS modifies existing rules, regulations, or guidelines or issues new rules, regulations, or guidelines regarding payments to THP-Plus providers during removal proceedings, Contractor will comply with the currently issued rules, regulations, and guidance during the term of this Agreement.

ARTICLE II

Term: This Agreement is effective July 1, 2010 and shall expire June 30, 2012 unless terminated earlier pursuant to the provisions of Article XVI – Default, Termination, and Cancellation herein.

ARTICLE III:

Compensation for Services: For services provided herein, County agrees to pay Contractor monthly in arrears. Payments shall be made within forty-five (45) days following the County's receipt and approval of itemized invoices(s) detailing services rendered. For the purpose of this Agreement, the billing rate shall be \$2,920.00 per month per participant, which shall be prorated per participant for any month in which only a partial month of service was provided, based upon available funding and upon written approval from County's Independent Living Program (ILP) Manager.

Funding by County for this Agreement is subject to an allocation of funds from the State of California each State-defined fiscal year, which begins on July 1 of each calendar year and ends June 30 of the following calendar year. In the event that funds are not allocated from the State of California for fiscal years 2010-2012, Contractor agrees to continue to provide the services set forth in this Agreement and assume any and all costs associated with those services.

The total amount of this Agreement shall not exceed \$385,440.00 for the stated term.

ARTICLE IV

Nondiscrimination: Contractor hereby agrees that they shall comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; The Age Discrimination Act of 1975 as amended; The Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (i), and (j); California Government Code Section 4450; Title 22, California Code of Regulations section 98000 – 98413; Title 24 of the California Code of Regulations, Section 3105A(e); The Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable Federal and State laws, as well as their implementing regulations (including 45 Code of Federal Regulations (CFR) Parts 80, 84 and 91, 7 CFR Part 15, and 28 CFR Part 42), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall, because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, or political belief, be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving Federal or State financial assistance; and hereby gives assurance that it shall immediately take any measures necessary to effectuate this Agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State assistance and Contractor hereby gives assurance that administrative

methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, shall be prohibited.

By accepting this assurance, Contractor agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of the aforementioned laws, rules, and regulations and permit authorized Federal, State, and/or County government personnel, during normal working hours, to review such records, books, and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, Government Code Section 11135-11139.5 or any other laws, and/or the issue may be referred to the appropriate Federal agency for further compliance action and enforcement of this assurance.

This assurance is binding on Contractor directly or through contract, license, or other provider services, as long as it receives Federal or State assistance.

Furthermore, and as required by CDSS, Contractor shall allow County to monitor Contractor's nondiscrimination and civil rights policies and procedures. Monitoring shall include but is not limited to ensuring accommodation of individuals with hearing impairments, visual impairments or other disabilities; availability of appropriate language services, including the availability of various types of interpreters to ensure verbal and written communications are effectively communicated to individuals requiring said language accommodations; procedures for informing all participants and potential participants of their civil rights and provision of appropriate and regular Contractor staff training in the civil rights and cultural awareness requirements of Division 21.

County policy is intended to be consistent with the provisions of all applicable State and Federal laws.

ARTICLE XIX

Notice to Parties: All notices to be given by the Parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to County shall be addressed as follows:

COUNTY OF EL DORADO
HUMAN SERVICES DEPARTMENT
3057 BRIW ROAD
PLACERVILLE, CA 95667
ATTN: DEANN OSBORN, STAFF SERVICES ANALYST II

Or to such other location as the County directs with a copy to:

COUNTY OF EL DORADO
CHIEF ADMINISTRATIVE OFFICE
PROCUREMENT AND CONTRACTS DIVISION
330 FAIR LANE
PLACERVILLE, CA 95667
ATTN: TERRI DALY, PURCHASING AGENT

Notices to Contractor shall be addressed as follows:

REMI VISTA, INC.
P.O. BOX 494100
REDDING, CA 96049-4100
ATTN: JOHN TILLERY, CPA, EXECUTIVE DIRECTOR

Or to such other location as the Contractor directs.

ARTICLE XXXII

Accounting Systems and Financial Records: Contractor shall be required to establish and maintain accounting systems and financial records that accurately account for and reflect all federal funds received, including all matching funds from the State, County and any other local or private organizations. Contractor's records shall reflect the expenditure and accounting of said funds in accordance with all State laws and procedures for expending and accounting for all funds and receivables, as well as meet the financial management standards in 28 Code of Federal Regulations (CFR), Part 66, and all current revisions of OMB Circular A-87. More particularly, Contractors are responsible for complying with OMB Circular A-87 and 28 CFR, Part 66, and the allowability of the costs covered therein. Contractor must obtain written approval from DHS Executive Management prior to the expenditure of any "special" or unusual costs in order to avoid possible disallowances or disputes based on any potential unreasonableness or unallowability of expenditures as detailed under the specific cost principles of OMB Circular A-87. In order to obtain the most current regulations, the user should consult not only the latest version of the CFR, but also the LSA issued in the current month. The *Federal Register* home page (<http://www.gpoaccess.gov/nara/index.html>) offers links to both the *Federal Register* and the CFR. An electronic CFR (e-CFR) is available at <http://www.gpoaccess.gov/ecfr/>. The e-CFR is an unofficial editorial compilation of CFR material and *Federal Register* amendments. It is a current, daily updated version of the CFR; however, it is not an official legal edition of the CFR. Please note that on-line versions of the CFR may not be the most current available.

ARTICLE XXXIII

Annual Audit: Pursuant to the Single Audit Act and the Office of Management and Budget (OMB) Circular A-133, any entity that receives a total of \$500,000 or more per year in federal funds for the purposes of carrying out federal programs must complete an annual audit. The funding threshold is aggregate funds from all sources. A complete and current copy of OMB A-133 is available at <http://www.whitehouse.gov/omb/rewrite/circulars/a133/a133.html>

ARTICLE XXXIV

Debarment and Suspension Certification: By signing this agreement, the Contractor agrees to comply with applicable Federal suspension and debarment regulations including, but not limited to 45 CFR 76, and Contractor further certifies to the best of its knowledge and belief that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency;
- B. Have not, within the three-year period preceding this Agreement, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification of records, making false statements or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in the above Paragraph B;
- D. Have not, within the three-year period preceding this Agreement, had one or more public transactions (Federal, State, or Local) terminated for cause or default;
- E. Shall not knowingly enter in to any lower tier or subrecipient covered transaction with any person(s) who are proposed for debarment under Federal regulations (i.e., 48 CFR part 9, subpart 9.4) or are debarred, suspended, declared ineligible or voluntarily excluded from participation in such transactions, unless authorized by the State; and
- F. Shall include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein in all lower tier or subrecipient covered transactions and in all solicitations for lower tier or subrecipient covered transactions in accordance with 45.C.F.R. Part 76.

If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation in writing to County.

The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal and State governments, County may immediately terminate this Agreement for cause or default.

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Except as herein amended, all other parts and sections of that Agreement #012-S1111 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: 
DeAnn Osborn, Staff Services Analyst II
Department of Human Services

Dated: August 9, 2011

Requesting Department Head Concurrence:

By: 
Daniel Nielson, M.P.A., Director
Department of Human Services

Dated: 8-9-2011

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IN WITNESS WHEREOF, the Parties hereto have executed this First Amendment to that Agreement for Services #012-S1111 on the dates indicated below.

-- COUNTY OF EL DORADO --

By: _____
Raymond J. Nutting, Chair
Board of Supervisors
"County"

Dated: _____

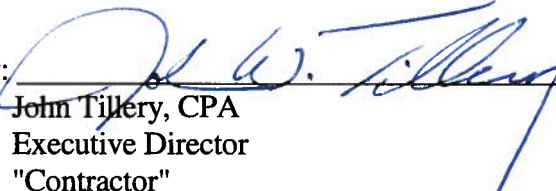
ATTEST:
Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

By: _____
Deputy Clerk

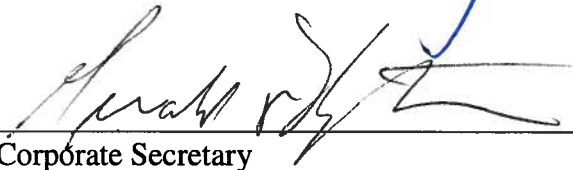
Dated: _____

-- CONTRACTOR --

**REMI VISTA, INC.
A CALIFORNIA CORPORATION**

By:  _____
John Tillery, CPA
Executive Director
"Contractor"

Dated: 8/18/11

By:  _____
Corporate Secretary

Dated: 8/19/11

EXHIBIT B



THP-PLUS PARTICIPANT TRACKING SYSTEM

ONLINE SYSTEM USER MANUAL

**John Burton Foundation
235 Montgomery Street, Suite 1142
San Francisco, CA 94104
(415) 348-0011
www.thpplus.org**

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SECTION ONE

INTRODUCTION TO THE THP-PLUS PARTICIPANT TRACKING SYSTEM

The THP-Plus Participant Tracking System is a structured and stable means of gathering data regarding participants in THP-Plus programs statewide. Its primary purpose is to facilitate timely and consistent evaluations of program effectiveness. Counties and providers want to be able to measure the impact of THP-Plus, and program regulations also require reporting on participant outcomes. However, very few counties and providers have comprehensive systems that can track this information. Using the THP-Plus Participant Tracking System, counties and programs can work together towards continuous program improvement, as well as document their successes as reflected in improvements in participants' lives.

The specific data elements tracked by the system were selected in consultation with counties and providers that have implemented THP-Plus, and dovetail with other data-collection requirements and efforts related to former foster youth. The system tracks data about individual THP-Plus participants, with the ability to aggregate data for reports at the program, county and statewide levels. Information tracked includes:

- Basic participant demographics, such as age and race/ethnicity;
- Type of THP-Plus model, such as scattered-site or single-site; and
- Basic participant outcomes in the areas of housing, employment and income, education and training, and assets.

Information is collected about THP-Plus participants at program enrollment, then updated quarterly, at program exit and at six- and twelve-month follow-ups. This process allows measurement of young people's progress from program entrance to exit and beyond, while also providing "snapshot" information about all participants in the program during any given quarter.

Use of the Participant Tracking System is voluntary, but all counties and providers implementing THP-Plus are strongly encouraged to participate. The system will facilitate reporting on participant and program outcomes, and data can be used at the local level to monitor and improve THP-Plus programs, with no direct costs for participating counties and providers.

There is no fee for using the system, which is being developed and will initially be maintained by the John Burton Foundation. Participating counties and providers need to sign a "use agreement" which outlines system requirements, confidentiality protections and other specifications.

The online system is designed to be intuitively navigable and to provide easy access to data about THP-Plus program performance and participant status. The system also incorporates safeguards to protect the minimal personal and identifying information necessary to track individual participants over time, as well as features to maintain the system information in a streamlined, well-organized database.

(Note: counties participating in the California Connected by 25 Initiative through the Annie E. Casey Foundation's Family to Family program can choose to track the same information about THP-Plus participants through the CC25I reports in the ETO database. Data from CC25I counties collected through ETO is compatible with data from the THP-Plus system and will be combined to generate statewide reports for THP-Plus.)

Please note that although the User Manual is designed for use by THP-Plus service providers and counties, the screen shots and screen-by-screen instructions are geared for service provider users, who are responsible for entering participant level data.

EXHIBIT B

SECURITY FEATURES

The THP-Plus Participant Tracking System includes a number of features to protect the security of the participant data collected and stored in the system.

- **Limited data collection.** The system does not collect the Social Security number, driver's license number, address, telephone number or email address of participants.
- **User access levels.** There are two different levels of access to the system: **County and Service Provider.** Each user account will be assigned one and only one of these access levels. Permissions to read and write data will be restricted based on the user's access level.
 - **County** users may view only the data of participants served by certified THP-Plus providers funded by that county, in order to monitor services and to track the progress of individual participants.
 - **Service Provider** users may view only the data of participants served by that certified THP-Plus service provider. Service providers enter and maintain data on all active participants. The system can be used for a service provider's internal case-management needs, to monitor the progress of individual participants and to evaluate the effectiveness of the program overall.
- **Restricted access.** The system is only available to approved users with a valid login name and password. Once logged in, the user may log out at any time. If the user has not requested a new page for several minutes, the system will automatically end the session and the user will be asked to log in again before any data may be accessed. When a user leaves an agency, the password can be reset by the administrator so that only active users have access to the system.
- **Encrypted data.** The system implements HTTP over Secure Socket Layers, or HTTPS. This technology encrypts data passing between the browser and the server.

User Safeguards

In addition to the security protection features of the system, there are a number of user safeguards that are recommended. These safeguards should be used each time the system is accessed, and are the responsibility of all users.

- **Maintain the secrecy of your login and password at all times.** Login and password information should be stored in a secure place and should not be shared with unauthorized users.
- **Log off when your session is complete.** Each screen includes a Log Off button that allows users to log off from any point in the system.
- **Keep your computers updated with antivirus software and software updates/security patches.** Regularly check for updates from the manufacturers of your operating system, web browser, and antivirus software. Many programs do this automatically.

EXHIBIT B

SYSTEM ORGANIZATION

The system is accessed through the webpage <https://www.thpplusdata.org>. Users log in to the system to access the Main Menu, from which they may view or create participant records according to their system privileges.

User Privileges

There are two categories of system users, each with access to different sets of data.

County

- Used by staff at county agencies that fund and/or supervise THP-Plus activities
- Can find and view (read-only) every case for every service provider within the specified county only
- Access to selected reports and exports based on data for service providers within the specified county

(NOTE: county-level users *cannot access* participant or service-provider data from other counties.)

Service Provider

- Used by staff at agencies that provide THP-Plus programming
- Can find, view and edit participant records created by staff at your agency. (If the service provider works in multiple counties, service-provider-level users will only be able to access records for their home county)
- A few administrative functions (e.g. editing lists of case managers for the specified service provider)
- Access to selected reports and exports based on data for the specified service provider

(NOTE: service-provider-level users *cannot access* participant or service-provider data from other THP-Plus service providers.)

Records, Forms & Tabs

The Participant Tracking System stores the information that Service Providers enter about a given participant in a **Participant Record**. The record contains all forms created for the selected participant. The questions on each form are organized into categories that are accessed through **Tabs** on the given form.

Users access a **Participant Record** through the Select a Participant screen for their Service Provider or County (See Section 2, Page 6). Access to records is limited as described above.

A **Participant Record** contains all of the forms created for a selected participant. The forms used to collect data are:

- **Entrance Form**
- **Quarterly Update Form(s)**
- **Exit Form**
- **Six-Month Follow-Up Form**
- **Twelve-Month Follow-Up Form**

EXHIBIT B

The **Entrance Form** is created automatically when you create a new participant record. The **Quarterly Update, Exit and Follow-Up Forms** are created when data is manually entered to reflect a participant's status at each of those points in time.

The forms are accessed through the **Forms Tab** on the **Participant Overview** screen (see also: Section 2, Page 13)

Each of the **Forms** comprises several pages. The pages are accessible by **Tabs** on the main screen for a given form:

The **Entrance Form** has four tabbed pages:

- Demographics/Housing
- Employment/Income
- Education/Training
- Add'l Info

The **Quarterly Update Form** has three tabbed pages:

- Employment/Income
- Education/Training
- Add'l Info

The **Exit Form** has five tabbed pages:

- Demographics
- Housing
- Employment/Income
- Education/Training
- Add'l Info

The **Six-Month Follow-Up Form** and **Twelve-Month Follow Up Forms** each have four tabbed pages:

- Demographics/Housing
- Employment/Income
- Education/Training
- Add'l Info

The questions on each Tabbed Page are almost identical from one form to the next, though the wording on specific questions is adjusted to reflect the time period covered by each form.

HOW TO COLLECT DATA

The most accurate data will be collected by case managers in conversation with youth participants. It is recommended that data be collected in one of two ways:

- Case managers print out the paper forms and complete them in conversation with the youth. Case managers or program administrative staff then enter the data into the online system following the data collection schedule.
- Case managers enter the data directly into the system with the youth present.

EXHIBIT B

DATA COLLECTION SCHEDULE

Providers will complete a baseline assessment of each THP-Plus participant at program entrance by collecting information about the participant's demographic characteristics, housing, employment, income, education and more. At the end of each quarter, providers will update the housing, employment, income, education and other information for each continuing participant, providing a snapshot of participants at a point in time. At program exit, the participant information will be updated once more; this data will be used to show the participant's progress from entrance to exit. Additional updates will be completed at follow-up periods of six and twelve months after program exit, to measure longer-term impact of the program.

Specific data collection forms and schedules include:

Entrance Form and Participant Profile

- Data collected at program enrollment
- Forms due by 15 days after enrollment
- Assessment based on information about the participant at the point in time when he/she is enrolling in the THP-Plus program

Quarterly Update Form

- Data collected at the end of each quarter:
 - September 30 (for July 1 – September 30)
 - December 31 (for October 1 – December 31)
 - March 31 (for January 1 – March 31)
 - June 30 (for April 1 – June 30)
- Forms due by the 15th of the following month (October 15, January 15, April 15, July 15)
- Contains information about participant status on the last day of the quarterly reporting period

Exit Form

- Data collected at program exit
- Forms due by 15 days after exit
- Contains information about participant status upon exiting the THP-Plus program (if information is not available due to an unplanned exit, check the appropriate box on the Participant Overview screen and leave all responses blank)

Six-Month Follow-Up Form

- Data collected six months after program exit
- Forms due by 15 days after six-month mark
- Contains information about participant status six months after exit from the THP-Plus program (if information is not available due to an unplanned exit, check the appropriate box on the Participant Overview screen and leave all responses blank)

Twelve-Month Follow-Up Form

- Data collected twelve months after program exit
- Forms due by 15 days after twelve-month mark
- Contains information about participant status twelve months after exit from the THP-Plus program (if information is not available due to an unplanned exit, check the appropriate box on the Participant Overview screen and leave all responses blank)

EXHIBIT B

(NOTE: If determined necessary, obtaining and storing written consent from individual THP-Plus participants to release and store their information in the Tracking System shall be the sole responsibility of the User and/or its THP-Plus contractors.)

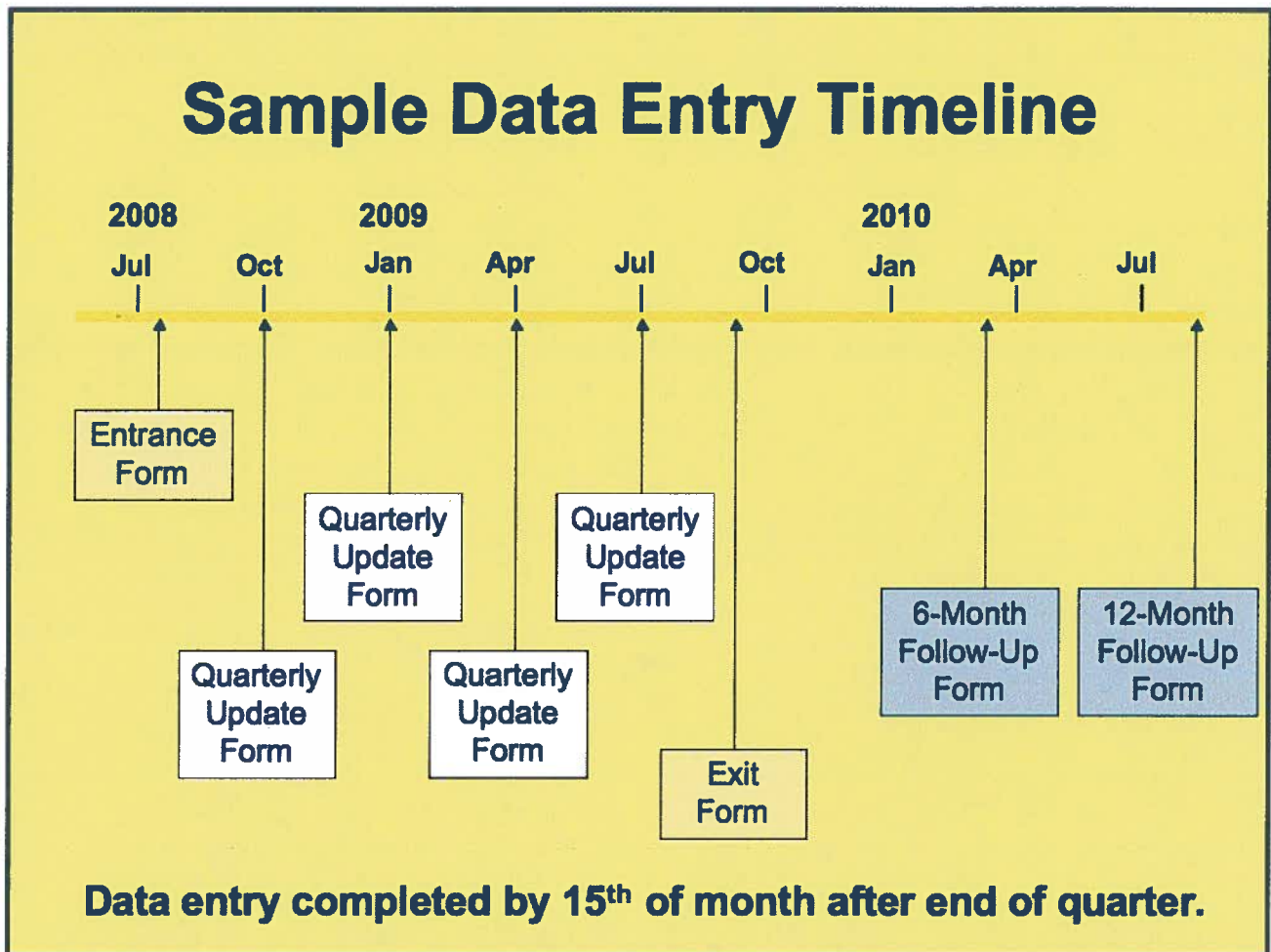


EXHIBIT B

GETTING MORE HELP

Online

Help topics for every screen in the Participant Tracking System are accessible by clicking on the Get Help shortcut in the upper right corner of the screen (see section 2, page 2). Help screens are presented in pop-up windows – users should enable pop-ups for the thpplusdata.org website.

By Email

Feel free to send questions by email to Reed Connell of the John Burton Foundation at reed@johnburtonfoundation.org; or to Michele Byrnes, THP-Plus Statewide Implementation Project Manager at michele@johnburtonfoundation.org.

By Phone

John Burton Foundation staff is available to answer questions about the system from 10:00 a.m. to 4:00 p.m., Monday through Thursday, at (415) 348-0011.

For Additional Information

More information about the THP-Plus Participant Tracking System is available on the THP-Plus website at www.thpplus.org, under Training – Resources – Tracking System. There you may download a recording of a web seminar which includes a demo of the system, as well as this document in Adobe Acrobat PDF format.

If you have any further questions about the THP-Plus Participant Tracking System, please contact:

Reed Connell
John Burton Foundation
(415) 693-1326
reed@johnburtonfoundation.org

Michele Byrnes
John Burton Foundation
(415) 693-1323
michele@johnburtonfoundation.org

EXHIBIT B

EXHIBIT B

SECTION TWO:
Screen-by-Screen Instructions



SECTION TWO

LOGIN PAGE

When you enter www.thplusdata.org into your internet browser, you will be directed to the **Login** page, which appears below.



THP-PLUS STATEWIDE IMPLEMENTATION PROJECT Supportive Housing for Former Foster Care Youth

Welcome to the THP-Plus online data system.

Login:

Password:

[Need help logging in?](#)
[Forgot your login or password?](#)

Enter your **Login** and **Password**.

Clicking on **[Forgot your login or password?](#)** will allow you to enter the email address associated with your login. If the system recognizes that address, it will send you an email with your login and password.

Please contact Michele Byrnes by email at michele@johnburtonfoundation.org or by phone at (415) 693-1323 if:

- You need to set up an account so you can access this system
- You need to change the details on your account



MAIN MENU & BASIC SYSTEM NAVIGATION

Once you log on to the system, you will see the **Main Menu**:



THP-PLUS STATEWIDE IMPLEMENTATION PROJECT
Supportive Housing for Former Foster Care Youth

[Log Off](#) | [Main Menu](#) | [Get Help](#)

Main Menu

Main Menu for Reed Connell (Administrator)

[Find or create a participant record](#)
[Reports](#)
[Administrative options](#)

THP-Plus for the State of California's Transitional Housing Placement Program
Site designed by Quicksilver Consulting • Last modified November 25, 2008

System Shortcuts

At upper right are three shortcuts used for basic site navigation. These shortcuts are visible and active on every screen in the system.

Log Off	Main Menu	Get Help
Clicking the Log Off link will log you off from the system and return you to the login screen.	The Main Menu link will return you to the main system menu from any point in the system.	Get Help will open a pop-up window with detailed information on the particular screen you are using.

Participant Record, Reports & Administrative Links

Under the headline listing your login and agency name are three links:

- Clicking on **Find or create a participant record** drops down a text box on the same screen, and asks you to search for a participant by last name. **NOTE:** To help prevent duplicate entries, you must use this search box, even before creating a new participant record. Per the dropdown menu, you may use "*" as a wild card. You may also leave the text box blank, and simply click the "GO" button. Doing so will take you to the **Select a participant screen**, which will list all participants entered through your agency login.
- Clicking on **Reports:** This function will be available in early 2009. The John Burton Foundation will announce the roll out of the Reports features, and will provide an online training.
- Clicking on **Administrative options** will take you to the Administrative options menu and allow you to enter **Case Manager** information (see page 6).



System Navigation Bar

At upper left, below the THP-Plus logo and solid blue bar, is the **System Navigation Bar**. You'll see the bar on every screen in the system. The visible and active links depend upon where you are in the system.

Example:



This is the primary way to make your way around the system. **NOTE: Please do not use your browser's back and forward buttons within the system, as unsaved data will be lost.** As you click on links to move through the system, the **System Navigation Bar** lists each screen you have moved through. To return to a previous screen, such as **Participant Overview**, simply click on the underlined text. If you have entered any information, the system will prompt you to save before leaving the screen or form you are viewing.



ACCESSING PARTICIPANT RECORDS

From the **Main Menu**, click on the **Find or create a participant record** link

1. A text box will appear that asks you to search for a participant by last name
2. The search box will recognize partial names and initials. You may use "*" as a wild card. To access all participant records, you may also leave the text box blank, and simply click the "GO" button.
3. The system will direct you to the **Select a participant** screen, that lists all participant records created through your agency login
4. If a participant is already in the system, you can access their record by clicking on their name.
5. It is possible that you will see multiple records for a single participant who exited and reentered the same program (see Service Provider View or County View explanations, below).

Select a Participant Screen

Main Menu ⇒ **Select a participant**

Select a participant

You searched for participants meeting the following criteria:

- County = 'Alpine'

Results:

Name	Birth date	Intake	Exit	Service provider	County
Doe, John	01/01/87	02/02/08		Alpine House	Alpine
Jameson, Brian	05/04/90	12/02/08	04/09/09	Alpine House	Alpine
Jimenez, Antonio	03/01/90	09/30/08		Youth Services, Inc.	Alpine
Jones, Amanda	02/08/88	08/29/08	12/09/08	Alpine House	Alpine
Jones, Jimmy	01/01/87	02/02/08	04/04/08	Alpine House	Alpine
Smith, Zachary	02/20/89	12/02/08		Alpine House	Alpine

Create

Cancel

Below is an explanation of the information that you see on this screen. First, there is a table listing basic participant information.

Name	Birth date	Intake	Exit	Service provider	County
Participant's legal name: Last, First	Participant's birth date as entered on creation of the participant record	Date that the participant entered this THP Plus program	Date of participant exit from the program (if applicable)	Agency associated with the login used to create the participant record.	County that the program in which the participant resides is located

Below the table are two orange buttons, one to "Create" a new participant record, and the second to "Cancel" the current search and return to the Main Menu.

EXHIBIT B



Notes:

- Criteria used in the search will be listed above the table.
- If no criteria were used (the text box under the **Find or create a participant record** link on the **Main Menu** was left blank), the criteria listed will simply be the county and program associated with the user login. In this case, all past and current participants will be listed in the table.
- Participant names are links to their individual records.
- Once entered, the information in this table can be changed in the **Participant Tab** on the **Participant Overview** screen.

Service Provider view:

- Participants who exit and reenter the same program will be listed twice, once for each period of participation.

County view:

- Participants who exit and reenter the same program will be listed twice, once for each period of participation.
- Participants who exit one program in the county and enter another will be listed twice, once for each program.

EXHIBIT B





HOW TO CREATE A NEW PARTICIPANT RECORD

There are several steps to creating a new **Participant Record**:

1. From the **Main Menu** page, click on the **Find or create a participant record** link
2. A text box will appear that asks you to search for a participant by last name
3. **NOTE:** Before creating a new record you must perform a search operation (this will alleviate duplicate entries). The search box will recognize partial names and initials. You may use "*" as a wild card. You may also leave the text box blank, and simply click the "GO" button.
4. The system will direct you to the **Select a participant** screen, that lists all participant records created through your agency login

Main Menu ⇒ **Select a participant**

Select a participant

You searched for participants meeting the following criteria:

- County = 'Alpine'
- Service provider = 'Alpine House'

Results:

Name	Birth date	Intake	Exit	Service provider	County
Doe, John	01/01/87	02/02/06	04/04/08	Alpine House	Alpine
Jameson, Brian	05/04/90	12/02/08	04/09/09	Alpine House	Alpine
Jones, Amanda	02/08/88	08/29/08	12/09/08	Alpine House	Alpine
Jones, Jimmy	01/01/87	02/02/06	04/04/08	Alpine House	Alpine
Smith, Zachary	02/20/89	12/02/08		Alpine House	Alpine

Create

Cancel

EXHIBIT B



If the participant record does not yet exist, you may create a new participant record by completing the following steps:

1. Click the orange “Create” button. The system will take you to the **Key participant data** screen

Main Menu ⇒ Select a participant ⇒ Key participant data

Enter key participant data

Please enter the key data for the new participant record.

First name:	<input type="text" value="Jane"/>
Last name:	<input type="text" value="Doe"/>
Date of birth:	<input type="text" value="01/01/1987"/> <i>In mm/dd/yyyy format</i>
THP-Plus enrollment date:	<input type="text" value="02/02/2006"/> <i>In mm/dd/yyyy format</i>

Create

Cancel

Note: You must make valid entries in each text box in order to proceed

2. Click the orange “Create” button. The system will create a **Participant Record**, and an **Entry Form**, and take you to the **Participant Overview** screen (see page 10)
3. If necessary, add a **Case Manager** to the **Case Manager** dropdown menu on the **Participant Tab** of the **Participant Overview** screen (see page 8). Case Manager information is included to assist providers in maintaining complete records by facilitating easy identification of the party responsible for collecting data. To add a Case Manager to the dropdown menu, return to the **Main Menu** by clicking Main Menu on the System Navigation Bar or by using the Main Menu shortcut at upper right. The system will prompt you to save any changes to the Participant Record before taking you to the Main Menu.



HOW TO ADD A CASE MANAGER

The system is organized so that every participant record includes the name of the participant's case manager, allowing agencies to keep track of who is responsible for collecting information on a particular participant.

When creating new participant records or entering data into the system for the first time, Service Providers should use the **Administrative options** link on the **Main Menu** to add individual **Case Manager's** names to that dropdown menu:

1. From the **Main Menu**, select **Administrative options**
2. Select **Maintain case managers**

Main Menu ⇒ Administration Menu

Administration Menu

Maintain case managers

Back to Main Menu

You'll see the following screen:

Main Menu ⇒ Administration Menu ⇒ Select a case manager

Select a case manager for Test Agency 1

Sorry, there are no case managers yet for that service provider.

Create

Cancel

3. Click on the orange "Create" button
4. Enter the **Case Manager's** first and last name and click the orange "Create" button
5. Confirm the **Case Manager's** name. The system defaults to the "Active?" box being checked. Click "Save" to save the information. If you are entering historical data and the **Case Manager** is no longer active in that role, simply uncheck the box and click "Save."



[Main Menu](#) ⇒ [Administration Menu](#) ⇒ [Case manager](#)

Case Manager Form

First name:
Last name:
Active?

Undo changes

Delete

Save

Finished

6. You may change the “Active?” status on any **Case Manager** in the system at any time, and may also delete their record entirely. However, it is recommended that all **Case Managers** associated with any **Participant Record** remain in the system. The delete function should be used only to remove erroneous entries.



Participant Overview – Participant Tab

Once you have selected a participant to view, you'll be taken to the **Participant Overview** screen, from where you can access complete participant record information. Select the **Participant Tab** to see the participant's basic identifying information. This information should be entered upon creation of a new participant record.

Participant Overview

Participant
Forms

Participant name: **John Doe**
 Date of birth: **01/01/1987**
 THP-Plus enrollment date: **02/02/2006**
 Exit date:

Case Manager: [Unknown]

Name of organization or agency...: **Alpine House**

1. Participant First Name:
2. Participant Last Name:
3. Date of Birth: *In mm/dd/yyyy format*
4. CWS/CMS Client ID # (if known):
5. Is the participant unable to be located and lost to follow-up?
6. County of jurisdiction at emancipation: [Dropdown]
7. Prior to emancipation, was the participant an ILP-eligible probation ward?
8. Gender: [Unknown/Decline to answer]
9. LGBTQ: [Unknown/Decline to answer]
10. Hispanic or Latino Ethnicity: [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)

Most of the information on the **Participant Tab** generally does not change over time, though Service Providers do have the option to make changes. Changes made to the basic identifying information entered when creating the participant record (First Name, Last Name, Date of Birth, Entry Date) will be made when you click the orange "Save" button at the bottom of the page.

Detailed information about the participant is contained on several different forms (Entrance, Quarterly Update, Exit, Six-Month Follow-Up and Twelve-Month Follow-Up). Click on the **Forms Tab** to switch to a table listing all of the forms created for this participant. For more information on the **Forms Tab**, click on the **Get Help** link while viewing that tab.

The questions on this screen are found on page 1 of the Paper Entrance Form

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Case Manager	Select the participant's case manager from the drop down menu. Users with Service Provider logins may add new case managers to the list through the Administrative options link on the Main Menu . Once created, case manager names may not be deleted, but may be designated "inactive."
Name of organization or agency	This field will be filled in automatically by the system, to reflect the agency associated with the user login used to create the record.
First Name	You may change the participant's full legal first name if necessary.
Last Name	You may change the participant's full legal last name if necessary.
Date of Birth	You may change the participant's date of birth if necessary.
CWS/CMS Client ID#	Enter the CWS/CMS Client ID number (note that this is different from the CWS/CMS Case ID number). The county can provide the CWS/CMS Client ID number when screening a participant for THP-Plus eligibility. If the participant's CWS/CMS Client ID number is unknown, enter 0.
Is the participant unable to be located and lost to follow up?	Select Yes if, <u>on the date data is entered</u> the participant is no longer in contact with the THP-Plus program completing the form and it will likely not be possible to locate the youth for follow up. Select No if the participant is still living in or in contact with the program.
County of jurisdiction at emancipation	Enter the county that was supervising the participant's child-welfare and/or probation case at the time that the participant emancipated or was last living in out-of-home care as a minor. The THP-Plus county can provide this information.
Prior to emancipation, was the participant an ILP-eligible probation ward?	Select Yes if the youth was a ward of the county probation department and living in out-of-home placement immediately before emancipation.
Gender	Select the gender with which the participant self-identifies. For transgender participants, select male , female or other , depending on the participant's self-identification.
LGBTQ	Select Yes if the participant self-identifies as lesbian, gay, bisexual, transgender, or as questioning his/her sexual orientation. Select no if the participant self-identifies as heterosexual. Select Unknown/decline to answer if the participant chooses not to self-identify either way.
Hispanic or Latino Ethnicity?	Note that the ethnicity/race categories follow the format used in the U.S. Census. If the participant self-identifies as Hispanic/Latino ethnicity (of any "race" – white, African American, Asian, etc.), check Yes .
Race	Select <u>all</u> racial categories with which the participant self-identifies. At least one of these choices must be selected, even for participants identified above as Hispanic/Latino.

Orange Buttons

Below the **Participant Tab** are three orange buttons:

Undo changes	Delete	Save
Clears any changes made to this form since your last save.	Deletes the ENTIRE participant record, including all associated forms. The system will prompt you to confirm that decision.	Saves all responses on the Participant Tab only.



Participant Overview – Forms Tab

Participant Overview

Participant **Forms**

Participant name: **Jane Doe**
Date of birth: **01/01/1987**
THP-Plus enrollment date: **02/02/2006**
Exit date: **03/03/2007**

Forms for this participant:

Form type	Event date	Entered by
Entrance	02/02/06	RMC
Quarterly	03/31/06	RC
Quarterly	06/30/06	RC
Quarterly	09/30/06	RC
Quarterly	12/31/06	RC
Exit	03/03/07	RC
Six-Month Follow-Up	01/04/09	RC
Twelve-Month Follow-Up	01/04/09	RC

CREATE A QUARTERLY
UPDATE FORM

CREATE AN EXIT FORM

CREATE A 6-MONTH
FOLLOW-UP FORM

CREATE A 12-MONTH
FOLLOW-UP FORM

EXHIBIT B



The **Forms Tab** on the **Participant Overview** screen displays basic identifying information and a table listing all Forms created for the participant. Forms provide deeper information about the participant, and include the Quarterly Update, Exit, Six-Month and Twelve-Month Follow-Up Forms. The system automatically creates a blank **Entrance Form** when creating a new participant record. The table displays:

Form type	Event date	Entered by
Clicking on any form listed takes the user to that form (e.g. Quarterly Update, Exit, Six-Month or Twelve-Month Follow-Up Forms)	This is the date for which the Form provides information (i.e. the entry and/or exit date, the end of the quarter), not the creation date	The user login initials of the party that created the form

How to Create New Forms

Below the **Forms Tab** are four purple buttons, used to create the data forms contained within the system. Only those buttons linking to forms relevant to the participant's program status are active – i.e., providers may create Quarterly Update Forms and Exit Forms for participants who are still enrolled in THP-Plus, but not for those who have exited. Users may create Six-Month and Twelve-Month Follow-Up Forms only for those participants who have exited THP-Plus.





ENTRANCE FORM & INSTRUCTIONS

The **Entrance Form** is generated automatically when you create a new participant record. It contains four tabbed pages: Demographics/Housing, Employment/Income, Education/Training and Add'l Info.

Entrance Form – Demographics /Housing Tab

Entrance Form

Demographics/Housing	Employment/Income	Education/Training	Add'l Info
Participant name: Jane Doe Date of birth: 01/01/1987			
[Please note: Questions 1. through 11. appear on the Participant Overview screen. You may access them through the link near the top of this form.]			
Demographics			
12. Date of enrollment in this THP-Plus program: 02/02/2006			
13. Is the participant re-entering after previously exiting this THP-Plus program? No			
14. Has the participant given birth to or fathered one or more children? [Unknown]			
15. Is the participant a custodial parent (i.e. 1 or more of his/her children living with participant)? No			
Housing			
16. Immediately prior to THP-Plus, participant lived in:			
[Unknown]			
If 'Other,' please specify: <input type="text"/>			
17. Was housing subsidized (Section 8, public housing, affordable housing development, receiving rental subsidy, etc.)?			
[Unknown]			
18. County where participant was living: <input type="text"/>			
19. Had the participant experienced one or more nights of homelessness between foster care and THP-Plus?			
[Unknown]			
20. What housing model is the participant moving into for this THP-Plus program?			
[Unknown]			
21. Does the participant have the option of remaining in the same housing unit after completion of this THP-Plus program?			
[Unknown]			
Next page			
Other options: <input type="button" value="Undo changes"/> <input type="button" value="Delete"/> <input type="button" value="Save"/>			

This screen in the online Participant Tracking System corresponds to **pages 2 and 3** of the **Paper Entrance Form**. After entering data on this page, click on the blue "Next page" arrow in the lower right corner to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Demographics

Date of enrollment in this THP-Plus program	Used to calculate length of stay. This should be the date the participant entered the THP-Plus program caseload and began receiving services, even if he/she does not move into the THP-Plus housing until a later date.
Is the participant re-entering this THP-Plus program after previously exiting <i>this</i> THP-Plus program?	Select Yes if the participant has previously participated in <i>this</i> THP-Plus program (operated by the same agency/provider). Select No if the participant has never participated in THP-Plus. Also select No if the participant was previously in a <i>different</i> THP-Plus program (funded by a different county or operated by a different agency/provider).
Has the participant given birth to or fathered one or more children?	Select Yes if the participant has given birth to or fathered one or more children at any point previous to the date of data collection. Select No if this is not the case. Select Unknown/decline to answer if the information is unknown or the youth declines to state. Do <u>not</u> include unborn children, i.e. current pregnancy.
Is the participant a custodial parent (i.e. one or more of his/her children living with the participant)?	Select Yes only if one or more children are in the custody of the participant at the point of program entrance (i.e. children who will be living with the participant in the program). Select No if this is not the case.

Housing

Immediately prior to enrolling in this THP-Plus program, what type of housing did the participant live in?	Select only one. Select the type of housing the participant was living in <i>immediately</i> before enrolling in the THP-Plus program. If none of the choices apply, write the type of housing in the Other field.
Was housing subsidized? (Section 8, public housing, affordable housing development, receiving rental subsidy, etc.?)	Select Yes if the housing the participant was living in <i>immediately</i> before enrolling in the THP-Plus program was subsidized through a formal program such as a Section 8 voucher, public housing, affordable housing development, rental subsidy or other subsidy program. Select Yes if the participant was living in a THP-Plus program . Select No if the housing was not subsidized through a formal program (even if the participant's family member/friend was assisting with the rent). If the participant was living in some type of institutional housing – including foster care of any kind, or a shelter, jail, hospital or similar setting – or was homeless, couch-surfing, etc. select N/A (not applicable).
County where participant was living	Select the county where the participant was living or staying <i>immediately</i> before enrolling in the THP-Plus program. Select Out-of-state if the participant was not living in California (includes outside of the country).
Had the participant experienced one or more nights of homelessness after exiting foster care and prior to entering this THP-Plus program?	Select Yes if the participant had ever been homeless (includes sleeping on the street, in a car, in a homeless shelter, couch-surfing) for one or more nights after leaving foster care and before entering this THP-Plus program.

EXHIBIT B



<p>What housing model is the participant moving into for this THP-Plus program?</p>	<p>Select the THP-Plus housing model. Scattered-site means single or small clusters of apartments/units/dorm rooms located among non-THP-Plus units. Single site – Apartments means an apartment building or complex where all of the apartments/units are occupied by THP-Plus participants (possibly with on-site staff). Single site – Single family home means a single family home or duplex shared by two or more THP-Plus participants, where all residents of the home are THP-Plus participants (possibly with on-site staff). Host family means that the participant lives in the home of an adult he/she has identified as a lifelong connection.</p>
<p>Does the participant have the option of remaining in the same housing unit after completion of this THP-Plus program?</p>	<p>Select Yes if the participant will have the opportunity to keep or take over the lease on the same housing unit, or remain with the host family, after completing this THP-Plus program (even if he/she may need to formally apply for a new lease or may choose not to remain in the unit). Select No if the participant must vacate the housing after completing this THP-Plus program (i.e. there is no possibility of remaining in the same unit).</p>



Entrance Form – Employment/Income Tab

Entrance Form

Demographics/Housing **Employment/Income** Education/Training Add'l Info

Participant name: **John Doe**
 Date of birth: **01/01/1987**

Employment and Income

At entrance to this THP-Plus program...

22. Employment:

23. Hourly wage: / hour

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

- SSI/SSDI
- GA/GR
- Food Stamps
- CalWORKS/TANF
- WIC
- Subsidized child care
- Other

If 'Other,' please specify:

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

- Educational/vocational grants or scholarships
- Educational/vocational loans
- Child support
- Financial support from family member or other person
- Other

If 'Other,' please specify:

26. Total monthly income from all sources:

Other options:

This screen in the online Participant Tracking System corresponds to **page 3** of the **Paper Entrance Form**. After entering data on this page, click on the blue "Next page" arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Employment and Income

<p>Employment at entrance to this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that best describes the participant's employment status at the time of program entrance. Include only hours worked in legal employment (not informal/under-the-table work).</p>
<p>Hourly wage at entrance to this THP-Plus program</p>	<p>Enter the hourly wage earned in legal employment by the participant at the time of entrance to this THP-Plus program. If the participant has multiple jobs, enter the average hourly wage. Include tips in calculating the hourly wage. Do not include wages earned in informal/under-the-table work.</p>
<p>Receiving public benefits at entrance to this THP-Plus program (SELECT ALL THAT APPLY)</p>	<p>Select <u>all</u> public benefits that the participant is receiving at the time of program entrance. If the participant is receiving a benefit not included in the listed choices, write it in the Other field. If the participant is not receiving any public benefits, choose Not applicable.</p>
<p>Receiving other financial support at entrance to this THP-Plus program (SELECT ALL THAT APPLY)</p>	<p>Select <u>all</u> sources that apply. If the participant has another source of income besides wages, public benefits and the other sources of support listed – such as paid informal/under-the-table work – write it in the Other field. If the participant is not receiving any other financial support, choose Not applicable.</p>
<p>Total monthly income from all sources at entrance to this THP-Plus program</p>	<p>Enter the participant's total <u>monthly</u> income from <u>all</u> sources, including wages, public benefits, financial aid, child support, family member contributions, informal work or any other sources of financial support at the time of program entrance. Include only income received as cash or cash equivalents (e.g. wages, CalWORKS payments, Food Stamps) – do not include the value of in-kind benefits not received as cash equivalents (such as MediCal).</p>



Entrance Form – Education/Training Tab

Entrance Form

Demographics/Housing	Employment/Income	Education/Training	Add'l Info
Participant name: Jane Doe			
Date of birth: 01/01/1987			
Education and Training			
At entrance to this THP-Plus program...			
27. Educational status:			
<input type="text" value="Attending 2-year/community college - FT"/>			
27a. Highest level of education completed:			
<input type="text" value="GED/high school equivalent"/>			
28. Vocational training status:			
<input type="text" value="Not applicable - never attended"/>			
29. Other training status:			
<input type="text" value="Dropped out of military/JobCorps/CCC/AmeriCorps"/>			
			<input type="button" value="Previous page"/> <input type="button" value="Next page"/>
Other options:			
<input type="button" value="Undo changes"/>		<input type="button" value="Delete"/>	<input type="button" value="Save"/>

This screen in the online Participant Tracking System corresponds to **page 4** of the **Paper Entrance Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Education and Training

<p>Educational status at entrance to this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the time of program entrance with respect to enrollment in or graduation from high school, GED or high-school equivalency program; 2-year college program; or 4-year college program. Select Unknown if none of the options apply.</p>
<p>Highest level of education completed (SELECT ONE)</p>	<p>Select the choice that indicates the highest level of education completed by the participant prior to program entrance. Select Unknown if none of the options apply.</p>
<p>Vocational training status at entrance to this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the time of program entrance with respect to enrollment in or graduation from a vocational training program. Completed vocational training or Received vocational certificate or license means finished the full course of training and received a recognized formal professional certification or license (e.g. a CNA, licensed phlebotomist, etc. – <i>not</i> a "job readiness certificate" or other informal certification). If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>
<p>Other training status (military / JobCorps / CCC / AmeriCorps) at entrance to this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that describes the participant's status at the time of program entrance with respect to enlistment in, completion of or dropping out of these types of training. If none of the choices apply, choose Not applicable.</p>



Entrance Form – Add'l Info Tab

Entrance Form

Demographics/Housing	Employment/Income	Education/Training	Add'l info
Participant name: Jane Doe			
Date of birth: 01/01/1987			
Additional Information			
At entrance to this THP-Plus program...			
30. Does the participant have a checking account, savings account, or IDA? [Unknown] ↓			
31. Does the participant have health insurance (through MediCal, employer, or other)? [Unknown] ↓			
32. Has the participant been involved with the <u>adult</u> criminal justice system <u>prior to entering this THP-Plus program</u> ?			
Incarcerated/detained?			
[Unknown] ↓			
Adult criminal conviction?			
[Unknown]			
33. Participant reports permanent connection with at least one adult for support, advice, guidance? [Unknown] ↓			
			Previous page Finished

Other options:

[Undo changes](#)

[Delete](#)

[Save](#)

This screen in the online Participant Tracking System corresponds to **page 5** of the **Paper Entrance Form**. After entering data on this page, click on the blue "Finished" arrow in the lower right corner of the screen. You will be brought back to the Forms page of the Participant Overview Screen.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Additional Information

<p>Does the participant have a checking account, savings account or IDA at entrance to this THP-Plus program?</p>	<p>Select Yes if the participant has one or more of these types of banking accounts. IDA (Individual Development Account) means an account where the participant's deposits are matched by another organization; typically the funds can only be withdrawn for specified expenses such as education. Select No if the youth has no formal banking account at the time of entry. Select Unknown if the youth does not know.</p>
<p>Does the participant have health insurance (through Medi-Cal, employer or other source) at entrance to this THP-Plus program?</p>	<p>Select Yes if, on the day of program entry, the participant has health coverage of any kind, from any source. Select No if they do not. Select Unknown if the youth does not know.</p>
<p>Has the participant been involved with the <u>adult criminal justice system prior to entering this THP-Plus program?</u></p>	<p>Include only involvement with the <u>adult</u> criminal justice system prior to entering the program – do not include juvenile convictions. Incarcerated/detained means held in a jail or other detention facility for any period of time, even if not ultimately charged or convicted. Select Yes if this is the case, select No if it is not and Unknown if the youth is unsure. Adult criminal conviction means that the youth was charged with and convicted of a crime, no matter their plea at arraignment. Select Unknown if the youth is unsure. Select None if the youth has never been <u>convicted</u> of either a misdemeanor or felony. If the youth was <u>convicted of a crime as an adult</u>, select Adult misdemeanor conviction or Adult felony conviction as applicable.</p>
<p>Participant reports permanent connection with at least one adult for support, advice, guidance?</p>	<p>Select Yes or No based on the participant's self-report at the time of program entrance. Select Unknown if they are unsure.</p>



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Quarterly Update Form & Instructions



QUARTERLY UPDATE FORM & INSTRUCTIONS

This form creates a quarterly snapshot of the participant's information. To create a **Quarterly Update Form**, select the **Forms Tab** on the **Participant Overview** screen. Select the first blue button at bottom left, "Create a Quarterly Update Form." You will see the screen below:



[Log Off](#) | [Main Menu](#) | [Get Help](#)

Main Menu ⇒ Participant Overview ⇒ Key Quarterly Update data

Enter key Quarterly Update data

Please enter the key data for the new Quarterly Update record.

Last Day of Quarterly Reporting Period:

Date:

Year:

Create
Cancel

THP-Plus for the State of California's Transitional Housing Placement Program
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You must first define the quarter you are reporting on:

Last day of quarterly reporting period	Select the day and month of the last day of the 3-month quarterly reporting period. For the quarter from July-September, select September 30. For the quarter from October-December, select December 31. For the quarter from January to March, select March 31. For the quarter from April to June, select June 30. Enter the year in four digits (i.e. 2008, 2009) in the blank.
--	--

Clicking the orange "Create" button will take you to the **Quarterly Update Form**. This form contains three tabs: Employment/Income, Education/Training and Add'l Info.

This screen in the online Participant Tracking System corresponds to **page 1** of the **Quarterly Update Paper Form**.

EXHIBIT B





Quarterly Update Form – Employment/Income Tab

Employment/Income
Education/Training
Add'l info

Participant name: **John Doe**
 Date of birth: **01/01/1987**
 Last day of quarterly reporting period: **03/31/2006**

[Please note: Questions 1. through 4. appear on the Participant Overview screen. You may access them through the link near the top of this form.]

Participant

5. Is the participant a custodial parent (i.e. 1 or more of her/his children living with participant)?

Employment and Income

6. Employment status:

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

If 'Other,' please specify:

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

- Educational/vocational grants or scholarships
- Educational/vocational loans
- Child support
- Financial support from family member or other person
- Other

If 'Other,' please specify:

10. Total monthly income from all sources: \$

[Next page](#)

Other options:

[Undo changes](#)

[Delete](#)

[Save](#)

This screen in the online Participant Tracking System corresponds to **pages 1 and 2** of the **Quarterly Update Paper Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

<p>Is the participant a custodial parent? (i.e. one or more of his/her children living with the participant)</p>	<p>Select Yes only if one or more children are in the custody of the participant at the point of data collection (i.e. children who are living with the participant in the program). Select No if this is not the case.</p>
--	---

Employment and Income

<p>Employment status</p>	<p>Select the choice that best describes the participant’s employment status at the end of this reporting period. Include only hours worked in legal employment (not informal/under-the-table work).</p>
<p>Hourly wage</p>	<p>Enter the hourly wage earned in legal employment by the participant at the end of this reporting period. If the participant has multiple jobs, enter the average hourly wage. Include tips in calculating the hourly wage. Do not include wages earned in informal/under-the-table work.</p>
<p>Receiving public benefits (SELECT ALL THAT APPLY):</p>	<p>Select <u>all</u> public benefits that the participant is receiving at the end of this reporting period. If the participant is receiving a benefit not included in the listed choices, write it in the Other field. If the participant is not receiving any public benefits, choose Not applicable.</p>
<p>Receiving other financial support (SELECT ALL THAT APPLY)</p>	<p>Select <u>all</u> sources that the participant is receiving from at the end of this reporting period. If the participant has another source of income besides wages, public benefits and the other sources of support listed – such as paid informal/under-the-table work – write it in the Other field. If the participant is not receiving any other financial support, choose Not applicable.</p>
<p>Total monthly income from all sources</p>	<p>Enter the participant’s total <u>monthly</u> income at the end of this reporting period from <u>all</u> sources, including wages, public benefits, financial aid, child support, family member contributions, informal work or any other sources of financial support. Include only income received as cash or cash equivalents (e.g. wages, CalWORKS payments, Food Stamps). Include any cash or cash equivalent provided as a stipend by a THP-Plus program. Do not include the value of in-kind benefits not received as cash equivalents (such as MediCal).</p>



Quarterly Update Form – Education/Training Tab

Quarterly Update Form

Employment/Income	Education/Training	Add'l Info
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Participant name: **Jane Doe**
Date of birth: **01/01/1987**
Last day of quarterly reporting period: **03/31/2008**

Education and Training

11. Educational status:

11a. Highest level of education completed:

12. Vocational training status:

13. Other training status:

[Previous page](#) [Next page](#)

Other options:

This screen in the online Participant Tracking System corresponds to **page 3** of the **Quarterly Update Paper Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Education and Training

<p>Educational status (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the end of this reporting period with respect to enrollment in or graduation from high school, GED or high-school equivalency program; or 2-year or 4-year college program. Select Unknown if none of the options apply.</p>
<p>Highest level of education completed (SELECT ONE)</p>	<p>Select the choice that indicates the highest level of education completed by the participant at the end of this reporting period. Select Unknown if none of the options apply.</p>
<p>Vocational training status (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the end of this reporting period with respect to enrollment in or graduation from a vocational training program. Completed vocational training or Received vocational certificate or license means finished the full course of training and received a recognized formal professional certification or license (e.g. a CNA, licensed phlebotomist, etc. – <i>not</i> a "job readiness certificate" or other informal certification). If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>
<p>Other training status (military / JobCorps / CCC / AmeriCorps) (SELECT ONE)</p>	<p>Select the choice that describes the participant's status at the end of this reporting period with respect to enlistment in, completion of or dropping out of these types of training. If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>



Quarterly Update Form – Add'l Info Tab

Employment/Income	Education/Training	Add'l Info
Participant name: John Doe Date of birth: 01/01/1987 Last day of quarterly reporting period: 03/31/2008		
Additional Information		
14. Does the participant have a checking account, savings account, or IDA? <input type="text" value="[Unknown]"/>		
15. Does the participant have health insurance (through MediCal, employer, or other)? <input type="text" value="[Unknown]"/>		
16. Has the participant been involved with the <u>adult</u> criminal justice system since entering this THP-Plus program? Incarcerated/detained? <input type="text" value="[Unknown]"/>		
Adult criminal conviction? <input type="text" value="[Unknown]"/>		
17. Participant reports permanent connection with at least one adult for support, advice, guidance? <input type="text" value="[Unknown]"/>		
		<input type="button" value="Previous page"/> <input type="button" value="Finished"/>
Other options: <input type="button" value="Undo changes"/> <input type="button" value="Delete"/> <input type="button" value="Save"/>		

This screen in the online Participant Tracking System corresponds to **page 4** of the **Paper Quarterly Update Form**. After entering data on this page, click on the blue "Finished" arrow in the lower right corner of the screen. You will be brought back to the Forms page of the Participant Overview Screen.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Additional Information


<p>Does the participant have a checking account, savings account or IDA at entrance to this THP-Plus program?</p>	<p>Select Yes if the participant does have one or more of these types of banking accounts. This includes the THP-Plus Emancipation Fund. IDA (Individual Development Account) means an account where the participant's deposits are matched by another organization; typically the funds can only be withdrawn for specified expenses such as education. Select No if the youth has no formal banking account at the time of this update. Select Unknown if the youth does not know.</p>
<p>Does the participant have health insurance (through Medi-Cal, employer or other source) at the end of this reporting period?</p>	<p>Select Yes if, at the end of the reporting period, the participant has health coverage of any kind, from any source. Select No if they do not. Select Unknown if the youth does not know.</p>
<p>Has the participant been involved with the <u>adult</u> criminal justice system since entering this THP-Plus Program?</p>	<p>Include only involvement with the <u>adult</u> criminal justice system. The system only records whether or not a youth had criminal justice system involvement during the reporting period, not the date of involvement. Incarcerated/detained means held in a jail or other detention facility for any period of time, even if not ultimately charged or convicted. Select Yes if this is the case, select No if it is not, and Unknown if the youth is unsure. Adult criminal conviction means that the youth was charged with and convicted of a crime, no matter their plea at arraignment. Select Unknown if the youth is unsure, select None if the youth has never been <u>convicted</u> of either a misdemeanor or felony. If the youth was <u>convicted of a crime</u> as an adult, select Adult misdemeanor conviction or Adult felony conviction as applicable.</p>
<p>Participant reports permanent connection with at least one adult for support, advice, guidance?</p>	<p>Select Yes or No based on the participant's self-report at the time of this reporting. Select Unknown if they are unsure.</p>





EXIT FORM & INSTRUCTIONS

This form records information about participant status at exit from THP-Plus. To create an **Exit Form**, select the **Forms Tab** on the **Participant Overview** screen. Select the second blue button at bottom left, "Create an Exit Form." You will see the screen below:



THP-PLUS STATEWIDE IMPLEMENTATION PROJECT
Supportive Housing for Former Foster Care Youth

[Log Off](#) | [Main Menu](#) | [Get Help](#)

Main Menu → Participant Overview ⇒ Key exit data

Enter key exit data

Please enter the key data for this participant's exit form.

Exit date: *In mm/dd/yyyy format*

Create

Cancel

THP-Plus for the State of California's Transitional Housing Placement Program
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You must first define the date of participant's exit:

Date of exit from this THP-Plus program	Enter the date that the participant officially exited the THP-Plus program. This data is used to calculate length of stay.
---	--

Clicking the orange "Create" button will take you to the **Exit Form**. This form contains five tabs: Demographics, Housing, Employment/Income, Education/Training and Add'l Info.

The questions on this screen in the online Participant Tracking System are found on page 1 of the Paper Exit Form.



Exit Form – Demographics Tab

Exit Form

Demographics	Housing	Employment/Income	Education/Training	Add'l Info
Participant name: Jana Doe Date of birth: 01/01/1987				
Demographics				
5. Date of exit from this THP-Plus program: 03/03/2007				
6. Has the participant given birth to or fathered one or more NEW children since entering this THP-Plus program?				
[Unknown]				
7. Is the participant a custodial parent (i.e. 1 or more of his/her children living with participant) at exit? <input type="checkbox"/>				
Other options: Undo changes Delete Save				

The questions on this screen in the online Participant Tracking System are found on **page 1** of the **Paper Exit Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Demographics

Date of exit from this THP-Plus program	Used to calculate length of stay.
Has the participant given birth to or fathered one or more NEW children <u>since entering this THP-Plus program?</u>	Select Yes only if the participant has given birth to or fathered one or more children since entering the program. This includes from “current pregnancies” at the time of entry. Select No if this is not the case, and select Unknown if the youth does not know or declines to state.
Is the participant a custodial parent (i.e. one or more of his/her children living with the participant) at THP-Plus program exit?	Select Yes only if one or more children are in the custody of the participant at the point of program exit (i.e. children who will be living with the participant in their next housing arrangement). Include children for whom the participant has shared custody, if they are living with the participant at least part-time. Select No if this is not the case.



Exit Form – Housing Tab

Exit Form

Demographics	Housing	Employment/Income	Education/Training	Add'l Info
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Participant name: **Jane Doe**
Date of birth: **01/01/1987**

Housing

8. Has the participant experienced one or more nights of homelessness since entering THP-Plus?
[Unknown]

9. Exit from THP-Plus program was:
[Unknown]

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

11. What type of housing will participant live in after exiting THP-Plus?
[Unknown]
If 'Other,' please specify:

12. Was housing subsidized (Section 8, public housing, affordable housing development, rental subsidy, etc.)?
[Unknown]

13. Monthly rent participant will be paying (only amount paid by participant)? \$

[Previous page](#) [Next page](#)

Other options:

[Undo changes](#)

[Delete](#)

[Save](#)

The questions on this screen in the online Participant Tracking System are found on **page 2** of the **Paper Exit Form**. After entering data on this page, click on the blue "Next page" arrow in the lower right corner of the screen to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Housing

<p>Has the participant experienced one or more nights of homelessness <u>since entering this THP-Plus program?</u></p>	<p>Select Yes if the participant was homeless (includes sleeping on the street, in a car, in a homeless shelter, couch-surfing) for one or more nights since the end of the last reporting period.</p>
<p>Exit from THP-Plus was:</p>	<p>Select Voluntary if the participant exited voluntarily, for example because he/she reached the program time limit, preferred to move to another housing situation, or left voluntarily for some other reason. Select Involuntary but no legal eviction if the participant exited because he/she had violated program or lease requirements and was asked to leave, but no legal eviction was finalized; <u>also</u> select this option if the participant exited due to incarceration. Select Legal eviction if the participant exited as a result of a finalized formal legal eviction (i.e. Notice of Unlawful Detainer was served).</p>
<p>Is the participant staying in the same housing unit occupied during this THP-Plus program?</p>	<p>If the participant is keeping or taking over the lease on his/her THP-Plus housing unit select Yes. If he/she is in the host family model and will continue living with the same host family after exiting THP-Plus, select Yes. If the participant is moving into some other housing unit, select No.</p>
<p>What type of housing will the participant live in after exiting this THP-Plus program? (SELECT ONE)</p>	<p>Select the type of housing the participant is moving into after exiting the program. If none of the choices apply, write the type of housing in the Other field.</p>
<p>Will housing be subsidized (Section 8, public housing, affordable housing development, receiving rental subsidy, etc.)?</p>	<p>Select Yes if the participant is moving into housing that is subsidized through a formal program such as a Section 8 voucher, public housing, affordable housing development, rental subsidy or other subsidy program. Select Yes if the participant will be living in a THP-Plus program. Select No if the housing is not subsidized through a formal program (even if the participant’s family member/friend is assisting with the rent). Select Not applicable – not paying rent in all other known cases, including if the participant will be living in some type of institutional housing – including a shelter, jail, hospital or similar setting – or is homeless, couch-surfing, etc. Select Unknown in any other case.</p>
<p>Monthly rent participant will be paying (include only the amount paid by the participant)</p>	<p>Enter the total monthly rent the participant will be paying for the housing they are moving into. Do not include any portion of the rent that is not paid by the participant directly (e.g. portions paid through a Section 8 voucher, by a roommate, etc.). If the participant will not be paying any rent, enter 0.</p>



Exit Form – Employment/Income Tab

Demographics | Housing | **Employment/Income** | Education/Training | Add'l Info

Participant name: **John Doe**
 Date of birth: **01/01/1987**

Employment and Income

At exit from this THP-Plus program...

14. Employment status: [dropdown arrow]

15. Hourly wage: / hour

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

- SSI/SSDI
- GA/GR
- Food Stamps
- CalWORKS/TANF
- WIC
- Subsidized child care
- Other

If 'Other,' please specify:

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

- Educational/vocational grants or scholarships
- Educational/vocational loans
- Child support
- Financial support from family member or other person
- Other

If 'Other,' please specify:

18. Total monthly income from all sources:

Other options:

The questions on this screen in the online Participant Tracking System are found on **page 3** of the **Paper Exit Form**. After entering data on this page, click on the blue "Next page" arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Employment and Income

Employment status at program exit (SELECT ONE)	Select the choice that best describes the participant's employment status at program exit. Include only hours worked in legal employment (not informal/under-the-table work).
Hourly wage at program exit	Enter the hourly wage earned in legal employment by the participant at program exit. If the participant has multiple jobs, enter the average hourly wage. Include tips in calculating the hourly wage. Do not include wages earned in informal/under-the-table work.
Receiving public benefits at program exit (SELECT ALL THAT APPLY)	Select <u>all</u> public benefits that the participant is receiving at program exit. If the participant is receiving a benefit not included in the listed choices, write it in the Other field.
Receiving other financial support at program exit (SELECT ALL THAT APPLY)	Select <u>all</u> sources that the participant is from receiving at program exit. If the participant has another source of income besides wages, public benefits and the other sources of support listed – such as paid informal/under-the-table work – write it in the Other field.
Total monthly income from all sources at program exit	Enter the participant's <u>total monthly</u> income at program exit from <u>all</u> sources, including wages, public benefits, financial aid, child support, family member contributions, informal work or any other sources of financial support. Include only income received as cash or cash equivalents (e.g. wages, CalWORKS payments, Food Stamps) – do not include the value of in-kind benefits not received as cash equivalents (such as MediCal).



Exit Form – Education/Training Tab

Exit Form

Demographics	Housing	Employment/Income	Education/Training	Add'l info
Participant name: Jane Doe Date of birth: 01/01/1987				
<u>Education and Training</u>				
At exit from this THP-Plus program...				
19. Educational status: <input type="text" value="[Unknown]"/>				
19a. Highest level of education completed: <input type="text" value="[Unknown]"/>				
20. Vocational training status: <input type="text" value="[Unknown]"/>				
21. Other training status: <input type="text" value="[Unknown]"/>				
				<input type="button" value="Previous page"/> <input type="button" value="Next page"/>
Other options: <input type="button" value="Undo changes"/> <input type="button" value="Delete"/> <input type="button" value="Save"/>				

The questions on this screen in the online Participant Tracking System are found on **page 4** of the **Paper Exit Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Education and Training

<p>Educational status at exit from this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at exit from this THP-Plus program with respect to enrollment in or graduation from high school, GED, or high-school equivalency program; or 2-year or 4-year college program. Select Unknown if none of the options apply.</p>
<p>Highest level of education completed (SELECT ONE)</p>	<p>Select the choice that indicates the highest level of education completed by the participant prior to program exit. Select Unknown if none of the options apply.</p>
<p>Vocational training status at exit from this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the time of program exit with respect to enrollment in or graduation from a vocational training program. Completed vocational training or Received certificate or license means finished the full course of training and received a recognized formal professional certification or license (e.g. a CNA, licensed phlebotomist, etc. – <i>not</i> a "job readiness certificate" or other informal certification). If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>
<p>Other training status (military / JobCorps / CCC / AmeriCorps) at exit from this THP-Plus program (SELECT ONE)</p>	<p>Select the choice that describes the participant's status at exit from this THP-Plus program with respect to enlistment in, completion of or dropping out of these types of training. If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>



Exit Form – Add'l Info Tab

Demographics Housing Employment/Income Education/Training **Add'l info**

Participant name: **John Doe**
Date of birth: **01/01/1987**

Additional Information

At exit from this THP-Plus program...

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

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

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

Adult criminal conviction?

25. Participant reports permanent connection with at least one adult for support, advice, guidance?

26. Is the participant receiving services/treatment for mental health needs?

27. Is the participant receiving services/treatment for substance abuse?

28. Is the participant receiving services/treatment for an educational/learning disability?

29. Is the participant receiving services/treatment for a developmental disability?

30. Is the participant receiving services/treatment for a physical disability?

Other options:

The questions on this screen in the online Participant Tracking System are found on **page 5** of the **Paper Exit Form**. After entering data on this page, click on the blue "Finished" arrow in the lower right corner of the screen. You will be brought back to the Forms page of the Participant Overview Screen.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Additional Information

<p>Does the participant have a checking account, savings account or IDA at exit from this THP-Plus program?</p>	<p>Select Yes if the participant does have one or more of these types of banking accounts. IDA (Individual Development Account) means an account where the participant's deposits are matched by another organization; typically the funds can only be withdrawn for specified expenses such as education. Select No if the youth has no formal banking account at the time of exit. Select Unknown if the youth does not know.</p>
<p>Does the participant have health insurance (through Medi-Cal, employer or other source) at exit from this THP-Plus program?</p>	<p>Select Yes if, at the end of the reporting period, the participant has health coverage of any kind, from any source. Select No if they do not. Select Unknown if the youth does not know.</p>
<p>Has the participant been involved with the <u>adult criminal justice system since entering this THP-Plus program</u>?</p>	<p>Include only involvement with the <u>adult</u> criminal justice system <u>during this reporting period</u>. Incarcerated/detained means held in a jail or other detention facility for any period of time, even if not ultimately charged or convicted. Select Yes if this is the case, select No if it is not, and Unknown if the youth is unsure. Adult criminal conviction means that the youth was charged with and convicted of a crime, no matter their plea at arraignment. Select Unknown if the youth is unsure, select None if the youth has never been <u>convicted</u> of either a misdemeanor or felony. If the youth was <u>convicted of a crime</u> as an adult, select Adult misdemeanor conviction or Adult felony conviction as applicable.</p>
<p>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?</p>	<p>Select Yes or No based on the participant's self-report at the time of this reporting. Select Unknown if they are unsure.</p>
<p>Is the participant receiving services or treatment for mental health needs at program exit?</p>	<p>Select Yes if the participant is receiving services or treatment for mental health needs at program exit. Select No if this is not the case. Otherwise, select Unknown.</p>
<p>Is the participant receiving services or treatment for substance abuse at program exit?</p>	<p>Select Yes if the participant is receiving services for substance abuse at program exit. Select No if this is not the case. Otherwise, select Unknown.</p>
<p>Is the participant receiving services or treatment for an educational or learning disability at program exit?</p>	<p>Select Yes if the participant is receiving services or treatment for an educational or learning disability at program exit. Select No if this is not the case. Otherwise, select Unknown.</p>



<p>Is the participant receiving services or treatment for a developmental disability at program exit?</p>	<p>Select Yes if the participant is receiving services or treatment for a developmental disability at program exit. Select No if this is not the case. Otherwise, select Unknown.</p>
<p>Is the participant receiving services or treatment for a physical disability at program exit?</p>	<p>Select Yes if the participant is receiving services or treatment for a physical disability at program exit. Select No if this is not the case. Otherwise, select Unknown.</p>



Six-Month Follow-Up Form & Instructions



SIX-MONTH FOLLOW-UP FORM & INSTRUCTIONS

This form creates a snapshot of the participant's information six months after he/she has left the program. To create a **Six-Month Follow-Up Form**, select the **Forms Tab** on the **Participant Overview** screen. Select the third blue button at bottom, "Create a Six-Month Follow-Up Form." This form contains four tabs: Demographics/Housing, Employment/Income, Education/Training and Add'l Info.

Six-Month Follow-Up Form – Demographics/Housing Tab

Six-Month Follow-Up Form

Demographics/Housing
Employment/Income
Education/Training
Add'l Info

Participant name: **John Doe**
 Date of birth: **01/01/1987**
 Data entry date for this Six-Month Follow-Up: **12/12/2008**

Demographics

1. Date of exit from this THP-Plus program: **04/04/2008**

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

3. Is the participant a custodial parent (i.e. 1 or more of his/her children living with participant)?

Housing

4. Has the participant experienced one or more nights of homelessness since exiting THP-Plus?

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

6. What type of housing is the participant living in currently?

 If 'Other,' please specify:

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

8. Monthly rent participant is paying (only amount paid by participant)? \$

Other options:

The questions on this screen in the online Participant Tracking System are found on **page 1 & 2** of the **Paper Six-Month Follow-Up Form**. After entering data on this page, click on the blue "Next page" arrow in the lower right corner of the screen to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Demographics

<p>Has the participant given birth to or fathered one or more NEW children <u>since EXITING this THP-Plus program?</u></p>	<p>Select Yes only if the participant has given birth to or fathered one or more children <u>since exiting</u> the program. This includes from “current pregnancies” at the time of exit. Select No if this is not the case and select Unknown if the youth does not know or declines to state.</p>
<p>Is the participant a custodial parent (i.e. one or more of his/her children living with the participant)?</p>	<p>Select Yes only if one or more children are in the custody of the participant at the point of follow-up (i.e. children who are living with the participant in their housing arrangement). Include children for whom the participant has shared custody, if they are living with the participant at least part-time. Select No if this is not the case.</p>

Housing

<p>Has the participant experienced one or more nights of homelessness <u>since exiting the THP-Plus program?</u></p>	<p>Select Yes if the participant was homeless (includes sleeping on the street, in a car, in a homeless shelter, couch-surfing) for one or more nights since program exit.</p>
<p>Is the participant living in the same housing unit occupied during THP-Plus program participation?</p>	<p>If the participant is still living in his/her THP-Plus housing unit, select Yes. If he/she was in the host family model and is still living with the same host family, select Yes. If the participant is living in some other housing unit, select No.</p>
<p>What type of housing is the participant living in currently? (SELECT ONE)</p>	<p>Select the type of housing the participant is living in. If none of the choices apply, write the type of housing in the Other field.</p>
<p>Is housing subsidized (Section 8, public housing, affordable housing development, receiving rental subsidy, etc.)?</p>	<p>Select Yes if the participant is living in housing that is subsidized through a formal program such as a Section 8 voucher, public housing, affordable housing development, rental subsidy or other subsidy program. Select Yes if the participant is living in a THP-Plus program. Select No if the housing is not subsidized through a formal program (even if the participant’s family member/friend is assisting with the rent). Select Not applicable – not paying rent in all other known cases, including if the participant will be living in some type of institutional housing – including a shelter, jail, hospital or similar setting – or is homeless, couch-surfing, etc. Select Unknown in any other case.</p>
<p>Monthly rent participant is paying</p>	<p>Enter the <u>total monthly</u> rent the participant is paying for his/her housing. Do not include any portion of the rent that is not paid by the participant directly (e.g. portions paid through a Section 8 voucher, by a roommate, etc.). If the participant is not paying any rent, enter 0.</p>



Six-Month Follow-Up Form – Employment/Income Tab

Six-Month Follow-Up Form

Demographics/Housing **Employment/Income** Education/Training Add'l Info

Participant name: **Jane Doe**
Date of birth: **01/01/1987**

Employment and Income

10. Employment status:

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

If 'Other,' please specify:

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

- Educational/vocational grants or scholarships
- Educational/vocational loans
- Child support
- Financial support from family member or other person
- Other

If 'Other,' please specify:

14. Total monthly income from all sources:

[Previous page](#) [Next page](#)

Other options:

[Undo changes](#)

[Delete](#)

[Save](#)

The questions on this screen in the online Participant Tracking System are found on **page 3** of the **Paper Six-Month Follow-Up Form**. After entering data on this page, click on the blue "Next page" arrow in the lower right corner of the screen to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Employment and Income

Employment status	Select the choice that best describes the participant's employment status at the end of this reporting period. Include only hours worked in legal employment (not informal/under-the-table work).
Hourly wage	Enter the hourly wage earned in legal employment by the participant at the end of this reporting period. If the participant has multiple jobs, enter the average hourly wage. Include tips in calculating the hourly wage. Do not include wages earned in informal/under-the-table work.
Receiving public benefits (SELECT ALL THAT APPLY)	Select <u>all</u> public benefits that the participant is receiving at the end of this reporting period. If the participant is receiving a benefit not included in the listed choices, write it in the Other field. If the participant is not receiving any public benefits, choose Not applicable .
Receiving other financial support (SELECT ALL THAT APPLY)	Select <u>all</u> sources that the participant is receiving from at the end of this reporting period. If the participant has another source of income besides wages, public benefits and the other sources of support listed – such as paid informal/under-the-table work – write it in the Other field. If the participant is not receiving any other financial support, choose Not applicable .
Total monthly income from all sources	Enter the participant's <u>total monthly</u> income at the end of this reporting period from <u>all</u> sources, including wages, public benefits, financial aid, child support, family member contributions, informal work or any other sources of financial support. Include only income received as cash or cash equivalents (e.g. wages, CalWORKS payments, Food Stamps) Include any cash or cash equivalent provided as a stipend by a THP-Plus program. Do not include the value of in-kind benefits not received as cash equivalents (such as MediCal).



Six-Month Follow-Up Form – Education/Training Tab

Six-Month Follow-Up Form

Demographics/Housing	Employment/Income	Education/Training	Add'l Info
Participant name: Jane Doe Date of birth: 01/01/1987 Data entry date for this Six-Month Follow-Up: 01/04/2009			
Education and Training			
16. Educational status: <input type="text" value="[Unknown]"/>			
16a. Highest level of education completed: <input type="text" value="[Unknown]"/>			
17. Vocational training status: <input type="text" value="[Unknown]"/>			
18. Other training status: <input type="text" value="[Unknown]"/>			
			<input type="button" value="Previous page"/> <input type="button" value="Next page"/>
Other options: <input type="button" value="Undo changes"/> <input type="button" value="Delete"/> <input type="button" value="Save"/>			

The questions on this screen in the online Participant Tracking System are found on **page 4** of the **Paper Six-Month Follow-Up Form**.

After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Education and Training

<p>Educational status (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the end of this reporting period with respect to enrollment in or graduation from high school, GED or high-school equivalency program; or 2-year or 4-year college program. Select Unknown if none of the options apply.</p>
<p>Highest level of education completed (SELECT ONE)</p>	<p>Select the choice that indicates the highest level of education completed by the participant at the end of this reporting period. Select Unknown if none of the options apply.</p>
<p>Vocational training status (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the end of this reporting period with respect to enrollment in or graduation from a vocational training program. Completed vocational training or Received vocational certificate or license means finished the full course of training and received a recognized formal professional certification or license (e.g. a CNA, licensed phlebotomist, etc. – <i>not</i> a "job readiness certificate" or other informal certification). If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>
<p>Other training status (military / JobCorps / CCC / AmeriCorps) (SELECT ONE)</p>	<p>Select the choice that describes the participant's status at the end of this reporting period with respect to enlistment in, completion of or dropping out of these types of training. If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>



Six-Month Follow-Up Form – Add'l Info Tab

Six-Month Follow-Up Form

Demographics/Housing	Employment/Income	Education/Training	Add'l Info
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Participant name: **Jane Doe**
Date of birth: **01/01/1987**

Additional Information

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

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

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

23. Incarcerated/detained?

24. Adult criminal conviction?

25. Participant reports permanent connection with at least one adult for support, advice, guidance?

Other options:

The questions on this screen in the online Participant Tracking System are found on **page 5** of the **Paper Six-Month Follow-Up Form**. After entering data on this page, click on the blue “Finished” arrow in the lower right corner of the screen. You will be brought back to the Forms page of the Participant Overview Screen.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Additional Information

<p>Does the participant have a checking account, savings account, or IDA?</p>	<p>Select Yes if the participant does have one or more of these types of banking accounts. IDA (Individual Development Account) means an account where the participant's deposits are matched by another organization; typically the funds can only be withdrawn for specified expenses such as education. Select No if the youth has no formal banking account. Select Unknown if the youth does not know.</p>
<p>Does the participant have health insurance (through Medi-Cal, employer, or other source)?</p>	<p>Select Yes if the participant has health coverage of any kind, from any source. Select No if they do not. Select Unknown if the youth does not know.</p>
<p>Has the participant been involved with the <u>adult</u> criminal justice system since exiting this THP-Plus program?</p>	<p>Include only involvement with the <u>adult</u> criminal justice system. Incarcerated/detained means held in a jail or other detention facility for any period of time, even if not ultimately charged or convicted. Select Yes if this is the case, select No if it is not, and Unknown if the youth is unsure. Adult criminal conviction means that they youth was charged with and convicted of a crime, no matter their plea at arraignment. Select Unknown if the youth is unsure, select None if the youth has never been <u>convicted</u> of either a misdemeanor or felony. If the youth was <u>convicted of a crime</u> as an adult, select Adult misdemeanor conviction or Adult felony conviction as applicable.</p>
<p>Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice and guidance?</p>	<p>Select Yes or No based on the participant's self-report at the time of this reporting. Select Unknown if they are unsure.</p>





Twelve-Month Follow-Up Form & Instructions



TWELVE-MONTH FOLLOW-UP FORM & INSTRUCTIONS

This form creates a snapshot of the participant’s information twelve months after he/she has left the program. To create a **Twelve-Month Follow-Up Form**, select the **Forms Tab** on the **Participant Overview** screen. Select the last blue button at bottom, “Create a 12-Month Follow-Up Form.” This form contains four tabs: Demographics/Housing, Employment/Income, Education/Training and Add'l Info. Creating a Twelve-Month Follow-Up Form takes you directly to the Demographics/Housing tab.

Twelve-Month Follow-Up Form – Demographics/Housing Tab

Demographics/Housing	Employment/Income	Education/Training	Add'l Info
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Participant name: **Jane Doe**
 Date of birth: **01/01/1987**
 Data entry date for this Twelve-Month Follow-Up: **01/05/2009**

[Please note: Questions 1. through 4. are completed on the Participant Overview screen. You may access them through the link near the top of this form.]

Demographics

5. Date of exit from this THP-Plus program: **03/03/2007**

6. Has the participant given birth to or fathered one or more NEW children since the six-month follow-up?

7. Is the participant a custodial parent (i.e. 1 or more of his/her children living with participant)?

Housing

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

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

10. What type of housing is the participant living in currently?

 If 'Other,' please specify:

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

12. Monthly rent participant is paying (only amount paid by participant)? \$

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Other options:

[Undo changes](#)

[Delete](#)

[Save](#)

Questions on this screen in the online Participant Tracking System are found on **pages 1 & 2** of the **Paper Twelve-Month Follow-Up Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Demographics

Has the participant given birth to or fathered one or more NEW children <u>since EXITING</u> this THP-Plus program?	Select Yes only if the participant has given birth to or fathered one or more children <u>since exiting</u> the program. This includes from “current pregnancies” at the time of exit. Select No if this is not the case and select Unknown if the youth does not know or declines to state.
Is the participant a custodial parent (i.e. one or more of his/her children living with the participant)?	Select Yes only if one or more children are in the custody of the participant at the point of follow-up (i.e. children who are living with the participant in their housing arrangement). Include children for whom the participant has shared custody, if they are living with the participant at least part-time. Select No if this is not the case.

Housing

Has the participant experienced one or more nights of homelessness <u>since the six-month follow-up</u> ?	Select Yes if the participant was homeless (includes sleeping on the street, in a car, in a homeless shelter, couch-surfing) for one or more nights since the six-month follow-up.
Is the participant living in the same housing unit occupied during THP-Plus program participation?	If the participant is still living in his/her THP-Plus housing unit, select Yes . If he/she was in the host family model and is still living with the same host family, select Yes . If the participant is living in some other housing unit, select No .
What type of housing is the participant living in currently? (SELECT ONE)	Select the type of housing the participant is living in. If none of the choices apply, write the type of housing in the Other field.
Is housing subsidized (Section 8, public housing, affordable housing development, receiving rental subsidy, etc.)?	Select Yes if the participant is living in housing that is subsidized through a formal program such as a Section 8 voucher, public housing, affordable housing development, rental subsidy or other subsidy program. Select Yes if the participant is living in a THP-Plus program . Select No if the housing is not subsidized through a formal program (even if the participant’s family member/friend is assisting with the rent). Select Not applicable – not paying rent in all other known cases, including if the participant is living in some type of institutional housing – including a shelter, jail, hospital, or similar setting – or is homeless, couch-surfing, etc. Select Unknown in any other case.
Monthly rent participant is paying	Enter the <i>total monthly</i> rent the participant is paying for his/her housing. Do not include any portion of the rent that is not paid by the participant directly (e.g. portions paid through a Section 8 voucher, by a roommate, etc.). If the participant is not paying any rent, enter 0 .



Twelve-Month Follow-Up Form – Employment/Income Tab

Twelve-Month Follow-Up Form

Demographics/Housing **Employment/Income** Education/Training Add'l info

Participant name: **Jane Doe**
 Date of birth: **01/01/1987**
 Data entry date for this Twelve-Month Follow-Up: **01/05/2009**

Employment and Income

13. Employment status: [Unknown]

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

If 'Other,' please specify: []

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

- Educational/vocational grants or scholarships
- Educational/vocational loans
- Child support
- Financial support from family member or other person
- Other

If 'Other,' please specify: []

17. Total monthly income from all sources: \$ []

Previous page
Next page

Other options:

Undo changes

Delete

Save

Questions on this screen in the online Participant Tracking System are found on **page 3** of the **Paper Twelve-Month Follow-Up Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Employment and Income

Employment status	Select the choice that best describes the participant's employment status at the end of this reporting period. Include only hours worked in legal employment (not informal/under-the-table work).
Hourly wage	Enter the hourly wage earned in legal employment by the participant at the end of this reporting period. If the participant has multiple jobs, enter the average hourly wage. Include tips in calculating the hourly wage. Do not include wages earned in informal/under-the-table work.
Receiving public benefits (SELECT ALL THAT APPLY)	Select <u>all</u> public benefits that the participant is receiving at the end of this reporting period. If the participant is receiving a benefit not included in the listed choices, write it in the Other field. If the participant is not receiving any public benefits, choose Not applicable .
Receiving other financial support (SELECT ALL THAT APPLY)	Select <u>all</u> sources that the participant is receiving from at the end of this reporting period. If the participant has another source of income besides wages, public benefits and the other sources of support listed – such as paid informal/under-the-table work – write it in the Other field. If the participant is not receiving any other financial support, choose Not applicable .
Total monthly income from all sources	Enter the participant's <u>total monthly</u> income at the end of this reporting period from <u>all</u> sources, including wages, public benefits, financial aid, child support, family member contributions, informal work or any other sources of financial support. Include only income received as cash or cash equivalents (e.g. wages, CalWORKS payments, Food Stamps). Include any cash or cash equivalent provided as a stipend by a THP-Plus program. Do not include the value of in-kind benefits not received as cash equivalents (such as MediCal).



Twelve-Month Follow-Up Form – Education/Training Tab

Twelve-Month Follow-Up Form

Demographics/Housing Employment/Income **Education/Training** Add'l Info

Participant name: **Jane Doe**
Date of birth: **01/01/1987**
Data entry date for this Twelve-Month Follow-Up: **01/05/2009**

Education and Training

18. Educational status:
[Unknown]

18a. Highest level of education completed:
[Unknown]

19. Vocational training status:
[Unknown]

20. Other training status:
[Unknown]

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Other options: Undo changes Delete Save

Questions on this screen in the online Participant Tracking System are found on **page 4** of the **Paper Twelve-Month Follow-Up Form**. After entering data on this page, click on the blue “Next page” arrow in the lower right corner of the screen to be brought to the next tab.

EXHIBIT B



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Education and Training

<p>Educational status (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the end of this reporting period with respect to enrollment in or graduation from high school, GED or high-school equivalency program; or 2-year or 4-year college program. Select Unknown if none of the options apply.</p>
<p>Highest level of education completed (SELECT ONE)</p>	<p>Select the choice that indicates the highest level of education completed by the participant at the end of this reporting period. Select Unknown if none of the options apply.</p>
<p>Vocational training status (SELECT ONE)</p>	<p>Select the choice that best describes the participant's status at the end of this reporting period with respect to enrollment in or graduation from a vocational training program. Completed vocational training or Received vocational certificate or license means finished the full course of training and received a recognized formal professional certification or license (e.g. a CNA, licensed phlebotomist, etc. – <i>not</i> a "job readiness certificate" or other informal certification). If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>
<p>Other training status (military / JobCorps / CCC / AmeriCorps) (SELECT ONE)</p>	<p>Select the choice that describes the participant's status at the end of this reporting period with respect to enlistment in, completion of or dropping out of these types of training. If none of the choices apply, choose Not applicable. Select Unknown if status is unknown.</p>



Twelve-Month Follow-Up Form – Add'l Info Tab

Twelve-Month Follow-Up Form

Demographics/Housing	Employment/Income	Education/Training	Add'l Info
Participant name: Jane Doe Date of birth: 01/01/1987 Data entry date for this Twelve-Month Follow-Up: 01/05/2009			
Additional Information			
21. Does the participant have a checking account, savings account, or IDA? <input type="text" value="[Unknown]"/>			
22. Does the participant have health insurance (through MediCal, employer, or other)? <input type="text" value="[Unknown]"/>			
23. Has the participant been involved with the <u>adult</u> criminal justice system since the six-month follow-up? Incarcerated/detained? <input type="text" value="[Unknown]"/>			
Adult criminal conviction? <input type="text" value="[Unknown]"/>			
24. Participant reports permanent connection with at least one adult for support, advice, guidance? <input type="text" value="[Unknown]"/>			
			<input type="button" value="Previous page"/> <input type="button" value="Finished"/>
Other options: <input type="button" value="Undo changes"/> <input type="button" value="Delete"/> <input type="button" value="Save"/>			

Questions on this screen in the online Participant Tracking System are found on **page 5** of the **Paper Twelve-Month Follow-Up Form**. After entering data on this page, click on the blue “Finished” arrow in the lower right corner of the screen. You will be brought back to the Forms page of the Participant Overview Screen.



LINE-BY-LINE INSTRUCTIONS FOR QUESTIONS ON THIS SCREEN:

Additional Information

<p>Does the participant have a checking account, savings account or IDA?</p>	<p>Select Yes if the participant does have one or more of these types of banking accounts. IDA (Individual Development Account) means an account where the participant's deposits are matched by another organization; typically the funds can only be withdrawn for specified expenses such as education. Select No if the youth has no formal banking account. Select Unknown if the youth does not know.</p>
<p>Does the participant have health insurance (through Medi-Cal, employer or other source)?</p>	<p>Select Yes if the participant has health coverage of any kind, from any source. Select No if they do not. Select Unknown if the youth does not know.</p>
<p>Has the participant been involved with the <u>adult criminal justice system since the six-month follow-up?</u></p>	<p>Include only involvement with the <u>adult</u> criminal justice system. Incarcerated/detained means held in a jail or other detention facility for any period of time, even if not ultimately charged or convicted. Select Yes if this is the case, select No if it is not, and Unknown if the youth is unsure. Adult criminal conviction means that the youth was charged with and convicted of a crime, no matter their plea at arraignment. Select Unknown if the youth is unsure, select None if the youth has never been <u>convicted</u> of either a misdemeanor or felony. If the youth was <u>convicted of a crime</u> as an adult, select Adult misdemeanor conviction or Adult felony conviction as applicable.</p>
<p>Does the participant report having a permanent connection to at least one adult to whom he/she can go for support, advice and guidance?</p>	<p>Select Yes or No based on the participant's self-report at the time of this reporting. Select Unknown if they are unsure.</p>