



# Benchmark TFC! Core Set of Admission Data Elements\*

Agency Youth ID #									
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**A1 Where was youth living prior to this current foster care placement? (ROLES)**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 1. Jail                                | <input checked="" type="checkbox"/> 14. Individual Home Emergency Shelter                   |
| <input type="checkbox"/> 2. State or Private Mental Hospital               | <input type="checkbox"/> 15. Specialized Foster Care  |
| <input checked="" type="checkbox"/> 3. County Detention Center             | <input checked="" type="checkbox"/> 16. Regular Foster Care                                 |
| <input type="checkbox"/> 4. Youth Correctional Center                      | <input type="checkbox"/> 17. Supervised Independent Living (Individual or Group)            |
| <input checked="" type="checkbox"/> 5. Intensive Treatment Unit            | <input checked="" type="checkbox"/> 18. Home of Family Friend                               |
| <input type="checkbox"/> 6. Drug/Alcohol Rehab Center                      | <input type="checkbox"/> 19. Adoptive Home  |
| <input checked="" type="checkbox"/> 7. Inpatient in Medical Hospital       | <input checked="" type="checkbox"/> 20. Home of a Relative                                  |
| <input type="checkbox"/> 8. Wilderness Camp (24 hour, year round)          | <input type="checkbox"/> 21. School Dormitory (includes Indian Boarding School)             |
| <input checked="" type="checkbox"/> 9. Residential Treatment Center (RTC)  | <input checked="" type="checkbox"/> 22a. Home of Birth Parents (for a child under 18 years) |
| <input type="checkbox"/> 10. Group Emergency Shelter                       | <input type="checkbox"/> 22b. Home of Birth Parents (for an 18+ year old)                   |
| <input checked="" type="checkbox"/> 11. Residential Job Corps Center       | <input checked="" type="checkbox"/> 23. Independent Living with a Friend                    |
| <input type="checkbox"/> 12. Group Home                                    | <input type="checkbox"/> 24. Independent Living by Self                                     |
| <input checked="" type="checkbox"/> 13. Foster Family-Based Treatment Home | <input checked="" type="checkbox"/> Other (specify)_____                                    |

**A2 How many total formal placements has youth had before this current placement? (select one)**

**Note:** Refers to placements where an outside agency or decision-maker was involved.

<input checked="" type="checkbox"/>	This is 1 <sup>st</sup> placement
<input type="checkbox"/>	2-3 placements
<input type="checkbox"/>	4-6 placements
<input type="checkbox"/>	7-10 placements
<input type="checkbox"/>	11-15 placements
<input type="checkbox"/>	16-20 placements
<input type="checkbox"/>	More than 20 placements
<input type="checkbox"/>	Do not have information yet

**A3 What is youth's school involvement on the day of admission?**

Note: If the youth is on a session break (i.e., holiday, spring break, summer), ask about the last term that was in session.

- Attending regularly
- Regularly truant
- Suspended
- Not attending: Expelled
- Not attending: Dropped out
- Not attending: Graduated High School
- Not attending: Earned GED
- Not attending: graduated College or Vocational School
- Not Attending K-12; youth too young
- Do not have information yet

**A4 Within the last 6 months, what type of class has youth been attending most of the time?**

Note: If the youth is on a session break (i.e., holiday, spring break, summer), refer to the last term that was in session.

Note: Refers to classes youth had been attending **IF** youth was attending school during the 6-month period; if not attending during this time period select "not attending"

- Regular school classes (K through 12)
- Special education classes
- Accelerated classes
- Special needs classes
- Alternative school
- GED classes
- Vocational, technical, post secondary classes
- College classes
- Not attending
- Not Attending K-12; youth too young
- Other \_\_\_\_\_
- Do not have information yet

**A5 In the past 6 months, has youth been in at least one physical fight with ...**

	Yes	No	Do not have information yet
Another youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6 In the past 6 months has youth been arrested or cited for criminal activity?**

Yes       No       Do not have information yet

**A7 In the past 6 months how has youth been getting along with ...**

	Excellent	Good	Fair	Poor	Does not have contact	Do not have information yet
People his/her own age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Family of origin</b> (refers to youth's birth parents, siblings, grandparents, adoptive parents or another relative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A8 Has youth ever been harmed in any of the following ways?**

	Yes	No	Do not have information yet
Physically	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note to State-Mandated Reporters:** If you checked yes to any of these, you have indicated that the youth has been harmed in the past. It is the responsibility of the agency to comply with state laws requiring the reporting of abuse, neglect or other harm to the youth.