



LODESTAR FOLLOW UP FORM: Sibling

Items marked with a circled star (★) are optional.

Funding Source: Sibling Other1 Other2

Client ID No. _____

Case Manager _____

Client Name _____

First and Middle

Last

Reporting Period _____

Enter 06, 12, 18, 24, 30, etc., based on months after intake date. Use only multiples of 06.

Date Of Follow Up _____

MM / DD / YY

Marital Status _____

- 1-Single, never married
- 2-Married
- 3-Other
- 9-Unknown

Work/Employment Status _____

- 1-Does not work
- 2-Seeking employment
- 3-Working
- 4-In job training
- 9-Unknown

Last Grade COMPLETED _____

- 00-No formal education
- 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11th grade, 12-diploma
- 13-Completed GED pretest
- 14-Completed GED
- 15-Completed CHSPE
- 16-Some post secondary education
- 17-Other
- 99-Unknown

K-12 School Status _____

- 01-In School
(Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)

Not In School Because:

- 02-Transportation Barrier
- 03-Child Care Barrier
- 04-Educational Barrier
- 05-Psycho-Social Barrier
- 06-Medical Barrier
- 07-Expelled
- 08-Refuses to Attend
- 09-Other Reason
- 10-GED/CHSPE Completed
- 11-High School Diploma
- 99-Unknown

Type Of School _____

- 01-Elementary school (1-6)
- 02-Middle/Intermediate/Jr HS (6-9)
- 03-Regular/Traditional Sr. HS (9-12)
- 04-Continuation/Alternative school
- 05-Court/community school
- 06-Adult Education
- 07-Private school (K-12)
- 08-Vocational/Tech Prep. HS (9-12)
- 09-Other
- 88-Not enrolled/applicable
- 99-Unknown

★ School District _____

★ School Code _____

★ School Name _____

Primary Instructional Strategy _____

- 1-Mainstream program
- 2-Independent Study
- 3-Temporary Home/Hospital instruction
- 4-Self-contained classroom
- 5-Correspondence School
- 6-Legal Home Schooling
- 8-Not enrolled in approved program
- 9-Unknown OR Not Listed Above

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Client ID No. _____

<p>Educational Goal _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p>Post-Secondary School _____</p> <p>1-Technical/vocational school 2-Community college 3-Four-year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown</p>	<p>Who shares the client's domicile? Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:</p> <p align="center">Client's Partner _____</p> <p align="center">Client's Relatives</p> <p align="center">- Adults _____</p> <p align="center">- Minors _____</p> <p align="center">Partner's Relatives</p> <p align="center">- Adults _____</p> <p align="center">- Minors _____</p> <p align="center">Other Non-Relatives</p> <p align="center">- Adults _____</p> <p align="center">- Minors _____</p>	<p>Has Client Received Any Immunization Or Booster Shots/Tests Since Last Reporting Period? _____</p> <p>1-Yes 2-No 9-Unknown</p> <p>Has Client Received A Health Exam Since Last Reporting Period? _____</p> <p>1-Yes 2-No 9-Unknown</p> <p>Has Client Received Treatment For A Chronic Health Problem Since Last Reporting Period? _____</p> <p>1-No, client has no health problem 2-No, client has health problem but has not received treatment 3-Yes, client has received treatment 9-Unknown</p>
<p>Type Of Housing _____</p> <p>1-House/apartment 2-Public housing 3-Hotel/motel 4-Shelter 5-Homeless 6-Other 8-Foster/group home 9-Unknown</p> <p>Number Of Times Client Has Moved In The Past 6 Months _____</p> <p>0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown</p>	<p>Does client feel safe:</p> <p align="center">With partner? _____</p> <p align="center">With family? _____</p> <p align="center">In the neighborhood? _____</p> <p align="center">In school? _____</p> <p>Answer each:</p> <p>1-Yes 2-No 8-Not applicable 9-Unknown</p>	<p>Sexual Activity _____</p> <p>1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown</p> <p>Contraception Use _____</p> <p>1-Active - Never uses 2-Active - Sometimes uses 3-Active - Always uses 4-Not sexually active 9-Unknown</p>

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Client ID No. _____

<p>Contraception Type _____ (enter up to 2) 01-Cervical cap _____ 02-Condom _____ 03-Depoprovera _____ 04-Diaphragm _____ 05-Foam _____ 06-IUD _____ 07-Norplant _____ 08-Pill _____ 09-Rhythm _____ 10-Sponge _____ 11-Withdrawal _____ 12-Other _____ 88-Not applicable (doesn't use) _____ 99-Unknown _____</p>	<p>Intentional Injury, Self-Inflicted, Since Last Reporting Period _____ 1-Known _____ 2-Suspected _____ 3-None _____ 9-Unknown _____</p> <p>Intentional Injury, Not Self-Inflicted, Since Last Reporting Period _____ 1-Known _____ 2-Suspected _____ 3-None _____ 9-Unknown _____</p>	<p>Risk Factors (cont.)</p> <p align="center">Client Substance Abuse _____</p> <p>Other Negative Substance Impact _____</p> <p>Restraining Order:</p> <p align="center">Client Against Other _____</p> <p align="center">Other Against Client _____</p> <p>Abuse:</p> <p align="center"><u>Physical:</u> Client _____</p> <p align="center">Other Negative Impact _____</p> <p align="center"><u>Sexual:</u> Client _____</p> <p align="center">Other Negative Impact _____</p> <p align="center"><u>Emotional:</u> Client _____</p> <p align="center">Other Negative Impact _____</p>
<p>Smoking _____ 1-Never smoked _____ 2-Stopped smoking _____ 3-Smokes less than 1 pack a day _____ 4-Smokes 1 pack or more a day _____ 9-Unknown _____</p> <p>Does client live With a smoker? _____ 1-Yes _____ 2-No _____ 9-Unknown _____</p>	<p>Was Non-Self-Inflicted intentional injury the result of domestic violence? _____ 1-Yes _____ 2-No _____ 8-NA (no non-self-inflicted intentional injury) _____ 9-Unknown _____</p>	<p>Use the following codes: 1-Yes 2-No 3-Suspected (not forthcoming) 9-Unknown</p>
	<p>Client Risk Factors Has the <u>client</u> experienced any of the following risk factors <u>within the last 6 months</u>?</p> <p align="center">Medical Condition _____</p> <p align="center">Hospitalization _____</p> <p align="center">ER Visit _____</p> <p align="center">Gang Involvement _____</p> <p align="center">Truancy _____</p> <p align="center">Arrested _____</p> <p align="center">Probation _____</p> <p align="center">Client Alcohol Abuse _____</p> <p align="center">Other Negative Alcohol Impact _____</p>	<p>COMPLETE AND ATTACH SERVICE MATRIX FORM.</p> <p>COMPLETE AND ATTACH FREE CODES FORM IF USED.</p>