Agency	Name:



San Francisco ONE System: YHDP PERMANENT SUPPORTIVE HOUSING PROJECT INTAKE FORM

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

PROJE	<u>ECT</u>	STA	RT	DAT	E [A	II C	lients	3]			
Month Day							Y	'eaı			
SOCIA	L S	ECU	RIT	Y NU	MBE	ER [All C	lie	ents]		

QU	QUALITY OF SOCIAL SECURITY							
	Full CCN reported	0	Client doesn't know					
O	Full SSN reported	0	Client refused					
0	Approximate or partial SSN reported	0	Data not collected					

CU	IRRENT	NAM	1E [/	All Cl	ients	s]											N/A
La	st																•
Fir	First											0					
Mid	Middle											0					
Su	Suffix										0						
QI	JALITY	OF C	URR	ENT	ΓNΑ	ME											
0	Full n	Full name reported						0	Client doesn't know								
	Doutie					0	С	lient	refu	sed							
0	Partial, street name, or code name reported			0	D	ata r	ot c	ollec	ted								

	DATE OF BIRTH [All Clients]									
	Age:									
Month Day Year										

QI	QUALITY OF DATE OF BIRTH								
0	Full DOB reported	0	Client doesn't know						
	Approximate or partial DOB reported	0	Client refused						
0		0	Data not collected						





GENDER [All Clients]

(0	Female	0	Client doesn't know			
(0	Male	0	Client refused			
(Э	Trans Female (MTF or Male to Female)	0	Data not collected			
(0	Trans Male (FTM or Female to Male)					
(Э	Gender Non-Conforming (i.e. not exclusively male or female)					

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

0	Female	0	Not Listed
0	Male	0	Declined / Not stated
0	Gay / Lesbian / Same-Gender Loving	0	Question / Not Asked
	Not Listed, Specify?		

WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT'S CURRENT GENDER IDENTITY [Clients Over the age of 11]

0	She/her	0	Client doesn't know
0	He/him	0	Client refused
0	They/ze	0	Data not collected

WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY [Clients Over the age of 11]

0	Straight / Heterosexual	0	Not Listed
0	Bisexual	0	Declined to Answer
0	Gay / Lesbian / Same-Gender Loving	0	Not Asked
0	Questioning / Unsure	0	Incomplete / Missing Data
0	Not Listed		

RACE (Select all applicable) [All Clients]

0	American Indian or Alaskan Native	0	White/Caucasian
0	Asian	0	Client does not know
0	Black/African American	0	Client refused
0	Hawaiian or Other Pacific Islander	0	Data Not Collected

ETHNICITY [All Clients]

	Non Higgspie/ Non Lating	0	Client does not know
0	Non-Hispanic/ Non-Latino	0	Client refused
	Llianania/Latina	0	Data Not Collected
0	Hispanic/Latino	0	Other





VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused
0	165	0	Data not collected
IF "	YES" TO VETERAN STATUS		
Yea	r entered military service (year)		
Yea	r separated from military service (year)		
The	ater of Operations: World War II		
0	No	0	Client doesn't know
0	Yes	0	Client refused
0	165	0	Data not collected
The	ater of Operations: Korean War		
0	No	0	Client doesn't know
0	Yes	0	Client refused
0	163	0	Data not collected
The	ater of Operations: Vietnam War	T	
0	No	0	Client doesn't know
0	Yes	0	Client refused
	100	0	Data not collected
The	ater of Operations: Persian Gulf War (Desert Stor	m)	
0	No	0	Client doesn't know
0	Yes	0	Client refused
	1.00	0	Data not collected
The	ater of Operations: Afghanistan (Operation Endu	ring	T
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
			(0. // / /
			(Continued on Next Page)
The	ater of Operations: Iraq (Operation Iraqi Freedom)	
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected





[h	eater of Operations: Iraq (Operation New Dawr	1)	
0	No	0	Client doesn't know
_	Yes	0	Client refused
0	res	0	Data not collected
The	eater of Operations: Other peace-keeping oper	ations o	r military interventions (such as
Lel	banon, Panama, Somalia, Bosnia, Kosovo)		
0	No	0	Client doesn't know
	Yes	0	Client refused
0	res	0	Data not collected
Bra	anch of the Military		
0	Army	0	Coast Guard
0	Air Force	0	Client doesn't know
0	Navy	0	Client refused
0	Marines	0	Data not collected
Dis	scharge Status		
0	Honorable	0	Dishonorable
0	General under honorable conditions	0	Uncharacterized
_	Other than benerable conditions (OTU)	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client refused
0	Bad Conduct	0	Data not collected

CONTACT INFORMATION [All Clients]

Contact Type:				
Email:				
Phone (#1):				
Phone (#2):				
Active Contact:	0	Yes	0	No
Private:	0	Yes	0	No
Contact Date:				
Note:				



City:

Zipcode:



RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self		Head of household - other relation to
0	Head of household's child	O	member
0	Head of household's spouse or partner	0	Other: nonrelation member

o Head of no	use	PHOL	u s	spo	วนร	e o	rpa	rune	2 1				С)	O	nei	. n	OH.	re	เลแ	IOI	1 1110	em	ber	
CLIENT LOC	ΑТ	ION	l [o	nly	if n	nulti	ple	Со	C's	<i>]</i>															
COMPLETE DA	ГΕ	OF	EN	GA	GE	ME	NT	WI	HEI	N C	LIE	NT	H/	AS	BE	EN	E١	1G	AG	ED)				
Date of Engage	me	nt:									/	/													
COMPLETE HO	JSI	NG	М	OVI	E-II	N D	ATE	E W	/HE	N (CLI	EN [.]	ΤM	IOV	/ES	IN	то	Α	PE	RN	ΛA	NE	EN1	Γ	
Housing Move-	In [Date	e:						_		<u>/</u>	/													
		•														•									
Unit Number:																									
Address:																									

LIVING SITUATION- TYPE OF RESIDENCE

[Head of Household and Adults Only]

	au oi nousenoiu anu Auulis Onlyj		
0	Emergency shelter, including hotel/motel paid for w/ voucher	0	Rental by client, no ongoing housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with GPD TIP subsidy
0	Hospital or other residential nonpsychiatric medical facility	0	Rental by client, with VASH subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Rental by client, with other ongoing housing subsidy
0	Interim Housing	0	Residential project or halfway house with no homeless criteria
0	Jail, prison or juvenile detention facility	0	Safe Haven
0	Long-term care facility or nursing home	0	Staying or living in a family member's room, apartment or house
0	Owned by client, no on-going housing subsidy	0	Staying or living in a friend's room, apartment or house
0	Owned by client, with ongoing housing subsidy	0	Substance abuse treatment facility or detox center
0	Permanent housing (other than RRH) for formerly homeless persons	0	Transitional housing for homeless persons (including homeless youth)





0	Place not meant for habitation		0			n't know				
					0		t refus			
0	Psychiatric hospital or other psy		0	Data	not co	llected				
LE	NGTH OF STAY IN PRIOR LIVIN	G SI								
0	 One night or less One month or more, but less than 90 days 									
		-								
0	Two to six nights	0		days or than c		•	0	Client refused		
0	One week or more, but less than one month	0	One	e year o	or long	ger	0	Data not collected		
LEN	IGTH OF STAY LESS THAN 7 N	IGHT	S [TH	, PH]						
	o No			0	Yes					
	IGTH OF STAY LESS THAN 90 In the property of stay is Facility /Institution et		3	T	T					
	o No			0	Yes					
o O	HE NIGHT BEFORE - DID YOU S of Household and Adults] Yes	STAY o	- STR	REETS,	IN EI	MERGE	ENCY S	SHELTER, SAFE HAV		
o App Sta	Yes proximate Date Homelessness	0	No		/		-			
o Ap Sta	of Household and Adults] Yes proximate Date Homelessness rted mber of times the client has been	0	No		/		-	n in the last 3 years		
○ App Sta	Yes proximate Date Homelessness pred mber of times the client has been one of time	0	No		/		-	n in the last 3 years Client doesn't know		
o Ap∣ Sta	Yes proximate Date Homelessness pred mber of times the client has been One Time Two Times	0	No		/		- Haver	n in the last 3 years Client doesn't know Client refused		
○ App Sta Nu	Yes proximate Date Homelessness pred mber of times the client has bee One Time Two Times Three Times	0	No		/		- Haver	n in the last 3 years Client doesn't know		
App Star	Yes proximate Date Homelessness arted mber of times the client has been considered. One Time Two Times Three Times Four or More Times	en on	No	_/ treets,	/ES, c	or Safe	- Haver	client doesn't know Client refused Data not collected		
App Sta	Yes proximate Date Homelessness arted mber of times the client has been one Time Two Times Three Times Four or More Times tal Number of Months homeless	en on	No the s	_/ treets,	/ES, c	or Safe	- Haver	client doesn't know Client refused Data not collected n the last 3 years		
App Sta	Yes proximate Date Homelessness pred mber of times the client has bee One Time Two Times Three Times Four or More Times tal Number of Months homeless One month (this time is the first	en on	No the str	treets,	/ES, c	or Safe	- Haver	client doesn't know Client refused Data not collected n the last 3 years Client doesn't know		
Sta Nu Tot	Yes proximate Date Homelessness arted mber of times the client has been one Time Two Times Three Times Four or More Times tal Number of Months homeless One month (this time is the first of the second of th	en on	No the str	treets,	/ES, c	or Safe	Haver o o aven i	client doesn't know Client refused Data not collected n the last 3 years		
App Star Nu	Yes proximate Date Homelessness pred mber of times the client has bee One Time Two Times Three Times Four or More Times tal Number of Months homeless One month (this time is the first	en on	No the str	treets,	/ES, c	or Safe	- Haver	client doesn't know Client refused Data not collected n the last 3 years Client doesn't know		
App Stan Nu O O O O O O	yes proximate Date Homelessness arted mber of times the client has bee One Time Two Times Three Times Four or More Times tal Number of Months homeless One month (this time is the first 212 months (specify number of More than 12 months	en on to month of month of solvers.	he str	treets,	/S, or	or Safe	- Haver O O O O aven i	client doesn't know Client refused Data not collected n the last 3 years Client doesn't know Client refused		
App Star Nu	Yes proximate Date Homelessness Three Times Three Times Four or More Times tal Number of Months homeless One month (this time is the first 212 months (specify number of More than 12 months More than 12 months TE YOU EVER BEEN HOMELESS Three Times Thr	en on to month of month of solvers.	he str	treets,	/S, or	or Safe	- Haver O O O O aven i	Client doesn't know Client refused Data not collected n the last 3 years Client doesn't know Client refused Data not collected		
HAV	Yes proximate Date Homelessness arted mber of times the client has been one Time Two Times Three Times Four or More Times tal Number of Months homeless al Number of Months homeless One month (this time is the first 212 months (specify number of More than 12 months YE YOU EVER BEEN HOMELESS and of Household or Over the age of No	en on to month of month of solvers.	he str	treets,	/S, or	or Safe	- Haver	client doesn't know Client refused Data not collected n the last 3 years Client doesn't know Client refused Data not collected Client doesn't know Client refused Client doesn't know		
App Sta Nu Tot	Yes proximate Date Homelessness Three Times Three Times Four or More Times tal Number of Months homeless One month (this time is the first 212 months (specify number of More than 12 months More than 12 months TE YOU EVER BEEN HOMELESS Three Times Thr	en on to month of month of solvers.	he str	treets,	/S, or	or Safe	- Haver O O O O O O O O O O O O O O O O O O O	Client doesn't know Client refused Data not collected n the last 3 years Client doesn't know Client refused Data not collected		





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

<u>[</u> неа	<u>ia ot Housenola c</u>	or Over the	age of 17]						
0	No							0	Client doesn't know
0	Yes							0	Client refused
								0	Data not collected
How	many years:		Months:						
RHY	/ -BCP STATUS	[BCP ONL	ΥJ						
Dat	e of status dete	rmination			1 1				
FY	SB Youth Eligible	for RHY S	ervices						
0	No			0	Yes				
If "	No" for FYSB Yo	outh – Rea	son servic	es	are not fun	ded l	by BCP (grant	t
0	Out of age rang	ge		0	Ward of th reunification		minal just	ice s	ystem – immediate
0	Ward of the Sta	ate – Immed	diate Reuni	ifica	tion	0	Other		
Rur	away Youth?								
0	No							0	Client doesn't know
	Yes							0	Client refused
0	162							0	Data not collected
DIS	ABLING CONDIT	ΓΙΟΝ [All C	lients]						
0	No							0	Client doesn't know
	V							0	Client refused
0	Yes							0	Data not collected
PH	SICAL DISABIL	I TY [All Clie	ents]						
0	No							0	Client doesn't know
	Yes							0	Client refused
0	165							0	Data not collected
IF	"YES" TO PHYS	ICAL DISA	BILITY -	SPE	CIFY				
Εv	nacted to be of lo	na continu	od and ind	ofini	to duration	0	No	0	Client doesn't know
	pected to be of lo d substantially im	•				0	Yes	0	Client refused
<u> </u>	a cabotantiany in	pano abinty	to live line	оро	riddritty.	O	163	0	Data not collected
DE\	/ELOPMENTAL	DISABILIT	Y [All Clien	its]					
0	No							0	Client doesn't know
	Yes							0	Client refused
0	1 CO							0	Data not collected



SPECIFY



	"YES" TO DEVELOPMENTAL DISABILITY – SPECI	0	No	0	Client doesn't know
Ex	spected to substantially impair ability to live		110		Client refused
inc	dependently	0	Yes	0	Data not collected
				0	Data not collected
СНІ	RONIC HEALTH CONDITION [All Clients]				
0	No			0	Client doesn't knov
0	Yes			0	Client refused
O	163			0	Data not collected
IF	"YES" TO CHRONIC HEALTH CONDITION - SPECI	FY			
_		0	No	0	Client doesn't know
	spected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		Voc	0	Client refused
an	id substantially impairs ability to live independently?	0	Yes	0	Data not collected
	LAIDO FAILOI: (]				
	'-AIDS [All Clients] No			0	Client doesn't know
				0	Client refused
0	Yes			0	Data not collected
IF	"YES" TO HIV-AIDS – SPECIFY				
		0	No	0	Client doesn't know
	spected to substantially impair ability to live			0	Client refused
inc	dependently?	0	Yes	0	Data not collected
	NTAL HEALTH PROBLEM [All Clients]				Ol: t 2t
0	No			0	Client doesn't know
	Yes			0	Client refused
0	"VEC" TO MENTAL LIE ALTIL CONDITION - OPECIE	·\/		0	Data not collected
	"YES" TO MENTAL HEALTH CONDITION - SPECIF		No		Client decen't know
		0	No	0	Client doesn't know
IF	spected to be of long-continued and indefinite duration	_			ו וובחז ובדווכבת
IF	spected to be of long-continued and indefinite duration duration and substantially impairs ability to live independently?	0	Yes	0	
IF		0	Yes	0	
IF Ex		0	Yes		
IF Ex	d substantially impairs ability to live independently?	0		0	Data not collected
Ex an	BSTANCE ABUSE PROBLEM [All Clients] No			cohol	Data not collected
IF Ex an	BSTANCE ABUSE PROBLEM [All Clients]	0	Both al	cohol	Data not collected and drug abuse 't know





	0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	(Yes	0	Client refused
and substantially impairs ability to live independently!	0	res	0	Data not collected

INC	OME FROM ANY SOUR	CE [Head of House	ehold and	Adult	s]			
0	No					0	Client do know	esn't
0	Yes					0	Client re	fused
O						0	Data not	collected
IF	"YES" TO INCOME FRO	M ANY SOURCE	- INDICA	TE A	LL SOUR	CES	THAT APP	LY
	Income Sou	rce	Amount		Income	e Sou	urce	Amount
0	Earned Income			0	CalWOR	Ks		
0	Unemployment Insurance	e		0	CAAP			
0	Worker's Compensation			0	Alimony a Spousal			
0	Private Disability Insurar	nce		0	Child sup	port		
0	VA Service Connected D Compensation	Disability		0	Other Ca Source	sh Ir	ncome	
0	Social Security Disability (SSDI)	Insurance		Oth	er (specify	'):		
0	Supplemental Security I	Income (SSI)						
0	Retirement Income from	Social Security						
0	VA NonService Connection	cted Disability						
0	Pension or retirement ind job	come from former						
Tota	al monthly amount:							

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

0	No			0	Client doesn't know
	Yes			0	Client refused
0				0	Data not collected
IF "	YES" TO NON-CASH BENEFITS – INDICATE ALL S	CES THAT	'AP	PLY	
0	CalFresh	0	CalWORK	(s C	hildcare Services
	Special Supplemental Nutrition Program for Women,	0	CalWORK	(s T	ransportation
0	Infants, and Children (WIC))	Services		
0	Other (Specify):	0	CalWORK	(s-fu	unded services





COVERED BY HEALTH INSURANCE [All Clients]

	VERED BY HEALTH INCORANCE [All Olichis]				
0	No			Client doesn't know	
	Yes		0	Client refused	
0	res		0	Data not collected	
IF	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS				
0	Medi-Cal © Employ Insurar			yer Provided Health nce	
0	MEDICARE o Insurance COBRA			Obtained through	
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance		
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults		
0	Other (specify)	0	Indian Hea	Ith Services Program	

RHY SPECIFIC YOUTH INFORMATION

SEXUAL ORIENTATION [Head of Household, Adults, and unaccompanied Youth]

0	Heterosexual	0	Questioning/Unsure
0	Gay	0	Client doesn't know
0	Lesbian	0	Client refused
0	Bisexual	0	Data not collected

LAST GRADE COMPLETED [Head of Household, Adults & Unaccompanied Youth]

0	Less than Grade 5	0	Grades 5-6
0	Grades 7-8	0	Grades 9-11
0	Grade 12	0	School does not have grade levels
0	GED	0	Some college
0	Associate's Degree	0	Bachelor's degree
0	Graduate Degree	0	Vocational certification
0	Client doesn't know		
0	Data not collected	0	Client refused

SCHOOL STATUS [Head of Household, Adults, and unaccompanied Youth]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduate from high school	0	Client doesn't know
0	Obtained GED	0	Client refused
0	Dropped out	0	Data not collected



Fair



Data not collected

EMPLOYMENT STATUS [Head of Household, Adults, and Unaccompanied Youth]

	Elli Lo Filletti o FAToo [Fiedd of Fioddenoid, Addits, and Ondecompanied Fodin]						
Em	ployed						
0	No	Client doesn't know					
	V		0	Client refused			
0	Yes		0	Data not collected			
lf "`	Yes" for employed – Type of employment						
0	Full-time		Seasonal/sp	oradic (including day			
0	Part-time	0	labor)				
lf "I	No" for employed – Why not employed						
0	Looking for work		Not looking for work				
0	Unable to work	0					
GEN	IERAL HEALTH STATUS [Head of Household, Adults	, and	Unaccompar	nied Youth]			
0	Excellent	0	Poor				
0	Very good	0	Client doesr	Client doesn't know			
0	Good	0	Client refused				

MENTAL HEALTH STATUS	[Head of Household Adults	and Unaccompanied Youth
MILITIAL HEALTH STATES	ji ieda di i loasellola, Adalis,	and Unaccompanied routing

0	Excellent	0	Poor			
0	Very good	0	Client doesn't know			
0	Good	0	Client refused			
0	Fair		Data not collected			

PREGNANCY STATUS [All Female HoH, Adults, and Unaccompanied Youth]

0	No		0	Client doesn't know
	Vac		0	Client refused
0	o Yes		0	Data not collected
IF "YES" for Pregnancy Status				
Due	Date	//		

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

[Head of Household, Adults, and Unaccompanied Youth]

0	No		0	Client doesn't know		
	○ Yes		0	Client refused		
0			0	Data not collected		
If "Y	If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency					
0	Less than one year		2 to E vegero e	r mara		
0	1 to 2 years	0	3 to 5 years o	or more		





If "Less than one year" – Number of	
months	

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

[Head of Household, Adults, and Unaccompanied Youth]

0	No		0	Client doesn't know	
	Yes		0	Client refused	
0			0	Data not collected	
If "Y	es" for Formerly a Ward of Juvenile Justice System	m			
0	Less than one year		3 to 5 years	years or more	
0	1 to 2 years	0			
l l	If "Less than one year" – Number of months				

FAMILY CRITICAL ISSUES [Head of Household, Adults, and Unaccompanied Youth]

Unemployment – Family Member	0	No	0	Yes
Mental health issues – Family Member	0	No	0	Yes
Physical disability – Family Member	0	No	0	Yes
Abuse and neglect – 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

[Gathered one time per project enrollment: Head of Household, Adults, and Unaccompanied Youth]

			•
0	Self -referral	0	Residential project: Drug Treatment Center
0	Individual: Parent/guardian	0	Residential project: Treatment Center
0	Individual: Relative or friend	0	Residential project: Educational Institute
0	Individual: Other Adult or Youth	0	Residential project: Other agency project
0	Individual: Partner/spouse	0	Residential project: Other project
0	Individual: Foster parent	0	Hotline: National runaway switchboard
0	Outreach project: FYSB	0	Hotline: Other
0	Outreach project: Other	0	Other agency: Child Welfare/CPS
0	Temporary Shelter: FYSB Basic Center Project	0	Other agency: Non-residential independent living project
0	Temp. Shelter: other Youth Only Emergency Shelter	0	Other Project operated by your Agency
0	Temp. Shelter: Emergency Shelter for Families	0	Other Youth Services Agency
0	Temp. Shelter: Emergency Shelter for Individuals	0	Juvenile justice
0	Temp. Shelter: Domestic violence shelter	0	Law Enforcement/Police





If "Outreach Project: FYSB" – Number of times approached by outreach prior to entering the project			
0	Residential project: Job corps	0	Data not collected
0	Residential project: Independent living project	0	Client refused
0	Residential project: Group home	0	Client doesn't know
0	Residential project: Other Transitional living project	0	Other organization
0	Residential project: FYSB Transitional living project	0	School
0	Temp. Shelter: Other	0	Mental Hospital
0	Temp. Shelter: Safe Place	0	Religious Organization

Signature of applicant stating all information is true and correct

Date