

CLARITY HMIS: HHS-RHY PROJECT INTAKE FORM

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

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		M	ont	h		Day				Year						
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		SOC	IAL	SEC	URI	TY NU	MBE	R [All	Clier	nts]	1	I				
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	C	LIEN	T L	OCA ⁻	TION	[only i	f multi	iple Co	oC's]_							
QU	ALITY	OF S	OCI	AL SI	ECUF	RITY										
	E. II	SSN r	onor	tod							0	Client do	esn't	knov	V	
0	Full	331111	epoi	ieu							0	Client re	fused			
0	App	roxima	ate o	r part	ial SS	SN repo	orted				0	Data not	colle	cted		
CL	JRRE	NT N	AME	Ξ [AII	Clier	nts]										N/A
La	st															
Fir	st															0
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Q	UALI	TY OF	= Cl	JRRE	ENT I	NAME						1				
0	Fu	ll nam	e re	porte	d						0	Client	doesr	ı't kn	ow	
0	Pa	ırtial. s	tree	t nam	e. or	code n	ame r	eporte	ed		0	Client				
									-		0	Data n	ot col	lecte	d	
	<u>-</u>					DATE	OF E	BIRTH	[A]]	Client	s]	1				
				-			-					Age:				
		Mon	th		D	ay			Ye	ear						

Q	UALITY OF DATE OF BIRTH		
0	Full DOB reported	0	Client doesn't know
	Approximate or partial DOP reported	0	Client refused
0	Approximate or partial DOB reported	0	Data not collected



GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused
0	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	0	Data not collected
0	Transgender		
0	Questioning	•	

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client refused
0	Native Hawaiian or Pacific Islander	0	Data Not Collected

ETHNICITY [All Clients]

	Non Higheria/Non Letin/a)/a)/a)	0	Client does not know
0	Non-Hispanic/ Non-Latin(a)(o)(x)	0	Client refused
	Highenia/Letin/a//a//y/	0	Data Not Collected
0	Hispanic/Latin(a)(o)(x)	0	Other

VETERAN STATUS [All Adults]

V — · ·	LINAN STATUS [All Addits]		_
0	No	0	Client doesn't know
_	Vac	0	Client refused
0	Yes	0	Data not collected
IF "\	YES" TO VETERAN STATUS		
Yea	entered military service (year)		
Yea	separated from military service (year)		
Thea	ater of Operations: World War II		
0	No	0	Client doesn't know
_	Vac	0	Client refused
0	Yes	0	Data not collected
Thea	ater of Operations: Korean War		
0	No	0	Client doesn't know
	Vac	0	Client refused
0	Yes	0	Data not collected
The	ater of Operations: Vietnam War	•	
0	No	0	Client doesn't know
0	Yes	0	Client refused



		1	
		0	Data not collected
Thea	ater of Operations: Persian Gulf War (Desert Storm)		
0	No	0	Client doesn't know
	Voc	0	Client refused
0	Yes	0	Data not collected
Thea	ater of Operations: Afghanistan (Operation Enduring F	reed	om)
0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
Thea	ater of Operations: Iraq (Operation Iraqi Freedom)		
0	No	0	Client doesn't know
0	Yes	0	Client refused
0	165	0	Data not collected
Thea	ater of Operations: Iraq (Operation New Dawn)		
0	No	0	Client doesn't know
	Yes	0	Client refused
0	165	0	Data not collected
	ater of Operations: Other peace-keeping operations or ama, Somalia, Bosnia, Kosovo)	r milit	ary interventions (such as Lebanon,
0	No	0	Client doesn't know
		0	Client refused
0	Yes	0	Data not collected
Brar	nch 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
Disc	harge Status		
0	Honorable	0	Dishonorable
0	General under honorable conditions	0	Uncharacterized
	Other than hancrable conditions (OTH)	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client refused
0	Bad Conduct	0	Data not collected
_			

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

CLIENT LOCATION [only if multiple CoC's]



ZIP (CODE OF LAST PERMANENT ADDR	ESS [All C	lients]	
WHE	N CLIENT WAS ENGAGED			
[Con	nplete Date of Engagement When Clie	nt Has Bee	en Enga	aged –Street Outreach
Proje	ects, for Adults & Head of Households]			
Date	of Engagement:	/		
IN P	ERMANENT HOUSING [Permanent H	ousing Pro	jects, f	or Head of Households]
0	No		0	Yes
IF "	YES" TO PERMANENT HOUSING			
	sing Move-In Date: [Complete Housing en Client Moves Into Permanent Housi		ate	

PRIOR LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults Only]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	Staying or living in a family member's room, apartment or house
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	0	Rental by client, with GPD TIP housing subsidy
0	Safe Haven	0	Rental by client, with VASH housing subsidy
0	Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
0	Long-term care facility or nursing home	0	Rental by client in a public housing unit
0	Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
0	Substance abuse treatment facility or detox center	0	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
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Host Home (non-crisis)	0	Client refused



0	Staying or living in a friend's room, apartment or house	0	Data not collected
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Data not collected

LE	NGTH OF STAY IN PRIOR LIVIN	IG SI	TUATION				
0	One night or less	0	One month or less than 90 da		but	0	Client doesn't know
0	Two to six nights	0	90 days or more y		t	0	Client refused
0	One week or more, but less than one month	0	One year or lo	nger		0	Data not collected
.EN	GTH OF STAY LESS THAN 7 NIC	GHTS	6 [TH, PH]				
0	No) Y	es				
Inst	GTH OF STAY LESS THAN 90 D itutional Housing Situations]						
0	No	0 Y	es				
0	Yes	0	No				
۸nn	provimato Dato Homolosenose Stari	tod	1 1				
	proximate Date Homelessness Star		streets, ES, or S	afe H	aven in t	the	last 3 years
	nber of <i>times</i> the client has been of One Time		streets, ES, or S	afe H		the	last 3 years Client doesn't know
Nur	nber of <i>times</i> the client has been o		streets, ES, or S	afe H	(<u> </u>
Nur	nber of <i>times</i> the client has been o		streets, ES, or S	afe H	()	Client doesn't know
Nun	One Times Two Times		streets, ES, or S	afe H	(0	Client doesn't know Client refused
Nun	One Times Two Times Three Times	n the			(0	Client doesn't know Client refused Data not collected
Nun	One Times Two Times Three Times Four or More Times	n the			ven in th	0	Client doesn't know Client refused Data not collected
Nun	One Times Two Times Three Times Four or More Times Al Number of Months homeless on	n the	treets, ES, or Saf		/en in th	o o e la	Client doesn't know Client refused Data not collected set 3 years
Nun	One Times Two Times Three Times Four or More Times al Number of Months homeless on One month (this time is the first more	n the	treets, ES, or Saf		/en in th	e la	Client doesn't know Client refused Data not collected est 3 years Client doesn't know
Nun	One Times Two Times Three Times Four or More Times al Number of Months homeless on One month (this time is the first more 2-12 months (specify number of more description)	n the	treets, ES, or Saf		/en in th	e la	Client doesn't know Client refused Data not collected set 3 years Client doesn't know Client refused
Num O O O Tota O	One Time Two Times Three Times Four or More Times al Number of Months homeless on One month (this time is the first month of the second of the	n the	treets, ES, or Saf		/en in th	e la	Client doesn't know Client refused Data not collected set 3 years Client doesn't know Client refused
Num O O O Tota O	One Time Two Times Three Times Four or More Times al Number of Months homeless on One month (this time is the first month of the second of the	n the	treets, ES, or Saf		/en in th	e la	Client doesn't know Client refused Data not collected set 3 years Client doesn't know Client refused
Num O O O Tota O O O O O O O O O O O O O	One Times Two Times Three Times Four or More Times Al Number of Months homeless on One month (this time is the first month of the second of th	the sonth)	treets, ES, or Saf	e Hav	/en in th	e la	Client doesn't know Client refused Data not collected est 3 years Client doesn't know Client refused Data not collected
Num O O O Tota O O O O O O O O O O O O O	One Time Two Times Three Times Four or More Times al Number of Months homeless on One month (this time is the first month) 2-12 months (specify number of month) More than 12 months 7 - BCP STATUS [BCP ONLY] e of status determination No	the sonth)	treets, ES, or Saf	e Hav	ven in th	e la	Client doesn't know Client refused Data not collected est 3 years Client doesn't know Client refused Data not collected
Nur O O O Tota O O O If 'N	One Time Two Times Three Times Four or More Times Al Number of Months homeless on One month (this time is the first mone 2-12 months (specify number of mone month) More than 12 months Y - BCP STATUS [BCP ONLY] The of status determination No No No No No No No No No	the sonth)	reets, ES, or Saf	e Hav	ven in th	e la	Client doesn't know Client refused Data not collected set 3 years Client doesn't know Client refused Data not collected
Nur O O O O O O O O O O O O O O O O O O	One Time Two Times Three Times Four or More Times al Number of Months homeless on One month (this time is the first month (specify number of month) More than 12 months - BCP STATUS [BCP ONLY] e of status determination No lo' for 'Youth Eligible for RHY Service Out of age range	the sonth) nths)	Yes Reason service Ward of the oreunification	es are	/en in th	e la	Client doesn't know Client refused Data not collected set 3 years Client doesn't know Client refused Data not collected

Yes



Client doesn't know

Data not collected

Client refused

0

				1			
No	0	Client doesn't know					
Yes				0	Client refused		
o Yes					Data not collected		
VOICAL BIOABILITY (All Ol' 1.1							
					011 1 11		
No				0	Client doesn't know		
Yes			-	0	Client refused		
				0	Data not collected		
"YES" TO PHYSICAL DISABILITY – SPECIFY		I					
nected to be of long-continued and indefinite duration and	0		No	0	Client doesn't know		
•	0	,	Yes	0	Client refused		
				0	Data not collected		
VELOPMENTAL DISABILITY [All Clients]							
No				0	Client doesn't know		
				0	Client refused		
Yes				0	Data not collected		
RONIC HEALTH CONDITION [All Clients]				•	•		
No				0	Client doesn't know		
				0	Client refused		
Yes			-	0	Data not collected		
"YES" TO CHRONIC HEALTH CONDITION – SPECIFY			l				
	0		No	0	Client doesn't know		
		,	V	0	Client refused		
bstantially impairs ability to live independently?	0		res	0	Data not collected		
NTAL HEALTH DISCORDED [All Cliente]							
				0	Client doesn't know		
					Client refused		
o Yes					Data not collected		
"YES" TO MENTAL HEALTH DISORDER- SPECIFY				U	Data Hot collected		
	0		No	0	Client doesn't know		
Expected to be of long-continued and indefinite duration and				0	Client refused		
bstantially impairs ability to live independently?	0	•	Yes	0	Data not collected		
○ Data not collected							
BSTANCE USE DISORDER [All Clients]	ı						
	YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIFY Expected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? NTAL HEALTH DISORDER [All Clients] No Yes "YES" TO MENTAL HEALTH DISORDER—SPECIFY	YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? NO NTAL HEALTH DISORDER [All Clients] No Yes "YES" TO MENTAL HEALTH DISORDER—SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently?	YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? NO NTAL HEALTH DISORDER [All Clients] No Yes "YES" TO MENTAL HEALTH DISORDER—SPECIFY spected to be of long-continued and indefinite duration and continued and continued and continued and continued and continued and continued and	YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? NO Yes NTAL HEALTH DISORDER [All Clients] No Yes "YES" TO MENTAL HEALTH DISORDER – SPECIFY spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently?	Yes YSICAL DISABILITY [All Clients] No Yes "YES" TO PHYSICAL DISABILITY – SPECIFY Expected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? NO Yes NTAL HEALTH DISORDER [All Clients] No Yes "YES" TO MENTAL HEALTH DISORDER—SPECIFY Expected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? O NO Yes "YES" TO MENTAL HEALTH DISORDER—SPECIFY Expected to be of long-continued and indefinite duration and bstantially impairs ability to live independently? O NO Yes O Yes		

Alcohol use disorder

Drug use disorder

0



IF "ALCOHOL USE DISORDERS" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY					
	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	
	O		0	Data not collected	

MONTHLY INCOME AND SOURCES INCOME FROM ANY SOURCE [Head of Household and Adult]

0	No				0	Client does	n't know
0	Yes				0	Client refus	ed
O	165				0	Data not co	llected
IF	"YES" TO INCOME FROM ANY SOURCE - IND	ICATE AL	L SC	DURCES TH	IAT .	APPLY	
Ind	come Source	Amount	Inc	ome Source	е		Amount
0	Earned Income		0	TANF (Ten Needy Fan		ary Assist for s)	
0	Unemployment Insurance		0	General As	ssist	ance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Social Sec			
0	Social Security Disability Insurance (SSDI)		0	Pension or income from			
0	VA Service-Connected Disability Compensation		0	Child Supp	oort		
0	VA Non-Service Connected Disability Pension		0	Alimony a	nd o	ther spousal	
0	Private disability insurance		0	Other inco	me s	source	
0	Worker's Compensation			(specify):			
Tota	Il monthly income for Individual:						

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know
	Yes			0	Client refused
0	res			0	Data not collected
IF "Y	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APP				
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services		
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services		
0	Other (specify):	0	Other TANF-funded services		

COVERED BY HEALTH INSURANCE [All Clients]

0	No			0	Client doesn't know
	Voc			0	Client refused
0	Yes			0	Data not collected
IF	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS				
0	MEDICAID	0	Employ	er Pr	ovided Health Insurance



0	MEDICARE	0	Insurance Obtained through COBRA
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 Health Services Program

EDUCATION INFORMATION [All Clients 18+]

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

	54611		
0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12 / High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client refused
0	GED	0	Data not collected
0	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

0	Not Currently Attending	0	Academically Disqualified
0	Attending Full Time	0	Client doesn't know
0	Attending Part Time	0	Client refused

NAME OF COLLEGE/UNIVERSITY

0	De Anza College	0	West Valley College
0	Evergreen Valley College	0	Other Bay Area College/University
0	Foothill College	0	Other CA College/University
0	Gavilan College	0	Other College/University
0	Mission College	0	Other Vocational Program
0	San Jose City College	0	Client doesn't know
0	San Jose State University	0	Client refused
0	Santa Clara University	0	Data not collected
0	Stanford University		

EXPECTED COMPLETION YEAR

	-		-			
Month		Day		}	ear/	

RHY SPECIFIC YOUTH INFORMATION



0	Heterosexual	0	Other	
0	Gay	If Other, please specify:		
0	Lesbian	0	Client doesn't know	
0	Bisexual	0	Client refused	
0	Questioning/Unsure	0	Data not collected	

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

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

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

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

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

Employed					
0	No Client doesn't know				
V ₂₋₂					Client refused
o Yes				0	Data not collected
If "Yes" for employed – Type of employment					
0	Full- time Seasonal/sporadic (including day				radic (including day
0	Part-time Olabor)			•	, ,
If "No" for employed – Why not employed					
0	Looking for work Not looking for work				
0	Unable to work	0	INOLIOOKII	ng to	r work

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused



Data not collected

0

0

Fair

Unemployment – Family Member

	TAL HEALTH STATUS [Adults and Head of Hous Excellent		0	Poor		
0				Client d	000514	know
0	Very good					
0	Good			Client re		
0	Fair		0	Data no	t colle	ciea
MEN	TAL HEALTH STATUS [Adults and Head of Hous	seholds, Al	II pro	ogram ty _l	oes ex	cept Street Outread
0	Excellent	(0	Poor		
0	Very good			Client d	oesn't	know
0	Good	(0	Client refused		
0	Fair	(0	Data no	t colle	cted
PRE(GNANCY STATUS [Adults and Head of Househ	olds]				
0	No	(0	Client d	oesn't	know
	.,	(0	Client re	efused	1
0	Yes	(0	Data no	t colle	ected
IF "Y	ES" for Pregnancy Status	l				
Due	Date /	/				
	Date/_					
Due FORN [Adult	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep	_		_		
Due FORM	MERLY A WARD OF CHILD WELFARE/FOSTE	_		_	0	Client doesn't kno
Due FORN [Adult	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep	_		_	0	Client refused
Due FORM [Adult o	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep No Yes	ot Street O	utre	_		
Due FORM [Adult o	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep No Yes es" for Formerly a Ward of Child Welfare/Foster (ot Street O	ncy	ach]	0	Client refused Data not collected
FORM [Adult o	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year	Care Ager	ncy	_	0	Client refused Data not collected
FORM [Adult If "Yo	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years	Care Ager	ncy	ach]	0	Client refused Data not collected
FORM [Adult If "Yo	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year	Care Ager	ncy	ach]	0	Client refused Data not collected
FORM [Adult If "Yo	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types excep No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years	Care Ager	ncy	ach]	0	Client refused Data not collected
FORM [Adult	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types except No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years ess than one year" – Number of months	Care Ager	ncy	ach] 3 to 5 y	ears o	Client refused Data not collected
FORM [Adult	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types except No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years ess than one year" – Number of months MERLY A WARD OF JUVENILE JUSTICE SYS	Care Ager	ncy	3 to 5 y	ears o	Client refused Data not collected
FORM Adult Output	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types except No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years ess than one year" – Number of months MERLY A WARD OF JUVENILE JUSTICE SYS Its and Head of Households, All program types et No	Care Ager	ncy	3 to 5 y	ears of	Client refused Data not collected r more 't know
FORM [Adult	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types except No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years ess than one year" – Number of months MERLY A WARD OF JUVENILE JUSTICE SYS Its and Head of Households, All program types except	Care Ager	ncy	3 to 5 y	ears of	Client refused Data not collected r more 't know d
FORM [Adult If "Yo FORM [Adult	MERLY A WARD OF CHILD WELFARE/FOSTE ts and Head of Households, All program types except No Yes es" for Formerly a Ward of Child Welfare/Foster (Less than one year 1 to 2 years ess than one year" – Number of months MERLY A WARD OF JUVENILE JUSTICE SYS Its and Head of Households, All program types et No	Care Ager STEM except Str	ncy	3 to 5 y	ears of	Client refused Data not collected r more 't know d
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No

Yes



Mental Health Disorder – Family Member	0	No	0	Yes
Physical Disability – Family Member	0	No	0	Yes
Alcohol or Substance Use Disorder – 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: Adults and Head of Households, All program types except Street Outreach]

0	Self -referral	0	Law Enforcement/Police
0	Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	0	Mental Hospital
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client refused
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
	eferral Source is "Outreach Project" – Number of s approached by Outreach prior to entering project		

PRIMARY LANGUAGE [All Clients, optional]

0	English	0	Mandarin
0	Spanish	0	Tagalog
	Vishagas	0	Other
0	Vietnamese	0	Unknown

Signature of applicant stating all information is true and correct

Date