

**Agency Name:** \_\_\_\_\_



## CLARITY HMIS: HHS-RHY PROGRAM INTAKE FORM

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

### PROGRAM ENTRY DATE *[All Clients]*

		-			-			
Month			Day			Year		

### ZIP CODE OF LAST PERMANENT ADDRESS *[All Clients]*

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### SOCIAL SECURITY NUMBER *[All Clients]*

			-			-			
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QUALITY OF SOCIAL SECURITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

CURRENT NAME <i>[All Clients]</i>																N/A			
Last																			<input type="radio"/>
First																			<input type="radio"/>
Middle																			<input type="radio"/>
Suffix																			<input type="radio"/>

QUALITY OF CURRENT NAME			
<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Data not collected

### DATE OF BIRTH *[All Clients]*

		-			-				Age:
Month			Day			Year			

QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Data not collected

**GENDER** *[All Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender female to male		
<input type="radio"/>	Doesn't Identify as male, female, or transgender		

**RACE** (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	White/Caucasian
<input type="radio"/>	Asian	<input type="radio"/>	Client does not know
<input type="radio"/>	Black/African American	<input type="radio"/>	Client refused
<input type="radio"/>	Hawaiian or Other Pacific Islander	<input type="radio"/>	Data Not Collected

**ETHNICITY** *[All Clients]*

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**VETERAN STATUS** *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	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**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**Theater of Operations: Korean War**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**Theater of Operations: Vietnam War**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

**RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]**

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

**HOUSING STATUS AT ENTRY** [*Head of Household and Adults*]

<input type="radio"/> Homeless	<input type="radio"/> Fleeing domestic violence	<input type="radio"/> Client doesn't know
<input type="radio"/> At imminent risk of losing housing	<input type="radio"/> At-risk of homelessness	<input type="radio"/> Client refused
<input type="radio"/> Homeless only under other federal statutes	<input type="radio"/> Stably housed	<input type="radio"/> Data not collected

**LIVING SITUATION BY TYPE OF RESIDENCE**

[*Head of Household and Adults Only*]

<input type="radio"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	<input type="radio"/> Rental by client, with VASH subsidy
<input type="radio"/> Foster care home or group home	<input type="radio"/> Rental by client, with GTD TIP subsidy
<input type="radio"/> Hospital or other residential non- psychiatric medical facility	<input type="radio"/> Rental by client, with other ongoing housing subsidy
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Residential project or halfway house with no homeless criteria
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Safe Haven
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Owned by client, no on-going housing subsidy	<input type="radio"/> Staying or living in a friend's room, apartment or house
<input type="radio"/> Owned by client, with ongoing housing subsidy	<input type="radio"/> Substance abuse treatment facility or detox center
<input type="radio"/> Place not meant for habitation	<input type="radio"/> Interim Housing
<input type="radio"/> Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	<input type="radio"/> Transitional housing for homeless persons (including homeless youth)
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Rental by client, no ongoing housing subsidy	<input type="radio"/> Data not collected

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client refused
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Yes
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**LENGTH OF STAY LESS THAN 90 DAYS**

*[If type of stay is Interim Housing- Facility /Institution etc]*

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN**

*[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date Homelessness Started</b>	____/____/____
<b>Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Four or More Times	<input type="radio"/> Data not collected
<b>Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**CLIENT HAS BEEN ENGAGED [STREET OUTREACH]**

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO CLIENT HAS BEEN ENGAGED</b>	
<b>Date of Engagement</b>	____/____/____

**RHY-BCP STATUS [BCP ONLY - All Clients]**

<b>Date of status determination</b>	____/____/____
FYSB Youth	
<input type="radio"/> No	<input type="radio"/> Yes
<b>If "No" for FYSB Youth – Reason for not providing services</b>	
<input type="radio"/> Out of age range	<input type="radio"/> Ward of the criminal justice system – immediate reunification
<input type="radio"/> Ward of the State – Immediate Reunification	<input type="radio"/> Other

**DISABLING CONDITION [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**PHYSICAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
Currently receiving services for physical disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Long-term physical disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

DEVELOPMENTAL DISABILITY <i>[All Clients]</i>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Currently receiving services for developmental disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

CHRONIC HEALTH CONDITION <i>[All Clients]</i>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

MENTAL HEALTH PROBLEM <i>[All Clients]</i>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

Long-term mental health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**SUBSTANCE ABUSE PROBLEM** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse	
<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY</b>				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Long-term substance abuse problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source		Amount	Income Source		Amount
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Earned Income	
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance	
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA Non-Service Connect Disability Pensioned		<input type="radio"/>	Private disability insurance	
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Other source	
<input type="radio"/>	Pension or retirement income from former job		<b>Specify Other"</b>		

**Total monthly amount:** \_\_\_\_\_

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other ( <b>Specify</b> ):

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

**SEXUAL ORIENTATION [Head of Household, Adults, and unaccompanied Youth]**

<input type="radio"/>	Heterosexual	<input type="radio"/>	Questioning/Unsure
<input type="radio"/>	Gay	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Lesbian	<input type="radio"/>	Client refused
<input type="radio"/>	Bisexual	<input type="radio"/>	Data not collected

**LAST GRADE COMPLETED [Head of Household, Adults & Unaccompanied Youth]**

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Grades 5-6
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Grades 9-11
<input type="radio"/>	Grade 12	<input type="radio"/>	School does not have grade levels
<input type="radio"/>	GED	<input type="radio"/>	Some college
<input type="radio"/>	Associate's Degree	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Graduate Degree	<input type="radio"/>	Vocational certification
<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Data not collected	<input type="radio"/>	Client refused

**SCHOOL STATUS [Head of Household, Adults, and unaccompanied Youth]**

<input type="radio"/>	Attending school regularly	<input type="radio"/>	Suspended
<input type="radio"/>	Attending school irregularly	<input type="radio"/>	Expelled
<input type="radio"/>	Graduate from high school	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Obtained GED	<input type="radio"/>	Client refused
<input type="radio"/>	Dropped out	<input type="radio"/>	Data not collected

**EMPLOYMENT STATUS [Head of Household, Adults, and Unaccompanied Youth]**

<b>Employed</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**If "Yes" for employed – Type of employment**

<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		

**If "No" for employed – Why not employed**

<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		



**GENERAL HEALTH STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**DENTAL HEALTH STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**MENTAL HEALTH STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**PREGNANCY STATUS** *[All Female HoH, Adults, and Unaccompanied Youth]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" for Pregnancy Status**

<b>Due Date</b>	____/____/____
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**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**

*[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency**

<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	

**If "Less than one year" – Number of months**

_____
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**FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM**

*[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**If "Yes" for Formerly a Ward of Juvenile Justice System**

<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	

**If "Less than one year" – Number of months**

_____
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**YOUNG PERSON’S CRITICAL ISSUES** [*Head of Household, Adults, and Unaccompanied Youth*]

Household dynamics	<input type="radio"/>	No	<input type="radio"/>	Yes
Sexual orientation/gender identity – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Sexual orientation/gender identity – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Housing issues – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Housing issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
School or educational issues – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
School or educational issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Unemployment – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Unemployment – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental health issues - Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental health issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Health issues - Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Health issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical disability – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental disability - Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Abuse and neglect – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Abuse and neglect – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Alcohol or other drug abuse - Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Alcohol or other drug use – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Insufficient income to support youth – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Active military parent – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Incarcerated parent of youth	<input type="radio"/>	No	<input type="radio"/>	Yes
<b>If “Yes” to incarcerate parent of youth</b>				
<input type="radio"/>	One parent/legal guardian is incarcerated	<input type="radio"/>	The only parent/legal guardian is incarcerated	
<input type="radio"/>	Both parents/legal guardians are incarcerate			

**REFERRAL SOURCE**

[*Gathered one time per project enrollment: Head of Household, Adults, and Unaccompanied Youth*]

<input type="radio"/>	Self-referral	<input type="radio"/>	Residential project: Drug treatment center
<input type="radio"/>	Individual: Parent/guardian	<input type="radio"/>	Residential project: Treatment center
<input type="radio"/>	Individual: Relative or friend	<input type="radio"/>	Residential project: Educational institute
<input type="radio"/>	Individual: Other adult or youth	<input type="radio"/>	Residential project: Other agency project
<input type="radio"/>	Individual: Partner/spouse	<input type="radio"/>	Residential project: Other project
<input type="radio"/>	Individual: Foster parent	<input type="radio"/>	Hotline: National runaway switchboard
<input type="radio"/>	Outreach project: FYSB	<input type="radio"/>	Hotline: Other
<input type="radio"/>	Outreach project: Other	<input type="radio"/>	Other agency: Child welfare/CPS
<input type="radio"/>	Temporary Shelter: FYSB Basic Center Project	<input type="radio"/>	Other agency: Non-residential independent living project
<input type="radio"/>	Temp. Shelter: Other youth only emergency shelter	<input type="radio"/>	Other project operated by your agency

<input type="radio"/>	Temp. Shelter: Emergency shelter for families	<input type="radio"/>	Other youth services agency
<input type="radio"/>	Temp. Shelter: Emergency shelter for individuals	<input type="radio"/>	Juvenile justice
<input type="radio"/>	Temp. Shelter: Domestic violence shelter	<input type="radio"/>	Law enforcement/police
<input type="radio"/>	Temp. Shelter: Safe Place	<input type="radio"/>	Religious organization
<input type="radio"/>	Temp. Shelter: Other	<input type="radio"/>	Mental hospital
<input type="radio"/>	Residential project: FYSB transitional living project	<input type="radio"/>	School
<input type="radio"/>	Residential project: Other transitional living project	<input type="radio"/>	Other organization
<input type="radio"/>	Residential project: Group home	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Residential project: independent living project	<input type="radio"/>	Client refused
<input type="radio"/>	Residential project: Job corps	<input type="radio"/>	Data not collected
<b>If "Outreach Project: FYSB" – Number of times approached by outreach prior to entering the project</b>			

**COMMERCIAL SEXUAL EXPLOITATION** *[Head of Household and Unaccompanied Youth]*

<b>Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to " Ever received anything in exchange for sex</b>			
<b>Received something in exchange for sex in the past 3 month</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to "Ever received anything in exchange for sex" - Number of times</b>			
<input type="radio"/>	1-3	<input type="radio"/>	Client doesn't know
<input type="radio"/>	4-7	<input type="radio"/>	Client refused
<input type="radio"/>	8-11	<input type="radio"/>	Data not collected
<input type="radio"/>	12 or more		
<b>If "Yes" " Ever received anything in exchange for sex"</b>			
<b>Ever made/persuaded to have sex in exchange for something</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to Ever made/persuaded to have sex in exchange for something In the last 3 months</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**COMMERCIAL LABOR EXPLOITATION** [*Head of Household and Unaccompanied Youth*]

<b>Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Ever promised work where work or payment was different than you expected</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to either of the above - Felt forced, pressured or tricked into continuing the job</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to "Felt forced, pressured or tricked into continuing the job: In the last 3 months</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

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**Signature of applicant stating all information is true and correct      Date**