



**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

**PRIMARY LANGUAGE**

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

**SECONDARY LANGUAGE**

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese

<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)
<input type="radio"/> Arabic	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> French	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Hindi	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Japanese	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Different Preferred Language ( <i>specify</i> ):	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<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>		
Army	<input type="radio"/>	Space Force
Air Force	<input type="radio"/>	Client doesn't know
Navy	<input type="radio"/>	Client prefers not to answer
Marines	<input type="radio"/>	Data not collected
Coast Guard		

<b>Discharge Status</b>		
Honorable	<input type="radio"/>	Uncharacterized
General under honorable conditions	<input type="radio"/>	Client doesn't know
Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
Bad Conduct	<input type="radio"/>	Data not collected
Dishonorable		

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

<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]* \_\_\_\_\_

**CLIENT CONTACT INFORMATION**

<b>PHONE NUMBER</b>																				
<b>SECONDARY NUMBER</b>																				
<b>EMERGENCY CONTACT:</b>																				
<b>EMERGENCY CONTACT PHONE NUMBER</b>																				

<b>CAAP/ Medi-Cal/ Calfresh:</b>	<input type="radio"/>	No	<input type="radio"/>	Yes
<b>CAAP Active Date:</b>	____/____/____			
<b>CAAP Eligibility Status:</b>	<input type="radio"/>	FI – Fail/Ineligible	<input type="radio"/>	Client Doesn't Know
	<input type="radio"/>	PS – Pass/Eligible	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data Not Collected
<b>CAAP Housing Status:</b>				
<b>CAAP Verification Date:</b>				
<b>CAAP Eligibility Date:</b>				
<b>CAAP Case ID:</b>				
<b>CAAP Program:</b>				

**WHEN CLIENT WAS ENGAGED**

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

<b>Date of Engagement:</b>	____/____/_____
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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> <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	____/____/_____
<b>Unit Number:</b>	
<b>Address:</b>	
<b>City:</b>	Zip Code: _____

**PRIOR LIVING SITUATION**

**TYPE OF RESIDENCE** *[Head of Household and Adults Only]*

<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] Conditional Question - Only ask if previous response program type is residential project or halfway house with no homeless criteria, hotel or motel paid for without emergency shelter voucher, transitional housing for homeless persons (including homeless youth), host home (non-crisis), staying or living in a friend's room, apartment or house, staying or living in a family member's room, apartment or house, rental by a client, with GPD TIP housing subsidy, rental by a client, with VASH housing subsidy, permanent housing (other than RRH) for formerly homeless persons, rental by a client, with RRH or equivalent subsidy, rental by client, with HCV voucher (tenant or project based), rental by client in a public housing unit, rental by client, no ongoing subsidy, rental by client, with other ongoing subsidy, owned by client, with ongoing housing subsidy, owned by client, no ongoing housing subsidy)**

<input type="radio"/> No	<input type="radio"/> Yes
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**LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations] (Conditional – Only ask if response to Prior Living Situation is (Hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, substances abuse treatment facility or detox center)**

<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] (Conditional – Only ask if response to length of stay less than 7 nights or length of stay less than 90 days equals yes.)**

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date This Episode of Homelessness Started</b>	____/____/____
<b>Number of times 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 months 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
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**LIFETIME LENGTH OF HOMELESSNESS IN SF**  
**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:

**LIFETIME LENGTH OF HOMELESSNESS OUTSIDE OF SF**  
**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:

**LAST PERMANENT ZIP CODE**

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**QUALITY OF ZIPCODE**

<input type="radio"/> Full or Partial Zip Code Reported
<input type="radio"/> Client Doesn't Know
<input type="radio"/> Client prefers not to answer

**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 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

**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

**IF "YES" TO MENTAL HEALTH DISORDER – 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

**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	



**IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – 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

**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

**IF “YES” TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED**

<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

**IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source	Amount	Income Source	Amount
<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>			

**NON-CASH BENEFITS**
**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
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<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	

## **HEALTH INSURANCE**

### **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

## **RHY SPECIFIC YOUTH INFORMATION**

### **SEXUAL ORIENTATION [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

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

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

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

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<input type="radio"/> Attending school irregularly	<input type="radio"/> Expelled
<input type="radio"/> Graduated from high school	<input type="radio"/> Client doesn't know
<input type="radio"/> Obtained GED	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

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

<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** *[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

**DENTAL 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

**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>	
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**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"/>	Law Enforcement/Police
<input type="radio"/>	Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	<input type="radio"/>	Mental Hospital
<input type="radio"/>	Outreach	<input type="radio"/>	School
<input type="radio"/>	Temporary Shelter	<input type="radio"/>	Other organization
<input type="radio"/>	Residential Project	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Hotline	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Child Welfare/CPS	<input type="radio"/>	Data not collected
<input type="radio"/>	Juvenile Justice		
<b>If Referral Source is “Outreach Project” – Number of times approached by Outreach prior to entering project</b>			

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

**Date**