



**WHAT SEX WAS THE CLIENT ASSIGNED AT BIRTH [Clients Over the age of 11]**

<input type="radio"/> Female	<input type="radio"/> Not Listed, Specify:
<input type="radio"/> Male	<input type="radio"/> Declined / Not Stated
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Question / Not Asked
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT [Clients Over the age of 11]**

<input type="radio"/> She/her	<input type="radio"/> Questioning
<input type="radio"/> He/him	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> They/Them	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY**

**[All Clients over age 11]**

<input type="radio"/> Straight / Heterosexual	<input type="radio"/> Questioning
<input type="radio"/> Bisexual	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**RACE AND ETHNICITY (Select all applicable) [All Clients]**

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

**VETERAN STATUS [All Adults]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**IF “YES” TO VETERAN STATUS**

<b>Year entered military service (year)</b>		
<b>Year separated from military service (year)</b>		
<b>Theater of Operations: World War II</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Korean War</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Vietnam War</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
<b>Branch of the Military</b>		
<input type="radio"/> Army		<input type="radio"/> Space Force
<input type="radio"/> Air Force		<input type="radio"/> Client doesn't know
<input type="radio"/> Navy		<input type="radio"/> Client prefers not to answer
<input type="radio"/> Marines		<input type="radio"/> Data not collected
<input type="radio"/> Coast Guard		
<b>Discharge Status</b>		
<input type="radio"/> Honorable		<input type="radio"/> Uncharacterized
<input type="radio"/> General under honorable conditions		<input type="radio"/> Client doesn't know
<input type="radio"/> Other than honorable conditions (OTH)		<input type="radio"/> Client prefers not to answer

<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected
<input type="radio"/> Dishonorable	

**CONTACT INFORMATION** *[Optional – can be entered in Contact Tab]*

<b>Contact Type</b>										
<b>Email</b>										
<b>Phone (#1)</b>										
<b>Phone (#2)</b>										
<b>Active Contact</b>	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>						
<b>Private</b>	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>						
<b>Contact Date</b>										
<b>Note</b>										

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	<input type="radio"/> Other: non-relation member
<input type="radio"/> Head of household's spouse or partner	

**ENROLLMENT CoC** *[only if multiple CoC's]* \_\_\_\_\_

**WHEN CLIENT WAS ENGAGED**

<b>Date of Engagement:</b> <i>[Adults and Head of Household]</i>	___/___/_____
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
<b>Housing Move-In Date:</b>	___/___/_____

<b>Unit Number:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Zipcode:</b>	

**HOST INFORMATION**

<b>Host Name:</b>	
<b>Host Phone No:</b>	
<b>Unit Number:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Zip code:</b>	

## LIVING SITUATION - TYPE OF RESIDENCE

*[Head of Household and Adults]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected

### IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:

<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

## LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

## LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

<input type="radio"/>	No	<input type="radio"/>	Yes
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## LENGTH OF STAY LESS THAN 90 DAYS

<input type="radio"/>	No	<input type="radio"/>	Yes
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**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN**  
*[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date This Episode of Homelessness Started</b> ___/___/___	
<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
<b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**HAVE YOU EVER BEEN HOMELESS IN SAN FRANCISCO?**  
*[Head of Household or Over the age of 17]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If Yes:	
How many years: _____	Months: _____

**HAVE YOU EVER BEEN HOMELESS OUTSIDE OF SAN FRANCISCO?**  
*[Head of Household or Over the age of 17]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
How many years: _____	Months: _____

**RHY BCP STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

Date of Status Determination	<input type="radio"/> ___/___/___
<b>Youth Eligible for RHY Services</b>	
<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "No" for Youth Eligible for RHY Services – Reason services are not funded by BCP grant</b>	
<input type="radio"/> Out of age range	<input type="radio"/> Ward of the criminal justice system – immediate reunification
<input type="radio"/> Ward of the State – Immediate Reunification	<input type="radio"/> Other
<b>IF "Yes" for Youth Eligible for RHY Services – Runaway Youth?</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer

	<input type="radio"/>	Data not collected
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**DISABLING CONDITIONS AND BARRIERS**

**DISABLING CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**PHYSICAL DISABILITY** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**DEVELOPMENTAL DISABILITY** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**CHRONIC HEALTH CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**HIV-AIDS** *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO HIV-AIDS – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected
<input type="radio"/> Both alcohol and drug use disorders	
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**SURVIVOR OF DOMESTIC VIOLENCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>	
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected
<input type="radio"/> One year ago or more	
<b>Are you currently fleeing?</b>	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**MONTHLY INCOME AND SOURCES**

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know		
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer		
	<input type="radio"/> Data not collected		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<input type="radio"/> Earned Income		<input type="radio"/> CalWORKS	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> CAAP	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	



<input type="radio"/>	VA Service-Connected Disability Compensation	<input type="radio"/>	Child support
<input type="radio"/>	VA Non-Service-Connected Disability Pension	<input type="radio"/>	Alimony and other spousal support
<input type="radio"/>	Private disability insurance	<input type="radio"/>	Other income source ( <i>specify</i> ):
<input type="radio"/>	Worker's Compensation		
<b>Total Monthly Income for Individual:</b>			

**RECEIVING NON-CASH BENEFITS** [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<input type="radio"/>	CalFresh	<input type="radio"/>	Section 8
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	CalWORKs Childcare Services	<input type="radio"/>	Other ( <i>specify</i> ):
<input type="radio"/>	CalWORKs		

**COVERED BY HEALTH INSURANCE** [*All Clients*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	Medi-Cal	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other ( <i>specify</i> ):	<input type="radio"/>	Indian Health Services Program

**RHY SPECIFIC YOUTH INFORMATION**

**SEXUAL ORIENTATION** [*For CoC: YHDP and PSH funded programs – Adults and Head of Household*]

<input type="radio"/>	Heterosexual	<input type="radio"/>	Other
<input type="radio"/>	Gay	<i>If Other please specify:</i>	
<input type="radio"/>	Lesbian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Bisexual	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

**YOUTH EDUCATION STATUS** [*For CoC: YHDP funded programs – Head of Household*]

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected

**IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS**

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher education: Pursuing a credential but not currently attending
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<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Higher education: Obtaining a credential/degree
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS**

<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

**EMPLOYMENT STATUS** [*Head of Household & Adults, SSVF, GPD and VASH*]

<b>Employed</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**If "Yes" for employed – Type of employment**

<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		

**If "No" for employed – Why not employed**

<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

**GENERAL HEALTH STATUS** [*Head of Household and Adults, HUD-VASH Collaborative Case Management*]

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**MENTAL HEALTH STATUS** [*Adults and Head of Household, All program types except Street Outreach*]

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**PREGNANCY STATUS** [*Adults and Head of Household*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**If "Yes" for Pregnancy Status**

<b>Due Date</b>	___/___/_____
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**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**

*[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency</b>	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
<b>If "Less than one year" – Number of months</b>	

**FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM**

*[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>If "Yes" for Formerly a Ward of Juvenile Justice System</b>	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
<b>If "Less than one year" – Number of months</b>	

**FAMILY CRITICAL ISSUES** *[Adults and Head of Household, All program types except Street Outreach]*

Unemployment – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Mental Health Disorder – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Physical Disability – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Alcohol or Substance Use Disorder – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Insufficient income to support youth – Family Member	<input type="radio"/> No	<input type="radio"/> Yes
Incarcerated parent of youth	<input type="radio"/> No	<input type="radio"/> Yes

**REFERRAL SOURCE** *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/>	Self -referral	<input type="radio"/>	Residential project: Drug Treatment Center
<input type="radio"/>	Individual: Parent/guardian	<input type="radio"/>	Residential project: Treatment Center
<input type="radio"/>	Individual: Relative or friend	<input type="radio"/>	Residential project: Educational Institute
<input type="radio"/>	Individual: Other Adult or Youth	<input type="radio"/>	Residential project: Other agency project
<input type="radio"/>	Individual: Partner/spouse	<input type="radio"/>	Residential project: Other project
<input type="radio"/>	Individual: Foster parent	<input type="radio"/>	Hotline: National runaway switchboard
<input type="radio"/>	Outreach project: FYSB	<input type="radio"/>	Hotline: Other
<input type="radio"/>	Temporary Shelter: FYSB Basic Center Project	<input type="radio"/>	Other agency: Child Welfare/CPS
<input type="radio"/>	Temp. Shelter: other Youth Only Emergency Shelter	<input type="radio"/>	Other agency: Non-residential independent living project
<input type="radio"/>	Temp. Shelter: Emergency Shelter for Families	<input type="radio"/>	Other Project operated by your Agency
<input type="radio"/>	Temp. Shelter: Emergency Shelter for Individuals	<input type="radio"/>	Other Youth Services Agency
<input type="radio"/>	Temp. Shelter: Domestic violence shelter	<input type="radio"/>	Juvenile justice
<input type="radio"/>	Temp. Shelter: Safe Place	<input type="radio"/>	Law Enforcement/Police
<input type="radio"/>	Temp. Shelter: Other	<input type="radio"/>	Religious Organization
<input type="radio"/>	Residential project: FYSB Transitional living project	<input type="radio"/>	Mental Hospital
<input type="radio"/>	Residential project: Other Transitional living project	<input type="radio"/>	School
<input type="radio"/>	Residential project: Group home	<input type="radio"/>	Other organization
<input type="radio"/>	Residential project: Independent living project	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Residential project: Job corps	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Outreach project: FYSB	<input type="radio"/>	Data not collected
If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project			

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**Signature of applicant stating all information is true and correct**

**Date**