

Agency Name: \_\_\_\_\_



## San Francisco ONE System: Standard Intake

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

### PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

### SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				
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### QUALITY OF SOCIAL SECURITY

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### CURRENT NAME *[All Clients]*

	N/A
Last	<input type="radio"/>
First	<input type="radio"/>
Middle	<input type="radio"/>
Suffix	<input type="radio"/>

### QUALITY OF CURRENT NAME

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### DATE OF BIRTH *[All Clients]*

		/			/					Age:
Month			Day			Year				

### QUALITY OF DATE OF BIRTH

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### GENDER *[All Clients]*

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

**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**

<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"/> 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>	

**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
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>	
<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 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 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

**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
<b>IF "YES" TO PHYSICAL DISABILITY – 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

**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
<b>IF "YES" TO DEVELOPMENTAL DISABILITY – 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

**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
<b>IF "YES" TO CHRONIC HEALTH CONDITION – 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

**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
<b>IF "YES" TO HIV-AIDS – 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

**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 (specify):
<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 (specify):	<input type="radio"/> Indian Health Services Program

**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
<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
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**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
<b>If "Yes" for employed – Type of employment</b>	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
<b>If "No" for employed – Why not employed</b>	
<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
<b>If "Yes" for Pregnancy Status</b>	
<b>Due Date</b>	____/____/_____

**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 Client prefers not to answer
<input type="radio"/> Outreach project: FYSB	<input type="radio"/> Data not collected
<b>If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project</b>	

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

**Date**