

## CLARITY HMIS: KC - Client Profile

The HMIS system requires "Client Consent for Data Collection and Release of Information" from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

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

### PROJECT START DATE [All Individuals/Clients]

		-			-					
<b>Month</b>			<b>Day</b>			<b>Year</b>				

### SOCIAL SECURITY NUMBER [All Individuals/Clients]

			-			-					
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CLIENT LOCATION [only if multiple CoC's] \_\_\_\_\_

### QUALITY OF SOCIAL SECURITY

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

### CURRENT NAME [All Individuals/Clients]

																			<b>N/A</b>	
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 refused
		<input type="radio"/>	Data not collected

### DATE OF BIRTH [All Clients]

		-			-					Age:
<b>Month</b>			<b>Day</b>			<b>Year</b>				

### 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 refused
		<input type="radio"/>	Data not collected

**GENDER [All Individuals/Clients]**

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Trans Female (MTF or Male to Female)	<input type="radio"/>	Data not collected
<input type="radio"/>	Trans Male (FTM or Female to Male)		
<input type="radio"/>	Gender Non-Conforming (i.e. not exclusively male or female)		

**RACE (Select all applicable) [All Individuals/Clients]**

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	White/Caucasian
<input type="radio"/>	Asian	<input type="radio"/>	Client does not know
<input type="radio"/>	Black/African American	<input type="radio"/>	Client refused
<input type="radio"/>	Hawaiian or Other Pacific Islander	<input type="radio"/>	Data Not Collected

**PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:**

*(Please refer to the Tribe guide for selection of specific tribe (insert URL), then write in the tribe name in the space provided):*

TRIBE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
<input type="radio"/> U.S. Federally Recognized Tribes			
<input type="radio"/> First Nations Tribes			
<input type="radio"/> Latin American Tribes			
<input type="radio"/> State Recognized Tribes			
<input type="radio"/> Uncategorized Tribes			

**IF CLIENT'S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.**

Tribal Flag Notes:
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**ETHNICITY [All Individuals/Clients]**

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**VETERAN STATUS [All Adults]**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO VETERAN STATUS</b>			
<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<input type="radio"/>	Data not collected
<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

**IN WHAT LANGUAGE ARE YOU BEST ABLE TO EXPRESS YOURSELF? [All Individuals/Clients]**

<input type="radio"/>	Amharic	<input type="radio"/>	Polish
<input type="radio"/>	Arabic	<input type="radio"/>	Portuguese
<input type="radio"/>	Cambodian	<input type="radio"/>	Punjabi
<input type="radio"/>	Chinese	<input type="radio"/>	Russian
<input type="radio"/>	English	<input type="radio"/>	Samoan
<input type="radio"/>	Farsi	<input type="radio"/>	Somali
<input type="radio"/>	French	<input type="radio"/>	Spanish
<input type="radio"/>	German	<input type="radio"/>	Swedish
<input type="radio"/>	Greek	<input type="radio"/>	Tagalog
<input type="radio"/>	Hindi	<input type="radio"/>	Tigrinya
<input type="radio"/>	Italian	<input type="radio"/>	Ukrainian
<input type="radio"/>	Japanese	<input type="radio"/>	Vietnamese
<input type="radio"/>	Korean	<input type="radio"/>	Other
<input type="radio"/>	Laotian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Oromo	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Other (write in):

## CLARITY HMIS: KC- HHS-RHY PROJECT INTAKE FORM

Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members separately.

### RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Individuals/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	<input type="radio"/>	

### WHEN INDIVIDUA/CLIENT WAS ENGAGED

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

<b>Date of Engagement:</b>	___/___/_____
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### IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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#### IF "YES" TO PERMANENT HOUSING

<b>Housing Move-In Date:</b> <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	___/___/_____
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### PRIOR LIVING SITUATION

#### TYPE OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT

*[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"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy

<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
	Residential project or halfway house with no homeless criteria		Owned by client, with ongoing housing subsidy
	Hotel or motel paid for without emergency shelter voucher		Owned by client, no on-going housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<input type="radio"/>	Data not collected

**\*If Living Situation is "Place not meant for habitation"**

Is household's living situation in a vehicle?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**If "Yes", please select Vehicle type**

<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused
<input type="radio"/>	Camper/RV	<input type="radio"/>	Data Not Collected

**CITY OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT** *[Adults, Heads of Households]*

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point

<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

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 refused
<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**
*[Institutional Housing Situations]*

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

<input type="radio"/>	Yes	<input type="radio"/>	No
<b>Approximate Date 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 refused
<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 refused
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

**CITY OF LAST PERMANENT RESIDENCE [Adults, Heads of Households]**

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton

<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

**RHY - BCP STATUS [BCP ONLY]**

<b>Date of status determination</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>Runaway Youth? [If 'Yes' to 'Youth Eligible for RHY Services']</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data not collected

**DISABLING CONDITION [All Individuals/Clients]**

*If individual/client is in need of resources, contact the following as appropriate:*

*For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),*

*For crisis services: Crisis Connections at: 1-866-427-4747,*

*For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,*



For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).

**DOES THE INDIVIDUAL/CLIENT HAVE:**

**DISABLING CONDITION** (this includes physical health, mental health, and/or substance use)?

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

**A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION** [All Individuals/Clients]

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

**DEVELOPMENTAL DISABILITY** [All Individuals/Clients]

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

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

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

**MENTAL HEALTH CONDITION** [All Individuals/Clients]

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

**IF "YES" TO MENTAL 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 refused

			<input type="radio"/>	Data not collected
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**SUBSTANCE ABUSE ISSUE [All Individuals/Clients]**

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse
<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected

**IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – 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 refused
	<input type="radio"/>		Data not collected	

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<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"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<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	
<input type="radio"/>	Worker's Compensation		<i>Other income Source (Specify)</i>		
<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 refused
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
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<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other ( <b>Specify</b> ):	<input type="radio"/>	Other TANF-funded services

**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 refused
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	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 Administration (VA) Medical Services	<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 Households]**

<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 refused
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

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

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate 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	<input type="radio"/>	Client doesn't know
<input type="radio"/>	School does not have grade levels	<input type="radio"/>	Client refused
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some college		

**SCHOOL STATUS [Adults and Head of Households, 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"/>	Graduate from high school	<input type="radio"/>	Client doesn't know

<input type="radio"/>	Obtained GED	<input type="radio"/>	Client refused
<input type="radio"/>	Dropped out	<input type="radio"/>	Data not collected

**EMPLOYMENT STATUS** *[Adults and Head of Households, 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 refused
		<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 Households, 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 refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**DENTAL HEALTH STATUS** *[Adults and Head of Households, 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 refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**MENTAL HEALTH STATUS** *[Adults and Head of Households, 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 refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**PREGNANCY STATUS** *[Female Adults and Head of Households]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<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 Households, 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 refused
		<input type="radio"/>	Data not collected

**If “Yes” for Formerly a Ward of Child Welfare/Foster Care Agency**

<input type="radio"/>	Less than one year	<input type="radio"/>	3 to 5 years or more
<input type="radio"/>	1 to 2 years	<input type="radio"/>	

**If “Less than one year” – Number of months**

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**FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM**
*[Adults and Head of Households, 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 refused
		<input type="radio"/>	Data not collected

**If “Yes” for Formerly a Ward of Juvenile Justice System**

<input type="radio"/>	Less than one year	<input type="radio"/>	3 to 5 years or more
<input type="radio"/>	1 to 2 years	<input type="radio"/>	

**If “Less than one year” – Number of months**

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

Unemployment – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental health issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Alcohol or Other Drug Abuse – 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**
*[Gathered one time per project enrollment: Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/>	Self-referral	<input type="radio"/>	Law Enforcement/Police
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<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 refused
<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>			

*If at risk of losing housing, please direct household to the King County Prevention web site for additional resources, [www.kingcounty.gov/dept/community-human-services/housing/services/homeless-housing/homeless-prevention.aspx](http://www.kingcounty.gov/dept/community-human-services/housing/services/homeless-housing/homeless-prevention.aspx)*

***If applicable:***

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

**Date**