

YouthLink Initial Contact Form

Staff: Welcome to YL! Today we will meet briefly, so that I can learn what brought you in today and what type of help you would like from us. I'll be asking you some background information to determine eligibility, we will talk about our program, the type of help we provide, and come up with a short term plan before you go. Does this sound ok to you?"

It is important that you feel comfortable and respected while here. So to begin, I'd like to know your legal name but more importantly the name you preferred to be called.

First Name: _____ **Middle Name:** _____

Last Name: _____

Staff: Also, we don't like to make any assumptions about how people identify their race, gender or sexual orientation so please let me know how you self-identify in these areas.

How do you identify your gender? _____ **Preferred Pronoun?** _____

Do you identify as LGTBQ? Yes ___ No ___ Did not disclose ___ [Details](#)

How do you identify your race? _____

Age: _____ **Date of Birth:** _____ **Verified how?:** _____ [Details](#)

What is your social security number? _____

What brings you to YouthLink today? _____

Tell me about your housing history (*Where have you been staying? etc.*)

Was it safe? Yes ___ No ___

Where did you grow up (state, zip code)? _____

Would you like help returning home? If no, why not? _____ [Details](#)

Who are the supportive adults in your life? _____

Staff: Would you be willing to sign a release so that we can contact them? This will help us collaborate support and services.

If so, what is the best way to contact them? _____

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What do you like to do for fun? Are you involved with any groups or fun activities around the community? _____

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How did you hear about YouthLink?

- Friend
- Family
- Street Outreach
- Law Enforcement
- School Case Manager/Guidance Counselor
- Other Service Provider
- Social Media (i.e. Facebook, Twitter, etc.)
- YouthLink Website/Google Search

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Are you currently employed? Yes ___ No ___

If **yes**, where? _____

If **no**, are you seeking any help for employment (i.e. resumes, applications, etc.)? _____

Are you currently in school? Yes ___ No ___

If **yes**, where? _____

If **no**, what is the highest level of education you have completed (i.e. 8th grade, some high school, GED, etc.)? _____

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Do you currently have your state ID, social-security card, and/or birth certificate? _____

Are you receiving benefits/public assistance (i.e. SNAP, WIC, GA, etc.)? Yes ___ No ___

If **yes**, which ones? _____

If **no**, would you like help obtaining benefits? _____

Details

Where did you grow up (state, zip code)? _____



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Are you parenting? Yes___ No___

If **yes**, how many children do you have? _____

Please list their names and ages: _____

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Staff: If we need to reach you, are you comfortable with providing contact information?

What is a phone number we can reach you at? _____

What about an e-mail address? _____

What are your social media listings (Facebook, Twitter, etc.)? _____

Do you have someone you would want us to contact in case of an emergency? Yes___ No___

Name: _____

Phone Number: _____

Relationship to you: _____

Staff: *(give youth a YOC calendar at this time)* There are a lot of services on-site at YouthLink, such as: showers, clothing closet, food shelf, medical services, legal assistance, mental health services, case management, and several other services. Don't worry about remembering everything we offer. Just let us know what you want assistance with, and we will connect you to the service on-site or in the community.

What are three things you would like help with in the next month?

1) _____

2) _____

3) _____



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Foster Care Questions:

Did you have an Out-of-Home placement when you were 14 years or older (If **yes**, ask the rest of the questions, if **no** write "no" and skip the rest of these questions)?

Where you in placement/care for 30 days or more?

What county was your placement in?

*(If **yes**, sign release to determine eligibility for grant)*

Staff: What questions do you have for me?

The Initial Contact Form is complete!

REMEMBER: Please give youth a YOC/YouthLink calendar, business card, and the days you work drop-in.

Staff Use Only:

Staff Name: _____
(please print)

MARRS ID #: _____

Date Entered into MARRS: _____
(mm/dd/year)

Staff Questions (answer **AFTER** initial contact is complete):

What referrals did you make? _____

Did you give them a YouthLink/YOC calendar *(please circle)*? **Yes** **No**

What needs did we/can we meet for this young person? _____

