

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.

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

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Month			Day				Year		

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

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### QUALITY OF SOCIAL SECURITY

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

### CURRENT NAME *[All Clients]*

CURRENT NAME <i>[All Clients]</i>																		N/A
Last																		<input type="radio"/>
First																		
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:
Month			Day			Year				

### QUALITY OF DATE OF BIRTH

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

**GENDER** *[All 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)		

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

<input type="radio"/>	Female	<input type="radio"/>	Not Listed
<input type="radio"/>	Male	<input type="radio"/>	Declined / Not stated
<input type="radio"/>	Gay / Lesbian / Same-Gender Loving	<input type="radio"/>	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]*

<input type="radio"/>	She/her	<input type="radio"/>	Client doesn't know
<input type="radio"/>	He/him	<input type="radio"/>	Client refused
<input type="radio"/>	They/ze	<input type="radio"/>	Data not collected

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

<input type="radio"/>	Straight / Heterosexual	<input type="radio"/>	Not Listed
<input type="radio"/>	Bisexual	<input type="radio"/>	Declined to Answer
<input type="radio"/>	Gay / Lesbian / Same-Gender Loving	<input type="radio"/>	Not Asked
<input type="radio"/>	Questioning / Unsure	<input type="radio"/>	Incomplete / Missing Data
<input type="radio"/>	Not Listed		

**RACE** (Select all applicable) *[All 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

**ETHNICITY** *[All 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

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>	
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<b>Year separated from military service (year)</b>	
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**Theater of Operations: World War II**

<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

**Theater of Operations: Korean War**

<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

**Theater of Operations: Vietnam War**

<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

**Theater of Operations: Persian Gulf War (Desert Storm)**

<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

**Theater of Operations: Afghanistan (Operation Enduring Freedom)**

<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

*(Continued on Next Page)*

**Theater of Operations: Iraq (Operation Iraqi Freedom)**

<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

**CONTACT INFORMATION** *[All Clients]*

<b>Contact Type:</b>				
<b>Email:</b>				
<b>Phone (#1):</b>				
<b>Phone (#2):</b>				
<b>Active Contact:</b>	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
<b>Private:</b>	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
<b>Contact Date:</b>				
<b>Note:</b>				

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

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non--relation member
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	

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

**COMPLETE DATE OF ENGAGEMENT WHEN CLIENT HAS BEEN ENGAGED**

<b>Date of Engagement:</b>	____/____/____
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**COMPLETE HOUSING MOVE-IN DATE WHEN CLIENT MOVES INTO A PERMANENT HOUSING UNIT**

<b>Housing Move-In Date:</b>	____/____/____
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<b>Unit Number:</b>																			
<b>Address:</b>																			
<b>City:</b>																			
<b>Zipcode:</b>																			

**LIVING SITUATION- TYPE OF RESIDENCE**

*[Head of Household and Adults Only]*

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

<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected
<b>LENGTH OF STAY IN PRIOR LIVING SITUATION</b>			
<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer
<input type="radio"/>		<input type="radio"/>	Client doesn't know
<input type="radio"/>		<input type="radio"/>	Client refused
<input type="radio"/>		<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**

*[If type of stay is Facility /Institution etc]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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**ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, 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

**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 refused
		<input type="radio"/>	Data not collected
How many years:		Months:	

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
How many years:	Months:

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

<b>Date of status determination</b>	/ /		
FYSB Youth Eligible for RHY Services			
<input type="radio"/> No	<input type="radio"/> Yes		
<b>If "No" for FYSB Youth – 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		

**Runaway Youth?**

<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 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

**PHYSICAL DISABILITY *[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	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused
	<input type="radio"/> Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Expected to substantially impair 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	

**CHRONIC HEALTH CONDITION** *[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 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	

**HIV-AIDS** *[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 HIV-AIDS – SPECIFY**

Expected to substantially impair 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 PROBLEM** *[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 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	

**SUBSTANCE ABUSE PROBLEM** *[All 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 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 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"/>	Worker's Compensation		<input type="radio"/>	Alimony and Other Spousal Support	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Child support	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Other Cash Income Source	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		Other (specify):		
<input type="radio"/>	Supplemental Security Income (SSI)				
<input type="radio"/>	Retirement Income from Social Security				
<input type="radio"/>	VA Non--Service Connected Disability Pension				
<input type="radio"/>	Pension or retirement income from former job				
<b>Total monthly amount:</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"/>	CalFresh	<input type="radio"/>	CalWORKs Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	CalWORKs Transportation Services
<input type="radio"/>	Other ( <b>Specify</b> ):	<input type="radio"/>	CalWORKs-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
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
<input type="radio"/>	Medi-Cal	<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 *[Head of Household, Adults, and unaccompanied Youth]*

<input type="radio"/>	Heterosexual	<input type="radio"/>	Questioning/Unsure
<input type="radio"/>	Gay	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Lesbian	<input type="radio"/>	Client refused
<input type="radio"/>	Bisexual	<input type="radio"/>	Data not collected

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

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

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

<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** *[Head of Household, Adults, and Unaccompanied Youth]*

<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** *[Head of Household, Adults, and Unaccompanied Youth]*

<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** *[Head of Household, Adults, and Unaccompanied Youth]*

<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		Data not collected

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

<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**
*[Head of Household, Adults, and Unaccompanied Youth]*

<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 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		

If “Less than one year” – Number of months	
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### FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

*[Head of Household, Adults, and Unaccompanied Youth]*

<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	

If “Less than one year” – Number of months	
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### FAMILY CRITICAL ISSUES *[Head of Household, Adults, and Unaccompanied Youth]*

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
Abuse and neglect – 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: Head of Household, Adults, and Unaccompanied Youth]*

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

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

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

**Date**