



# 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><b>Educational Goal</b> _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p><b>Post-Secondary School</b> _____</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><b>Who shares the client's domicile?</b> 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"><b>Client's Partner</b> _____</p> <p align="center"><b>Client's Relatives</b></p> <p align="center">- Adults _____</p> <p align="center">- Minors _____</p> <p align="center"><b>Partner's Relatives</b></p> <p align="center">- Adults _____</p> <p align="center">- Minors _____</p> <p align="center"><b>Other Non-Relatives</b></p> <p align="center">- Adults _____</p> <p align="center">- Minors _____</p>	<p><b>Has Client Received Any Immunization Or Booster Shots/Tests Since Last Reporting Period?</b> _____</p> <p>1-Yes 2-No 9-Unknown</p> <p><b>Has Client Received A Health Exam Since Last Reporting Period?</b> _____</p> <p>1-Yes 2-No 9-Unknown</p> <p><b>Has Client Received Treatment For A Chronic Health Problem Since Last Reporting Period?</b> _____</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><b>Type Of Housing</b> _____</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><b>Number Of Times Client Has Moved In The Past 6 Months</b> _____</p> <p>0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown</p>	<p><b>Does client feel safe:</b></p> <p align="center"><b>With partner?</b> _____</p> <p align="center"><b>With family?</b> _____</p> <p align="center"><b>In the neighborhood?</b> _____</p> <p align="center"><b>In school?</b> _____</p> <p>Answer each: 1-Yes 2-No 8-Not applicable 9-Unknown</p>	<p><b>Sexual Activity</b> _____</p> <p>1-Active 2-Not active / No partner 3-Not active / Has partner but abstaining 9-Unknown</p> <p><b>Contraception Use</b> _____</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><b>Contraception Type</b> _____                  (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><b>Intentional Injury, Self-Inflicted, Since Last Reporting Period</b> _____                  1-Known _____                  2-Suspected _____                  3-None _____                  9-Unknown _____</p> <p><b>Intentional Injury, Not Self-Inflicted, Since Last Reporting Period</b> _____                  1-Known _____                  2-Suspected _____                  3-None _____                  9-Unknown _____</p>	<p><b>Risk Factors (cont.)</b></p> <p align="center"><b>Client Substance Abuse</b> _____</p> <p><b>Other Negative Substance Impact</b> _____</p> <p><b>Restraining Order:</b></p> <p align="center"><b>Client Against Other</b> _____</p> <p align="center"><b>Other Against Client</b> _____</p> <p><b>Abuse:</b></p> <p align="center"><b><u>Physical:</u></b> Client _____</p> <p align="center"><b>Other Negative Impact</b> _____</p> <p align="center"><b><u>Sexual:</u></b> Client _____</p> <p align="center"><b>Other Negative Impact</b> _____</p> <p align="center"><b><u>Emotional:</u></b> Client _____</p> <p align="center"><b>Other Negative Impact</b> _____</p>
<p><b>Smoking</b> _____                  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><b>Does client live With a smoker?</b> _____                  1-Yes _____                  2-No _____                  9-Unknown _____</p>	<p><b>Was Non-Self-Inflicted intentional injury the result of domestic violence?</b> _____                  1-Yes _____                  2-No _____                  8-NA (no non-self-inflicted intentional injury) _____                  9-Unknown _____</p>	<p><b>Use the following codes:</b>                  1-Yes                  2-No                  3-Suspected (not forthcoming)                  9-Unknown</p>
	<p><b>Client Risk Factors</b>                  Has the <u>client</u> experienced any of the following risk factors <u>within the last 6 months?</u></p> <p align="center"><b>Medical Condition</b> _____</p> <p align="center"><b>Hospitalization</b> _____</p> <p align="center"><b>ER Visit</b> _____</p> <p align="center"><b>Gang Involvement</b> _____</p> <p align="center"><b>Truancy</b> _____</p> <p align="center"><b>Arrested</b> _____</p> <p align="center"><b>Probation</b> _____</p> <p align="center"><b>Client Alcohol Abuse</b> _____</p> <p align="center"><b>Other Negative Alcohol Impact</b> _____</p>	<p><b>COMPLETE AND ATTACH SERVICE MATRIX FORM.</b></p> <p><b>COMPLETE AND ATTACH FREE CODES FORM IF USED.</b></p>