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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |