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.

Please complete a separate form for each household member.

PROJECT START DATE​ *​*​ ​*[All Individuals/Clients]*

|  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

TRANSLATION ASSISTANCE NEEDED?

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|

IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

| ○ | American Sign Language (ASL) | ○ | Portuguese |
| --- | --- | --- | --- |
| ○ | Amharic | ○ | Punjabi |
| ○ | Arabic | ○ | Russian |
| ○ | Cambodian | ○ | Samoan |
| ○ | Chinese | ○ | Somali |
| ○ | Farsi | ○ | Spanish |
| ○ | French | ○ | Tagalog |
| ○ | Japanese | ○ | Tigrinya |
| ○ | Korean | ○ | Ukrainian |
| ○ | Ormo | ○ | Vietnamese |
| ○ | Different Preferred Language (*specify*): | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |

SOCIAL SECURITY NUMBER​ ​*[All Individuals/Clients]*

|  |  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| QUALITY OF SOCIAL SECURITY | | | |
| --- | --- | --- | --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Approximate or partial SSN reported | ○ | Data not collected |

| CURRENT NAME ​*[All Individuals/Clients]* | | | | | | | | | | | | | | | | | | | | | | N/A |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last | |  | | | | | | | | | | | | | | | | | | | | ○ |
| First | |  | | | | | | | | | | | | | | | | | | | |
| Middle | |  | | | | | | | | | | | | | | | | | | | | ○ |
| Suffix | |  | | | | | | | | | | | | | | | | | | | | ○ |
| QUALITY OF CURRENT NAME | | | | | | | | | | | | | | | | | | | | | | |
| ○ | Full name reported | | | | | | | | | | | ○ | | Client doesn’t know | | | | | | | | |
| ○ | Partial, street name, or code name reported | | | | | | | | | | | ○ | | Client prefers not to answer | | | | | | | | |
| ○ | | Data not collected | | | | | | | | |

DATE OF BIRTH​ ​*[All Individuals/Clients]*

|  |  | *­* |  |  | *­* |  |  |  |  | Age: |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

| QUALITY OF DATE OF BIRTH | | | |
| --- | --- | --- | --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | Female | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Male | ○ | Client prefers not to answer |
| ○ | A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) | ○ | Data not collected |
| ○ | Transgender | ○ | Different Identity |
| ○ | Questioning | *If Different Identify, please specify:* | |
| ○ | Culturally Specific Identity (e.g Two-Spirit) |  | |

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

| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| --- | --- | --- | --- |
| ○ | Asian or Asian American | ○ | Client doesn’t know |
| ○ | Black, African American, or African | ○ | Client prefers not to answer |
| ○ | Hispanic/Latina/e/o | ○ | Data Not Collected |
| ○ | Middle Eastern or North African | ○ | Other |
| ○ | White | *If Other, please specify:* | |

# **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 (https://bit.ly/2Y0w7aN), then write in the tribe name in the space provided):

| **TRIBE CATEGORY:** | | **TRIBE NAME** | **TRIBE NAME** | **TRIBE NAME** |
| --- | --- | --- | --- | --- |
| **○** | U.S. Federally Recognized Tribes |  |  |  |
| **○** | First Nations Tribes |  |  |  |
| **○** | Latin American Tribes |  |  |  |
| **○** | State Recognized Tribes |  |  |  |
| **○** | 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: |
| --- |

VETERAN STATUS*​ ​[All Adults]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|

IF “YES” TO VETERAN STATUS

| Year entered military service (year) | |  | |
| --- | --- | --- | --- |
| Year separated from military service (year) | |  | |
| Theater of Operations: World War II | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Korean War | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Vietnam War | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Persian Gulf War (Desert Storm) | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Afghanistan (Operation Enduring Freedom) | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Iraq (Operation Iraqi Freedom) | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Iraq (Operation New Dawn) | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | |
| ○ | No | ○ | Client doesn’t know |
|
| ○ | Client prefers not to answer |
| ○ | Yes |
| ○ | Data not collected |
|
| Branch of the Military | | | |
| ○ | Army | ○ | Space Force |
| ○ | Air Force | ○ | Client doesn’t know |
| ○ | Navy | ○ | Client prefers not to answer |
| ○ | Marines | ○ | Data not collected |
| ○ | Coast Guard |  |  |
| Discharge Status | | | |
| ○ | Honorable | ○ | Uncharacterized |
| ○ | General under honorable conditions | ○ | Client doesn’t know |
| ○ | Other than honorable conditions (OTH) | ○ | Client prefers not to answer |
| ○ | Bad Conduct | ○ | Data not collected |
| ○ | Dishonorable |  |  |

CLARITY HMIS: KC- HHS-RHY-CoC 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]*

| ○ | Self | ○ | Head of household - other relation to member |
| --- | --- | --- | --- |
| ○ | Head of household’s child |
| ○ | Head of household’s spouse or partner | ○ | Other: non­-relation member |

# **DOMESTIC VIOLENCE SURVIVOR** ​[Head of Household and Adults] Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| IF “YES” TO DOMESTIC VIOLENCE | | | | | |
| WHEN EXPERIENCE OCCURRED | | | | | |
| ○ | Within the past three months | ○ | One year ago or more | | |
| ○ | Three to six months ago (excluding six months exactly) | ○ | Client doesn’t know | | |
| ○ | Six months to one year ago (excluding one year exactly) | ○ | Client prefers not to answer | | |
| ○ | Data not collected | | |
| Are you currently fleeing?\* | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

*\*If an individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at:* 877-737-0242 or 206-737-0242.

# **WHEN INDIVIDUAL/CLIENT WAS ENGAGED** ​[Street Outreach Only or Night by Night Emergency Shelter, Head of Household and Adults]

| Date of Engagement: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |

# **IN PERMANENT HOUSING** [Permanent Housing Projects, Head of Household]

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |

| IF “YES” TO PERMANENT HOUSING | |
| --- | --- |
| Housing Move-In Date: *[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]* | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

PRIOR LIVING SITUATION TYPE OF RESIDENCE *[Head of Household and Adults]*

| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Hotel or motel paid for without emergency shelter voucher |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Host Home (non-crisis) |
| ○ | Safe Haven | ○ | Staying or living in a friend’s room, apartment, or house |
| ○ | Foster care home or foster care group home | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Client doesn’t know |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client prefers not to answer |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Data not collected |
| IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” -- SPECIFY: | | | |
| ○ | GDP TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

| \*If Living Situation is “Place not meant for habitation” | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the household's living situation in a vehicle? | | | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |
| If “Yes”, please select Vehicle type | | | | | | | |
| ○ | Van | ○ | Client Doesn't Know | | | | |
| ○ | Automobile/Car | ○ | Client prefers not to answer | | | | |
| ○ | Camper/RV | ○ | Data Not Collected | | | | |

# **Select the city of the prior residence** [Head of Household and Adults]

| ○ | Unincorporated King County *(includes community not otherwise listed)* | ○ | Medina |
| --- | --- | --- | --- |
| ○ | Algona | ○ | Mercer Island |
| ○ | Auburn | ○ | Milton |
| ○ | Beaux Arts | ○ | Newcastle |
| ○ | Bellevue | ○ | Normandy Park |
| ○ | Black Diamond | ○ | North Bend |
| ○ | Bothell | ○ | Pacific |
| ○ | Burien | ○ | Redmond |
| ○ | Carnation | ○ | Renton |
| ○ | Clyde Hill | ○ | Sammamish |
| ○ | Covington | ○ | Sea Tac |
| ○ | Des Moines | ○ | Seattle |
| ○ | Duvall | ○ | Shoreline |
| ○ | Enumclaw | ○ | Skykomish |
| ○ | Federal Way | ○ | Snoqualmie |
| ○ | Hunts Point | ○ | Tukwila |
| ○ | Issaquah | ○ | Woodinville |
| ○ | Kenmore | ○ | Yarrow Point |
| ○ | Kent | ○ | WA State (outside of King County) |
| ○ | Kirkland | ○ | Outside of Washington State |
| ○ | Lake Forest Park | ○ | Client Doesn't Know |
| ○ | Maple Valley | ○ | Client prefers not to answer |
| ○ | Data Not Collected |

| LENGTH OF STAY IN PRIOR LIVING SITUATION | | | | | |
| --- | --- | --- | --- | --- | --- |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client prefers not to answer |
| ○ | One week or more, but less than one month | ○ | One year or longer | ○ | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS *[if prior residence TH, PH]*

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |

LENGTH OF STAY LESS THAN 90 DAYS [*If prior residence Institutional Housing Situations]*

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |

ON THE NIGHT BEFORE - STAYED ON THE STREETS, ES, SAFE HAVEN *[Head of Household and Adults]*

| ○ | Yes | ○ | No | | |
| --- | --- | --- | --- | --- | --- |
| Approximate Date This Episode of Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Number of *times* the individual/client has been on the streets, in Emergency Shelter, or Safe Haven in the past 3 years | | | | | |
| ○ | One Time | | | ○ | Client doesn’t know |
| ○ | Two Times | | | ○ | Client prefers not to answer |
| ○ | Three Times | | | ○ | Data not collected |
| ○ | Four or More Times | | |  |  |
| Total Number of *Months* homeless on the streets, in Emergency Shelter, or Safe Haven in the last 3 years | | | | | |
| ○ | One month (this time is the first month) | | | ○ | Client doesn’t know |
| ○ | 2­12 months (specify number of months): \_\_\_\_\_\_\_\_ | | | ○ | Client prefers not to answer |
| ○ | More than 12 months | | | ○ | Data not collected |

# **What city did the individual/client live in the last time they had a stable place to live like an apartment or house?** [Head of Household and Adults]

| ○ | Unincorporated King County *(includes community not otherwise listed)* | ○ | Medina |
| --- | --- | --- | --- |
| ○ | Algona | ○ | Mercer Island |
| ○ | Auburn | ○ | Milton |
| ○ | Beaux Arts | ○ | Newcastle |
| ○ | Bellevue | ○ | Normandy Park |
| ○ | Black Diamond | ○ | North Bend |
| ○ | Bothell | ○ | Pacific |
| ○ | Burien | ○ | Redmond |
| ○ | Carnation | ○ | Renton |
| ○ | Clyde Hill | ○ | Sammamish |
| ○ | Covington | ○ | Sea Tac |
| ○ | Des Moines | ○ | Seattle |
| ○ | Duvall | ○ | Shoreline |
| ○ | Enumclaw | ○ | Skykomish |
| ○ | Federal Way | ○ | Snoqualmie |
| ○ | Hunts Point | ○ | Tukwila |
| ○ | Issaquah | ○ | Woodinville |
| ○ | Kenmore | ○ | Yarrow Point |
| ○ | Kent | ○ | WA State (outside of King County) |
| ○ | Kirkland | ○ | Outside of Washington State |
| ○ | Lake Forest Park | ○ | Client Doesn't Know |
| ○ | Maple Valley | ○ | Client prefers not to answer |
| ○ | 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:

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

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

A SUBSTANCE USE ISSUE *[All Individuals/Clients]*

| ○ | No | ○ | Both alcohol and drug use disorders |
| --- | --- | --- | --- |
| ○ | Alcohol use disorder | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Drug use disorder | ○ | Data not collected |

| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDER” – SPECIFY | | | | |
| --- | --- | --- | --- | --- |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

# **INCOME FROM ANY SOURCE** ​[Head of Household and Adults]

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | |
| --- | --- | --- | --- | --- | --- |
| Income Source | | Amount | Income Source | | Amount |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or Retirement Income from a Former Job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other Income source |  |
| ○ | Worker’s Compensation |  | *Other income Source (Specify)* | | |
| Total Monthly Income for Individual: | |  | | | |

# **RECEIVING NON CASH BENEFITS**​ ​[Head of Household and Adults]

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| --- | --- | --- | --- |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (Specify): | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE *[All Individuals/Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Insurance Obtained through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veterans Health Administration (VHA) | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify) | ○ | Indian Health Services Program | | |

SPECIFIC YOUTH INFORMATION

RHY ­ BCP STATUS *​[BCP ONLY]*

| Date of status determination | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | | No | ○ | Yes | | |
| If ‘No’ for ‘Youth Eligible for RHY Services’ – Reason services are not funded by BCP grant | | | | | | |
| ○ | | Out of age range | ○ | Ward of the criminal justice system – immediate reunification | | |
| ○ | | Ward of the State – Immediate Reunification | | | ○ | Other |
| Runaway Youth? [If ‘Yes’ to ‘Youth Eligible for RHY Services’] | | | | | ○ | Client doesn’t know |
| ○ | No | | | | ○ | Client prefers not to answer |
| ○ | Yes | | | | ○ | Data not collected |

SEXUAL ORIENTATION ​*[Adults and Head of Households]*

| ○ | Heterosexual | ○ | Other |
| --- | --- | --- | --- |
| ○ | Gay | *If Other, please specify:* | |
| ○ | Lesbian | ○ | Client doesn’t know |
| ○ | Bisexual | ○ | Client prefers not to answer |
| ○ | Questioning/Unsure | ○ | Data not collected |

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

| ○ | Less than Grade 5 | ○ | | Associate Degree |
| --- | --- | --- | --- | --- |
| ○ | Grades 5-6 | ○ | | Bachelor's Degree |
| ○ | Grades 7-8 | ○ | | Graduate Degree |
| ○ | Grades 9-11 | ○ | | Vocational certification |
| ○ | Grade 12 | ○ | | Client doesn’t know |
| ○ | School does not have grade levels | ○ | | Client prefers not to answer |
| ○ | GED | ○ | Data not collected | |
| ○ | Some college |  | | |

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

| ○ | Attending school regularly | ○ | Suspended |
| --- | --- | --- | --- |
| ○ | Attending school irregularly | ○ | Expelled |
| ○ | Graduate from high school | ○ | Client doesn’t know |
| ○ | Obtained GED | ○ | Client prefers not to answer |
| ○ | Dropped out | ○ | Data not collected |

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

| Employed | | | | | |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| If “Yes” for employed – Type of employment | | | | | |
| ○ | Full­time | ○ | Seasonal/sporadic (including day labor) | | |
| ○ | Part-time |
| If “No” for employed – Why not employed | | | | | |
| ○ | Looking for work | ○ | Not looking for work | | |
| ○ | Unable to work |

GENERAL HEALTH STATUS ​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

DENTAL HEALTH STATUS ​​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

MENTAL HEALTH STATUS ​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Excellent | ○ | Poor |
| --- | --- | --- | --- |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

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

| ○ | No | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- |
| ○ | Yes | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| IF “YES” for Pregnancy Status | | | | |
| Due Date | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

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

| ○ | No | | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| If “Yes” for Formerly a Ward of Child Welfare/Foster Care Agency | | | | | | |
| ○ | Less than one year | | ○ | 3 to 5 years or more | | |
| ○ | 1 to 2 years | |  | | |
| If “Less than one year” – Number of months | |  | | | | |

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

*[Adults and Head of Households, All program types except Street Outreach*

| ○ | No | | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| If “Yes” for Formerly a Ward of Juvenile Justice System | | | | | | | |
| ○ | Less than one year | | ○ | 3 to 5 years or more | | | |
| ○ | 1 to 2 years | |
| If “Less than one year” – Number of months | |  | | | | | |

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

| Unemployment – Family Member | ○ | No | ○ | Yes |
| --- | --- | --- | --- | --- |
| Mental health issues – Family Member | ○ | No | ○ | Yes |
| Physical disability – Family Member | ○ | No | ○ | Yes |
| Alcohol or Substance Use Disorder – Family Member | ○ | No | ○ | Yes |
| Insufficient income to support youth – Family Member | ○ | No | ○ | Yes |
| Incarcerated parent of youth | ○ | No | ○ | Yes |

REFERRAL SOURCE

*[Gathered one time per project enrollment: Adults and Head of Households, All program types except Street Outreach]*

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

*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*



*If applicable:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_*

Signature of applicant stating all information is true and correct Date