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.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */ ­* |  |  | */ ­* |  |  |  |  |

Month DayYear

TRANSLATION ASSISTANCE NEEDED? *Would the client like services to be provided in a language other than English?*

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | English | ○ | Tagalog |
| ○ | Spanish | ○ | Client doesn’t know |
| ○ | Vietnamese | ○ | Client prefers not to answer |
| ○ | Mandarin | ○ | Data not collected |
| ○ | Different Preferred Language (*specify*): | | |

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 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 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​ *​[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child) | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn’t know |
| ○ | Transgender | ○ | Client prefers not to answer |
| ○ | Non-Binary | ○ | Data not collected |

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

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

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 |  | |

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All 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 |

ENROLLMENT COC *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# **WHEN CLIENT WAS ENGAGED**

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 Only]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 *[TH, PH]*

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

LENGTH OF STAY LESS THAN 90 DAYS

[*Institutional Housing Situations]*

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | ○ | No | | |
| Approximate Date This Episode of Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 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, ES, 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 |

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 |

DISABLING CONDITION ​*[All Clients]*

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

PHYSICAL DISABILITY ​*[All 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 |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

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

CHRONIC HEALTH CONDITION ​*[All 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 |

MENTAL HEALTH DISORDER ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| IF “YES” TO MENTAL HEALTH 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 |

SUBSTANCE USE DISORDER ​*[All 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 DISORDERS” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – 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 |

# **MONTHLY INCOME AND SOURCES**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | 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 | |  | ○ | TANF (Temporary Assist for Needy Families) | | |  |
| ○ | Unemployment Insurance | |  | ○ | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | Pension or retirement income from 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 | |  | *(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 Childcare 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 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 | | |

EDUCATION INFORMATION *[All Clients 18+]*

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate’s degree |
| ○ | Grades 5-6 | ○ | Bachelor’s degree |
| ○ | Grades 7-8 | ○ | Graduate degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 / High school diploma | ○ | Client doesn’t know |
| ○ | School program does not have grade levels | ○ | Client prefers not to answer |
| ○ | GED | ○ | Data not collected |
| ○ | Some College |  | |

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not Currently Attending | ○ | Academically Disqualified |
| ○ | Attending Full Time | ○ | Client doesn’t know |
| ○ | Attending Part Time | ○ | Client prefers not to answer |

NAME OF COLLEGE/UNIVERSITY

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

EXPECTED COMPLETION YEAR

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */ ­* |  |  | */ ­* |  |  |  |  |

Month DayYear

RHY SPECIFIC YOUTH INFORMATION

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 | | | | | |
| ○ | Full­ time | ○ | 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 Disorder – 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 | |  | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of applicant stating all information is true and correct Date