This form was prepared by the Office of Homeless Services and is optional and not required for HMIS monitoring.

Agency/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Date: \_\_\_\_\_\_\_\_\_\_\_

Section 1: Complete for All Household Members (Adults and Minors)

 CLIENT INFORMATION Enrollment CoC (CoC code): \_\_\_\_\_\_\_\_\_\_\_\_

Client Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Data Quality

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Full Name Reported  | ☐ Partial, Street, or Code Name Reported  | ☐ Client Doesn’t Know  | ☐ Client Prefers Not to Answer |
|  Social Security Number \_\_\_\_\_\_\_\_ -\_\_\_\_\_ - \_\_\_\_\_\_\_\_  Social Security Number Data Quality  |  |  |
| ☐ Full SSN Reported  | ☐ Approximate or Partial SSN Reported  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer  |

|  |  |  |
| --- | --- | --- |
| Veteran Status  |   |   |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers Not to Answer  |

Relationship to Head of Household

|  |  |  |
| --- | --- | --- |
| ☐ Self  | ☐ Head of household’s spouse or partner  | ☐ Other: non-relation member  |
| ☐ Head of household’s child  | ☐ Head of household’s other relation member  |   |  |  |
|  Date of Birth \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth Data Quality  |
| ☐ Full DOB Reported  | ☐ Approximate or Partial DOB Reported  | ☐ Client Doesn’t Know  |  | ☐ Client Prefers Not to Answer  |
|  Gender (Select as many as apply)  |  |  |
| ☐ Woman (Girl, if child) | ☐ Culturally Specific Identity (e.g., Two-Spirit) | ☐ Non-Binary | ☐ Questioning |
| ☐ Man (Boy, if child) | ☐ Different Identity | ☐ Transgender |
| ☐ Client Doesn’t Know | ☐ Client Prefers Not to Answer | ☐ Data Not Collected | ☐ If Different Identity, Please Specify: |

 Race and Ethnicity

|  |  |
| --- | --- |
| ☐ American Indian, Alaska Native, or Indigenous  | ☐ White |
| ☐ 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 | ☐ Additional detail: |
| ☐ Native Hawaiian or Pacific Islander |

 **Translation Assistance Needed (Only Complete for HoH)**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

 If yes, preferred language

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Spanish  | ☐ Arabic | ☐ Kurdish | ☐ American Sign Language (ASL) |
| ☐ Somali  | ☐ Other: |   |   |

# DISABILITY INFORMATION

Does the client have a Disabling Condition?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers Not to Answer |

If yes, check all that apply

|  |  |  |
| --- | --- | --- |
| ☐ Alcohol abuse  | ☐ HIV/AIDS  | ☐ Substance Use Disorder  |
| ☐ Chronic health condition  | ☐ Mental Health Disorder  |    |
| ☐ Developmental  | ☐ Physical  |

# HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers Not to Answer |

If yes, check all that apply

|  |  |
| --- | --- |
| ☐ \_\_\_\_\_\_\_\_ Medicaid  | ☐ \_\_\_\_\_\_\_\_ COBRA  |
| ☐ \_\_\_\_\_\_\_\_ Medicare  | ☐ \_\_\_\_\_\_\_\_ Private Pay Health Insurance  |
| ☐ \_\_\_\_\_\_\_\_ State Children’s Health Insurance  | ☐ \_\_\_\_\_\_\_\_ State Health Insurance for Adults  |
| ☐ \_\_\_\_\_\_\_\_ Veteran’s Health Administration (VHA) | ☐ \_\_\_\_\_\_\_\_ Indian Health Services Program  |
| ☐ \_\_\_\_\_\_\_\_ Employer-Provided Health Insurance  | ☐ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

RHY – BCP Status

BCP Status

Date of Status Determination: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Youth eligible for RHY services?

|  |  |
| --- | --- |
| ☐ Yes  | ☐ No  |

Reason services are not funded by BCP grant?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Out of age range  | ☐ Ward of the state  | ☐ Ward of the Criminal Justice System – Immediate Reunification  | ☐ Other  |

Runaway youth?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

Section 2: Complete for Head of Household and All Adults

Is client pregnant?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

If yes, does client know their approximate birth date? \_\_\_\_\_\_\_\_ If yes, projected birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRAL SOURCE

What was client’s referral source?

|  |  |
| --- | --- |
| ☐ Self-referral  | ☐ Juvenile Justice  |
| ☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual  | ☐ Mental Hospital  |
| ☐ Outreach Project  | ☐ Mental Hospital  |
| ☐ Temporary Shelter  | ☐ School  |
| ☐ Residential Project  | ☐ Other Organization  |
| ☐ Hotline  | ☐ Client doesn’t know  |
| ☐ Child Welfare/ CPS  | ☐ Client prefers not to answer  |

SEXUAL ORIENTATION

 Sexual Orientation

|  |  |
| --- | --- |
| ☐ Heterosexual  | ☐ Client Doesn’t Know |
| ☐ Gay  | ☐ Client Prefers Not to Answer |
| ☐ Lesbian  | ☐ Data not collected |
| ☐ Bisexual | If Other Please Describe: |
| ☐ Questioning/Unsure |  |
| ☐ Other |  |

# EDUCATION AND EMPLOYMENT INFORMATION

Last Grade Completed

|  |  |  |
| --- | --- | --- |
| ☐ Less than Grade 5  | ☐ School does not have grade levels  | ☐ Graduate Degree  |
| ☐ Grades 5 - 6  | ☐ GED  | ☐ Vocational Certification  |
| ☐ Grades 7 - 8  | ☐ Some College  | ☐ Client doesn’t know  |
| ☐ Grades 9 - 11  | ☐ Associate’s Degree  | ☐ Client Prefers not to Answer |
| ☐ Grade 12/High school diploma  | ☐ Bachelor’s Degree  |   |

School Status

|  |  |  |
| --- | --- | --- |
| ☐ Attending school regularly  | ☐ Obtained GED  | ☐ Expelled  |
| ☐ Attending school irregularly  | ☐ Dropped out  | ☐ Client doesn’t know  |
| ☐ Graduated from high school  | ☐ Suspended  | ☐ Client Prefers not to Answer  |

Employed?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer  |

If no, why not?

|  |  |  |
| --- | --- | --- |
| ☐ Looking for work  | ☐ Unable to work  | ☐ Not looking for work  |

If yes, what type of employment?

|  |  |  |
| --- | --- | --- |
| ☐ Full-time  | ☐ Part-time  | ☐ Seasonal/sporadic (including day labor)  |

# GENERAL HEALTH STATUS

What is the client’s general health status?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Excellent  | ☐ Good  | ☐ Poor  | ☐ Client Prefers Not to Answer |
| ☐ Very Good  | ☐ Fair  | ☐ Client Doesn’t Know  |
| DENTAL HEALTH STATUS What is the client’s dental health status?  |  |
| ☐ Excellent  | ☐ Good  | ☐ Poor  | ☐ Client Prefers Not to Answer |
| ☐ Very Good  | ☐ Fair  | ☐ Client Doesn’t Know  |   |
|  MENTAL HEALTH STATUS What is the client’s mental health status?  |  |
| ☐ Excellent  | ☐ Good  | ☐ Poor  | ☐ Client Prefers Not to Answer |
| ☐ Very Good  | ☐ Fair  | ☐ Client Doesn’t Know  |   |
|  CHILD WELFARE/FOSTER CARE  Is the client formerly a ward of child welfare/foster care agency?  |
| ☐ Yes  | ☐ No  | ☐ Client doesn’t know  | ☐ Client Prefers Not to Answer |

|  |  |  |
| --- | --- | --- |
| ☐ Less than one year  | ☐ 1 to 2 years  | ☐ 3 to 5 years  |

If yes, number of years

If less than one year, number of months: \_\_\_\_\_\_

# JUVENILE JUSTICE

Is the client formerly a ward of the juvenile justice system?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client doesn’t know  | ☐ Client Prefers Not to Answer |

|  |  |  |
| --- | --- | --- |
| ☐ Less than one year  | ☐ 1 to 2 years  | ☐ 3 to 5 years  |

If yes, number of years

If less than one year, number of months: \_\_\_\_\_\_

# FAMILY CRITICAL ISSUES

|  |  |  |
| --- | --- | --- |
| Unemployment – family member  | ☐ Yes  | ☐ No  |
| Mental health disorder – family member  | ☐ Yes  | ☐ No  |
| Physical disability – family member  | ☐ Yes  | ☐ No  |
| Alcohol or substance use disorder – family member  | ☐ Yes  | ☐ No  |
| Insufficient income to support youth – family member  | ☐ Yes  | ☐ No  |
| Incarcerated parent of youth  | ☐ Yes  | ☐ No  |

#

#  HOMELESS HISTORY QUESTIONS

 Living Situation (Check where the client stayed last night):

HOMELESS SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter | ☐ Safe Haven  |

INSTUTIONAL SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Foster care home or foster care group home | ☐ Hospital or other residential non-psychiatric medical facility  | ☐ Jail, prison, or juvenile detention facility |
| ☐ Long-term care facility or nursing home  | ☐ Psychiatric hospital or other psychiatric facility | ☐ Substance abuse treatment facility or detox center |

TEMPORARY HOUSING SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Transitional housing for homeless persons (including homeless youth) | ☐ Residential Project or halfway house with no homeless criteria | ☐ Hotel or motel paid for without emergency shelter voucher |
| ☐ Host Home (non-crisis) | ☐ Staying or living in a friend's room, apartment, or house | ☐ Staying or living in a family member's room, apartment, or house |

PERMANENT HOUSING SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Rental by client, no ongoing housing subsid | ☐ Rental by client, with ongoing housing subsidy | ☐ Owned by client, with ongoing housing subsidy |
| ☐ Owned by client, on ongoing housing subsidy |

*SUBSIDY- IF PERMANENT HOUSING*

|  |  |  |
| --- | --- | --- |
| ☐ GPD TIP Housing Subsidy | ☐ Public housing unit | ☐ Foster Youth to Independence Initiative (FYI) |
| ☐ VASH Housing Subsidy | ☐ Rental by client with other ongoing housing subsidy | ☐ Permanent Supportive Housing |
| ☐ RRH or equivalent subsidy | ☐ Emergency Housing Voucher | ☐ Other permanent housing dedicated for formerly homeless persons |
| ☐ HCV voucher (tenant or project based) (not dedicated) | ☐ Family Unification Program Voucher (FUP) |

OTHER

|  |  |  |
| --- | --- | --- |
| ☐ Client doesn’t know | ☐ Client Prefers not to Answer | ☐ Data Not Collected  |

How long did the client stay there (the place they stayed last night)?

|  |  |  |
| --- | --- | --- |
| ☐ One night or less  | ☐ One week or more, but less than one month  | ☐ 90 days or more, but less than one year  |
| ☐ Two to six nights  | ☐ One month or more, but less than 90 days  | ☐ One year or longer  |

#

**What is the approximate start date of this episode of homelessness? \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night, total # of times (episodes) the client has been on the streets or in an emergency shelter in the past 3 years including today:**

|  |  |  |
| --- | --- | --- |
| ☐ One time  | ☐ Three times  | ☐ Client doesn’t know  |
| ☐ Two times  | ☐ Four or more times  | ☐ Client Prefers Not to Answer |

 **Total # of months the client has been on the street or in an emergency shelter in the past 3 years (round up):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ 1 (this is the 1st month)  | ☐ 4 months total  | ☐ 7 months total  | ☐ 10 months total  | ☐ More than 12 months  |
| ☐ 2 months total  | ☐ 5 months total  | ☐ 8 months total  | ☐ 11 months total  | ☐ Client doesn’t know  |
| ☐ 3 months total  | ☐ 6 months total  | ☐ 9 months total  | ☐ 12 months total  | ☐ Client Prefers Not to Answer |

# INCOME INFORMATION

Record each adult’s income on their own intake form. If a minor child has income, include it on the HoH’s intake.

**Does the client have Income from any source?**

Total Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers Not to Answer |

If yes, check all that apply and include amount per month:

|  |  |
| --- | --- |
| $\_\_\_\_\_\_\_\_ Alimony or other spousal support  | $\_\_\_\_\_\_\_\_ SSI  |
| $\_\_\_\_\_\_\_\_ Child support  | $\_\_\_\_\_\_\_\_ SSDI  |
| $\_\_\_\_\_\_\_\_ Earned income  | $\_\_\_\_\_\_\_\_ TANF  |
| $\_\_\_\_\_\_\_\_ General Assistance  | $\_\_\_\_\_\_\_\_ Unemployment Insurance  |
| $ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | $\_\_\_\_\_\_\_\_ VA non-service connected disability pension  |
| $\_\_\_\_\_\_\_\_ Pension or retirement income  | $\_\_\_\_\_\_\_\_ VA service connected disability compensation  |
| $\_\_\_\_\_\_\_\_ Private disability insurance  | $\_\_\_\_\_\_\_\_ Worker’s Compensation  |
| $\_\_\_\_\_\_\_\_ Retirement income from social security  |   |

# NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers Not to Answer |

If yes, check all that apply and include amount per month:

|  |  |  |
| --- | --- | --- |
| $\_\_\_\_\_\_\_\_ SNAP  | $\_\_\_\_\_\_\_\_ TANF Child Care Services  | $\_\_\_\_\_\_\_\_ Other TANF-Funded Services  |
| $\_\_\_\_\_\_\_\_ WIC  | $\_\_\_\_\_\_\_\_ TANF Transportation Services  | $\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |