



**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"/>	Trans Female (MTF or Male to Female)	<input type="radio"/>	Data not collected
<input type="radio"/>	Trans Male (FTM or Female to Male)		
<input type="radio"/>	Gender Non-Conforming (i.e. not exclusively male or female)		

**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

**Theater of Operations: Persian Gulf War (Desert Storm)**

<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: Afghanistan (Operation Enduring Freedom)**

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

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

**WHEN CLIENT WAS ENGAGED**

<b>Date of Engagement:</b>	___/___/_____
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
<b>Housing Move-In Date:</b>	___/___/_____		

**LIVING SITUATION**

**TYPE OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENTRY**

*[Head of Household and Adults Only]*

<input type="radio"/>	Emergency shelter, including hotel/motel paid for w/ voucher	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with GPD TIP subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with VASH subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Interim Housing	<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"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)
<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<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 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"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		

Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
<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

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

Date of status determination		____ / ____ / ____	
FYSB Youth Eligible for RHY Services			
<input type="radio"/>	No	<input type="radio"/>	Yes
If "No" for FYSB Youth – Reason services are not funded by BCP grant			
<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

**Runaway 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

**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				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

**DEVELOPMENTAL 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 DEVELOPMENTAL DISABILITY – SPECIFY				
Expected to substantially impair ability to live independently	<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

**CHRONIC HEALTH 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

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

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			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

SUBSTANCE ABUSE PROBLEM <i>[All Clients]</i>			
<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

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

DOMESTIC VIOLENCE VICTIM/SURVIVOR <i>[Head of Household and Adults]</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 DOMESTIC VIOLENCE WHEN EXPERIENCE OCCURRED			
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected
<b>Are you currently fleeing?</b>		<input type="radio"/>	No
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
		<input type="radio"/>	Yes
		<input type="radio"/>	Data not collected

INCOME FROM ANY SOURCE <i>[Head of Household and Adults]</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 INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Child support	
<input type="radio"/>	Pension or retirement income from former job		<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"/>	Private disability insurance	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Unemployment Insurance	
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Other source	
<input type="radio"/>	VA Non--Service Connected Disability Pension		Other (specify):		
<b>Total monthly amount:</b>					

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"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services

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 Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<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
<b>If "Yes" for employed – Type of employment</b>			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
<b>If "No" for employed – Why not employed</b>			
<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
<b>IF "YES" for Pregnancy Status</b>			
<b>Due Date</b>		____/____/____	

**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



<b>If “Yes” for Formerly a Ward of Child Welfare/Foster Care Agency</b>			
<input type="radio"/>	Less than one year	<input type="radio"/>	3 to 5 years or more
<input type="radio"/>	1 to 2 years		
<b>If “Less than one year” – Number of months</b>			

**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

<b>If “Yes” for Formerly a Ward of Juvenile Justice System</b>			
<input type="radio"/>	Less than one year	<input type="radio"/>	3 to 5 years or more
<input type="radio"/>	1 to 2 years		
<b>If “Less than one year” – Number of months</b>			

**FAMILY CRITICAL ISSUES** *[Head of Household, Adults, and Unaccompanied Youth]*

Unemployment – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental health issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Abuse and neglect – 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
Incarcerated parent of youth	<input type="radio"/>	No	<input type="radio"/>	Yes

**REFERRAL SOURCE**

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

<input type="checkbox"/>	Self -referral	<input type="checkbox"/>	Residential project: Drug Treatment Center
<input type="checkbox"/>	Individual: Parent/guardian	<input type="checkbox"/>	Residential project: Treatment Center
<input type="checkbox"/>	Individual: Relative or friend	<input type="checkbox"/>	Residential project: Educational Institute
<input type="checkbox"/>	Individual: Other Adult or Youth	<input type="checkbox"/>	Residential project: Other agency project
<input type="checkbox"/>	Individual: Partner/spouse	<input type="checkbox"/>	Residential project: Other project
<input type="checkbox"/>	Individual: Foster parent	<input type="checkbox"/>	Hotline: National runaway switchboard
<input type="checkbox"/>	Outreach project: FYSB	<input type="checkbox"/>	Hotline: Other
<input type="checkbox"/>	Outreach project: Other	<input type="checkbox"/>	Other agency: Child Welfare/CPS
<input type="checkbox"/>	Temporary Shelter: FYSB Basic Center Project	<input type="checkbox"/>	Other agency: Non-residential independent living project
<input type="checkbox"/>	Temp. Shelter: other Youth Only Emergency Shelter	<input type="checkbox"/>	Other Project operated by your Agency
<input type="checkbox"/>	Temp. Shelter: Emergency Shelter for Families	<input type="checkbox"/>	Other Youth Services Agency
<input type="checkbox"/>	Temp. Shelter: Emergency Shelter for Individuals	<input type="checkbox"/>	Juvenile justice
<input type="checkbox"/>	Temp. Shelter: Domestic violence shelter	<input type="checkbox"/>	Law Enforcement/Police
<input type="checkbox"/>	Temp. Shelter: Safe Place	<input type="checkbox"/>	Religious Organization
<input type="checkbox"/>	Temp. Shelter: Other	<input type="checkbox"/>	Mental Hospital
<input type="checkbox"/>	Residential project: FYSB Transitional living project	<input type="checkbox"/>	School
<input type="checkbox"/>	Residential project: Other Transitional living project	<input type="checkbox"/>	Other organization
<input type="checkbox"/>	Residential project: Group home	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Residential project: Independent living project	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Residential project: Job corps	<input type="checkbox"/>	Data not collected
<b>If "Outreach Project: FYSB" – Number of times approached by outreach prior to entering the project</b>			

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