

San Francisco ONE System: Youth Program Intake

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

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											C)	Data no	ot col	lecte	d		
GENDER	[All C	lients	7															
Woman (Girl, if child))	Questioning									
o Man (Boy, if child))	Different Identity (specify):									
Culturally Specific Identity (e.g., Two-Spirit)							C)	Client d									
o Transgender							C)	Client p				nswer					
o Non-E	o Non-Binary						C)	Data no	t col	lecte	d						



WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

()	She/her	0	Questioning
()	He/him	0	Different Identity (specify):
()	They/Them	0	Client doesn't know
()		0	Client prefers not to answer
()		0	Data not collected

WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY [All Clients over age 11]

0	Straight / Heterosexual	0	Questioning
0	Bisexual	0	Different Identity (specify):
0	Gay / Lesbian / Same-Gender Loving	0	Client doesn't know
0		0	Client prefers not to answer
0		0	Data not collected

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

0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
0	Asian or Asian American	0	White
0	Black, African American, or African	0	Client doesn't know
0	Hispanic/Latina/e/o	0	Client prefers not to answer
0	Middle Eastern or North African	0	Data not collected

PRIMARY LANGUAGE

	=		
0	English	0	Korean
0	Spanish	0	Russian
0	Chinese (Cantonese)	0	Samoan
0	Chinese (Mandarin)	0	Tigrinya
0	Filipino (Tagalog)	0	Vietnamese
0	Amharic	0	American Sign Language (ASL)
0	Arabic	0	Insert language option
0	French	0	Insert language option
0	Hindi	0	Insert language option
0	Japanese	0	Insert language option
0	Different Preferred Language (specify):	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

SECONDARY LANGUAGE

0	English	0	Korean
0	Spanish	0	Russian
0	Chinese (Cantonese)	0	Samoan
0	Chinese (Mandarin)	0	Tigrinya
0	Filipino (Tagalog)	0	Vietnamese



0	Amharic	0	American Sign Language (ASL)		
0	Arabic	0	Insert language option		
0	French	0	Insert language option		
0	Hindi	0	Insert language option		
0	Japanese	0	Insert language option		
0	Different Preferred Language (specify):	0	Client doesn't know		
		0	Client prefers not to answer		
		0	Data not collected		

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
o No	Client doesn't know
○ Yes	 Client prefers not to answer
	Data not collected
Theater of Operations: Korean War	
o No	 Client doesn't know
Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Vietnam War	
No No	Client doesn't know
Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Persian Gulf War (Des	ert Storm)
O No	Client doesn't know
Yes	 Client prefers not to answer
	Data not collected
Theater of Operations: Afghanistan (Operation	n Enduring Freedom)
o No	Client doesn't know
Yes	Client prefers not to answer
•	Data not collected
Theater of Operations: Iraq (Operation Iraqi F	reedom)
o No	Client doesn't know
Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Iraq (Operation New D	awn)
o No	Client doesn't know
· Yes	Client prefers not to answer
1	Data not collected
Theater of Operations: Other peace-keeping of Lebanon, Panama, Somalia, Bosnia, Kosovo)	
No	○ Client doesn't know
· Yes	Client prefers not to answer
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)	Data	not	coll	ecte	ed .							
Branch of the Military											-				
Army					0)	Space Force								
Air Force					0)	Client doesn't know								
Navy					0)	Client prefers not to answer								
Marines					0)	Data	not	coll	ecte	ed				
Coast Guard															
					-										
Discharge Status															
Honorable					0)	Unch	ara	cteri	ized					
General under honorable con-	ditior	าร			0)	Clien	t do	esn	't kn	ow				
Other than honorable condition	ns (0	OTH)			0)	Clien	t pre	efer	s no	t to a	ansv	ver		
Bad Conduct	`	•			0)	Data								
Dishonorable															
RELATIONSHIP TO HEAD	OF I	HOUSEHOLD	ΓΑΙΙ (Client	Hous	sel	hold1								
o Self			0				useho	ld -	othe	er re	latio	n to	me	mbe	r
 Head of household's child 			0				relatio								
 Head of household's spou 	se o	r partner													
CLIENT CONTACT INFORM	ΙΑΤ	ION					<u> </u>								
SECONDARY NUMBER															
EMERGENCY CONTACT:				<u> </u>			L		I			I			l
EMERGENCY CONTACT	PHO	NE NUMBER													
CAAP/ Medi-Cal/ Calfresh:	0	No			0		Yes								
CAAP Active Date:		/ /													
CAAD Eligibility Status:	0	FI – Fail/Ineligil	hla			. T	Client	. Do		t Kn	OW/				
3 1 3					+	\vdash									
O PS – Pass/Eligible					o Client prefers not to answer										
			0	·	Data	Not	Coll	lecte	ed						
CAAP Housing Status:															
CAAP Verification Date:															
CAAP Eligibility Date:	AAP Eligibility Date:														
CAAP Case ID:															
CAAP Program:															



WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged –Street Outreach Projects, for Adults & Head of Household]

Adults & Head of Household]				
Date of Engagement:			_	
IN PERMANENT HOUSING [Perm	nane	nt Housing Projects, for I	Head of Household	
o No	0	'es		
IF "YES" TO PERMANENT HOUSI	NG			
Housing Move-In Date: [Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]		<u></u>		
Unit Number:				
Address:				
City:			Zip Code:	

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults Only]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox center	0	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer
0	Residential project or halfway house with no homeless criteria	0	Data not collected
IF	F "RENTAL BY CLIENT, WITH ONGOING HOU	SIN	G SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)



Client prefers not to answer

0	RRH or equivalent subsidy			0	Foster Y	out	th to In	idep	endence Initiative (FYI)
)	HCV voucher (tenant or projec dedicated)	t ba	ised) (not	0	Permane	ent	nt Supportive Housing		
0	Public Housing Unit				Otherne	rm	onont	hou	sing dadicated for forms
0	Rental by client, with other ong subsidy	join	g housing	0	homeles				sing dedicated for forme
Ε	NGTH OF STAY IN PRIOR L	IVII	NG SITUATI	ON					
0	One night or less	0	One month than 90 days		nore, but le	ess		0	Client doesn't know
0	Two to six nights	0	90 days or r one year		e, but less	tha	an	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or	· lon	ger			0	Data not collected
uk	ent in a public housing unit, reinsidy, owned by client, with on	ntal	by client, no	o or sub	ngoing sul sidy, own	bsid	dy, rei	ntal	-
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o Espil, o O O O O O	No NGTH OF STAY LESS THAN ponse to Prior Living Situation prison or juvenile detention for their psychiatric facility, substitute No THE NIGHT BEFORE – STAY usehold and Adults] (Condition y less than 90 days equals yet yes Operating the client has been provided in the client has bee	YEL nal es.)	DAYS [Instituted of the street] DON THE ST ON THE ST Only ask in the street	o or sub o itutii oth o catr	yes onal House resider resider facility ment facility sponse to s	ing ntial or or ity of leafe	Situation or determined or det	ions ions psy ng h ox c in in in in th	by client, with other of no ongoing housing some ongoing housing some of the last 3 years so the last 3 years sollected

2-12 months (specify number of months):



							1	
More than 12 months						0	Data not coll	ected
LIFE	TIME LENGTH O	OF HOME	IESSNESS	IN SF	•			
	E YOU EVER BE				-	cisco?		
[Hea	ad of Household	or Over t	he age of 1	7]				
0	No			_			0	Client doesn't know
0	Yes						0	Client prefers not to
	•						0	Data not collected
If Ye	s:							
How	many years:		Months:					
	TIME LENGTH C							
	E YOU EVER BE	_		TSIDE	OF	SAN FR	ANCISCO?	
[Hea	nd of Household o	r Over the	age of 17]					
0	No						0	Client doesn't know
0	Yes						0	Client prefers not to answer
							0	Data not collected
How	many years:		Months:				,	
	I							
LAS	T PERMANENT	ZIP CODE	<u>: </u>					
QUA	ALITY OF ZIPCOI	DE						
0	Full or Partial Zip	Code Rep	orted					
0	Client Doesn't Kn	iow						
0	Client prefers not	to answer						
RHY	BCP STATUS [A	Adults and	Head of Ho	ouseho	old, A	All progra	ım types exce	ept Street Outreach]
Dat	te of Status Deter	mination		0 _	/_	/_		
Yo	uth Eligible for R	HY Servi	ces	1				
	No				es			
	'No" for Youth Elig							
○ Out of age range ○ Ward of the criminal justice system						system – imi	mediate reunification	
	○ Ward of the State – Immediate Reunification ○ Other If "Yes" for Youth Eligible for RHY Services – Runaway Youth?							
		gible for R	HY Services	s – Kur				
	No Yes				0		oesn't know	answer
0	I G2				0	Cilettic b	refers not to	answei

0

Data not collected



DISABLING CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

PHYSICAL DISABILITY [All Clients]

o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
				Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPECIF	Ϋ́			
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

_					
0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF	"YES" TO DEVELOPMENTAL DISABILITY -	- SP	ECIFY		
E	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
dυ	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ind	dependently?			0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION -	- SF	PECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER - S	SPE	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Client doesn't know
0	Alcohol use disorder	0	Client prefers not to answer
0	Drug use disorder	0	Data not collected
0	Both alcohol and drug use disorders		



Expected to be of long-continued and indefinite o No Client doesn't kr	now						
	Client prefers not to answer						
independently?	ed						
SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]							
○ No ○ Client doesn't kr	now						
○ Yes ○ Client prefers no	ot to answer						
o Data not collecte	ed						
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIE	NCE OCCURRED						
○ Within the past three months ○ Client doesn't kr	now						
○ Three to six months ago (excluding six months exactly) ○ Client prefers no	ot to answer						
○ Six months to one year ago (excluding one year exactly) ○ Data not collected	ed						
One year ago or more							
○ No ○ Client doesn't kr	now						
Are you currently fleeing?	ot to answer						
○ Data not collecte	ed						
MONTHLY INCOME AND SOURCES							
INCOME FROM ANY SOURCE [Head of Household and Adults]							
○ No ○ Client doesn't know							
 Yes Client prefers not to answer 							
Data not collected							
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT A	\PPLY						
Income Source Amount Income Source	Amount						
Earned Income CalWORKS							
Unemployment Insurance CAAP							
Supplemental Security Income (SSI) Retirement income from Soci	ial Security						
Social Security Disability Insurance (SSDI) Pension or retirement income former job	e from a						
VA Service-Connected Disability Child support							
I I COMDENSAUON							
Compensation VA Non-Service-Connected Disability Pension Alimony and other spousal su	upport						
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal su							
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal sum of the spousal sum of							
 ∨A Non-Service-Connected Disability Pension ○ Private disability insurance ○ Worker's Compensation ○ Alimony and other spousal surplication ○ Other income source (specify) 							
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal sum of the spousal sum of							
 ∨A Non-Service-Connected Disability Pension ○ Private disability insurance ○ Worker's Compensation ○ Total Monthly Income for Individual: 							
 ∨A Non-Service-Connected Disability Pension ○ Private disability insurance ○ Worker's Compensation Total Monthly Income for Individual: NON-CASH BENEFITS							
 ∨A Non-Service-Connected Disability Pension ○ Private disability insurance ○ Worker's Compensation Total Monthly Income for Individual: NON-CASH BENEFITS [Head of Household and Adults] 	():						
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal survival of the spousal survi	now						
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal sum of the spousal sum of	now ot to answer						
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal survey ○ Private disability insurance ○ Other income source (specify) ○ Worker's Compensation Total Monthly Income for Individual: NON-CASH BENEFITS RECEIVING NON-CASH BENEFITS [Head of Household and Adults] ○ No ○ Client doesn't know the profession of	now ot to answer						
○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal sum of the spousal sum of	now ot to answer						

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE

DISORDERS" - SPECIFY



	0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		Temporary Rental Assistance
	0	CalWORKs Childcare Services	0	Other (specify):
Ī	0	CalWORKs		

HEALTH INSURANCE

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know					
0	o Yes		Client prefers not to answer					
		0	Data not collected					
IF	"YES" TO HEALTH INSURANCE - HEALTH II	NSU	RANCE COVERAGE DETAILS					
0	Medi-Cal	0	Employer Provided Health Insurance					
0	MEDICARE	0	Health Insurance Obtained Through COBRA					
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance					
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults					
0	Other (specify):	0	Indian Health Services Program					

RHY SPECIFIC YOUTH INFORMATION

SEXUAL ORIENTATION [Adults and Head of Household]

_			
0	Heterosexual	0	Other
0	Gay	If (Other please specify:
0	Lesbian	0	Client doesn't know
0	Bisexual	0	Client prefers not to answer
0	Questioning/Unsure	0	Data not collected

LAST GRADE COMPLETED [Adults and Head of Household, All program types except Street Outreach]

0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		_

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

0	Attending school regularly	0	Suspended				
0	Attending school irregularly	0	Expelled				
0	Graduated from high school	0	Client doesn't know				
0	Obtained GED	0	Client prefers not to answer				
0	Dropped out	0	Data not collected				

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

Em	ployed		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
If "Y	Yes" for employed – Type of employment		



	Full-time	0	Seasonal/sporadic (including day labor)
_	Part-time		Codsonarsporadio (moldaring day labor)
	No" for employed – Why not employed		
0	Looking for work	0	Not looking for work
0	Unable to work	+	Tree looking for work
	Chaple to Welk		
<u> </u>	NEDAL HEALTH STATUS (Adults and Hoose	of L	lousehold, All program types except Street Outre
0	Excellent	0///	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected
0	ı alı		Data Not collected
\ E}	NTAL HEALTH STATUS (Adults and Hoad o	f Hai	usehold, All program types except Street Outreac
	Excellent		Poor
0	Very good	0	Client doesn't know
0	Good	0	Client doesn't know Client prefers not to answer
0	Fair	0	Data not collected
O	raii	U	Data not collected
1E	=	f Ho	usehold, All program types except Street Outread
	Excellent	0	D
0		U	Poor
0	Very good	0	Client doesn't know
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FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

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

0	No	0	Client doesn't know			
0	Yes	0	Client prefers not to answer			
		0	Data not collected			
lf '	'Yes" for Formerly a Ward of Juvenile Justice \$	Syste	em			
0	Less than one year	0	3 to 5 years or more			
0	1 to 2 years					



If "Less than one year" – Number of months	

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

Unemployment – Family Member	0	No	0	Yes
Mental Health Disorder – Family Member	0	No	0	Yes
Physical Disability – Family Member	0	No	0	Yes
Alcohol or Substance Use Disorder – Family Member	0	No	0	Yes
Insufficient income to support youth – Family Member	0	No	0	Yes
Incarcerated parent of youth	0	No	0	Yes

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

0	Self -referral	0	Law Enforcement/Police
0	Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	0	Mental Hospital
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client prefers not to answer
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
	Referral Source is "Outreach Project" – Number of times proached by Outreach prior to entering project		

	_	 	 	_	 _	_	_	_	

Signature of applicant stating all information is true and correct

Date