

**FLORIDA NETWORK OF YOUTH & FAMILY SERVICES
180-DAY FOLLOW-UP FORM**

Follow-Up Completed by: _____ Follow-Up Completion Date: _____

_____	_____	_____
Case Number	NETMIS Number	Social Security Number
_____	_____	_____
Last Name (Client)	First Name (Client)	Phone Number
_____	_____	_____
Date of Birth	Parent / Guardian	Alternate Phone Number

ADDITIONAL SERVICES

Circle One:
RES NON-RES

Exit Date _____

1. Has Youth been readmitted for services at this agency since the Exit Date? YES NO
If yes, circle yes and stop here, then submit the form for entering in NETMIS.
If no, continue to question 2.

CONTACT

2. Was the youth or family member located for telephone follow up? YES NO
If yes, circle yes and continue to question 3.
If no, list attempts dates and reasons unable to locate and submit the form for entering in NETMIS.

ATTEMPTS	DATE	REASON
#1	_____	_____
#2	_____	_____
#3	_____	_____

- | | |
|---------------------------|-----------|
| A. Telephone disconnected | D. Other |
| B. Family Moved | # 1 _____ |
| C. Phone not answered | # 2 _____ |
| | # 3 _____ |

CURRENT LIVING SITUATION

3. Circle the youth's current living arrangement:
- | | |
|--------------------------------|----------------------------|
| A. Parent/Legal Guardian | N. On the Run |
| B. Other parent's home | O. On the Street |
| C. Relative's Home | P. In Squat |
| D. Friend's Home | Q. Educational Institute |
| E. Other Adult's Home | R. Drug Treatment Center |
| F. Foster Home | S. Residential Treatment |
| G. Group Home | T. Mental Hospital |
| H. Transitional Living Program | U. Correctional Institute |
| I. Independent Living Program | V. Other Institution |
| J. Job Corps | W. Other Temporary Shelter |
| K. Basic Center | X. Military |
| L. Homeless Family Center | Y. Other |
| M. Living Independently | Z. Do Not Know |

3a. Is this an appropriate living situation for the youth? YES NO

SCHOOL STATUS

4. Circle the youth's current school status:
- A. Attending school regularly
 - B. Graduated High School
 - C. Completed GED
 - D. Truant/Irregular attendance
 - E. Dropped Out
 - F. Suspended
 - G. Expelled
 - H. School Not in Session
 - I. Do Not Know

ADDITIONAL SERVICES

5. Did the child/family received additional services at another agency since exiting the program?

YES NO

6. Have you seen improvement in the issues for which your youth/family received services at this agency?
 (If no, offer additional agency services or referral to other sources as appropriate.) YES NO

ADDITIONAL COMMENTS
