

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



### CLARITY HMIS: HHS-RHY+ CoC 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 |  |   | Day |  |   | Year |  |  |  |

#### SOCIAL SECURITY NUMBER [All Clients]

|  |  |  |   |  |  |   |  |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|--|
|  |  |  | - |  |  | - |  |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|--|

| 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 [All Clients] |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 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"/> | 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  |

|   |                                       |                       |                     |
|---|---------------------------------------|-----------------------|---------------------|
| <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                  |

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

**WHEN CLIENT WAS ENGAGED**

|                            |               |
|----------------------------|---------------|
| <b>Date of Engagement:</b> | ___/___/_____ |
|----------------------------|---------------|

**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>         | ___/___/_____ |                       |     |

**CITY OF PERMANENT HOUSING LOCATION** *[Rapid Re-Housing Projects, for Heads of Households]*

|  |  |
|--|--|
| ○ Unincorporated King County (includes any community not otherwise listed) | ○ Medina   |
| ○ Algona   | ○ Mercer Island  |
| ○ Auburn   | ○ Milton   |
| ○ Bear Creek/Sammamish (Unincorporated)                                    | ○ Newcastle  |
| ○ Beaux Arts   | ○ Normandy Park  |
| ○ Bellevue   | ○ North Highline (Unincorporated)                          |
| ○ Black Diamond  | ○ North Bend   |
| ○ Bothell  | ○ Pacific  |
| ○ Burien   | ○ Redmond  |
| ○ Carnation  | ○ Renton   |
| ○ Clyde Hill   | ○ Sammamish  |
| ○ Covington  | ○ Sea Tac  |
| ○ Des Moines   | ○ Seattle  |
| ○ Duvall   | ○ Shoreline  |
| ○ East Federal Way (Unincorporated)  | ○ Skykomish  |
| ○ East Renton (Unincorporated)   | ○ Snoqualmie   |
| ○ Enumclaw   | ○ Snoqualmie Valley/Northeast King County (Unincorporated) |
| ○ Fairwood (Unincorporated)  | ○ Southeast King County (Unincorporated)                   |
| ○ Federal Way  | ○ Tukwila  |
| ○ Four Creeks/Tiger Mountain (Unincorporated)                              | ○ Vashon/Maury Island                                      |
| ○ Hunts Point  | ○ West Hill (Unincorporated)                               |
| ○ Issaquah   | ○ Woodinville  |
| ○ Kenmore  | ○ Yarrow Point   |
| ○ Kent   | ○ Washington State (outside of King County)                |
| ○ Kirkland   | ○ Outside of Washington State                              |
| ○ Lake Forest Park   | ○ Client Doesn't Know                                      |
| ○ Maple Valley   | ○ Client Refused   |
|  | ○ Data Not Collected                                       |

**LIVING SITUATION**

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

*[Head of Household and Adults Only]*

|   |   |
|---|---|
| ○ Emergency shelter, including hotel/motel paid for w/ voucher    | ○ Rental by client, no ongoing housing subsidy                    |
| ○ Foster care home or foster care group home                      | ○ Rental by client, with GPD TIP subsidy                          |
| ○ Hospital or other residential non--psychiatric medical facility | ○ Rental by client, with VASH subsidy                             |
| ○ Hotel or motel paid for without emergency shelter voucher       | ○ Rental by client, with other ongoing housing subsidy            |
| ○ Interim Housing   | ○ Residential project or halfway house with no homeless criteria  |
| ○ Jail, prison or juvenile detention facility                     | ○ Safe Haven  |
| ○ Long-term care facility or nursing home                         | ○ Staying or living in a family member's room, apartment or house |
| ○ Owned by client, no on-going housing subsidy                    | ○ 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   |

|   |                       |     |                       |                     |
|---|-----------------------|-----|-----------------------|---------------------|
| <b>*If Living Situation is "Place not meant for habitation"</b> |                       |     |                       |                     |
| Is household's living situation in a vehicle?                   | <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", please select Vehicle type</b> |                |                       |                     |
| <input type="radio"/>                       | Van            | <input type="radio"/> | Client Doesn't Know |
| <input type="radio"/>                       | Automobile/Car | <input type="radio"/> | Client Refused      |
| <input type="radio"/>                       | Camper/RV      | <input type="radio"/> | Data Not Collected  |

**CITY OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT** *[Adults, Heads of Households]*

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| <input type="radio"/> | Unincorporated King County (includes any community not otherwise listed) | <input type="radio"/> | Medina   |
| <input type="radio"/> | Algona   | <input type="radio"/> | Mercer Island  |
| <input type="radio"/> | Auburn   | <input type="radio"/> | Milton   |
| <input type="radio"/> | Bear Creek/Sammamish (Unincorporated)                                    | <input type="radio"/> | Newcastle  |
| <input type="radio"/> | Beaux Arts   | <input type="radio"/> | Normandy Park  |
| <input type="radio"/> | Bellevue   |                       | North Highline (Unincorporated)                          |
| <input type="radio"/> | Black Diamond  | <input type="radio"/> | North Bend   |
| <input type="radio"/> | Bothell  | <input type="radio"/> | Pacific  |
| <input type="radio"/> | Burien   | <input type="radio"/> | Redmond  |
| <input type="radio"/> | Carnation  | <input type="radio"/> | Renton   |
| <input type="radio"/> | Clyde Hill   | <input type="radio"/> | Sammamish  |
| <input type="radio"/> | Covington  | <input type="radio"/> | Sea Tac  |
| <input type="radio"/> | Des Moines   | <input type="radio"/> | Seattle  |
| <input type="radio"/> | Duvall   | <input type="radio"/> | Shoreline  |
| <input type="radio"/> | East Federal Way (Unincorporated)  | <input type="radio"/> | Skykomish  |
| <input type="radio"/> | East Renton (Unincorporated)   | <input type="radio"/> | Snoqualmie   |
| <input type="radio"/> | Enumclaw   | <input type="radio"/> | Snoqualmie Valley/Northeast King County (Unincorporated) |
| <input type="radio"/> | Fairwood (Unincorporated)  | <input type="radio"/> | Southeast King County (Unincorporated)                   |
| <input type="radio"/> | Federal Way  | <input type="radio"/> | Tukwila  |
| <input type="radio"/> | Four Creeks/Tiger Mountain (Unincorporated)                              | <input type="radio"/> | Vashon/Maury Island                                      |
| <input type="radio"/> | Hunts Point  | <input type="radio"/> | West Hill (Unincorporated)                               |
| <input type="radio"/> | Issaquah   | <input type="radio"/> | Woodinville  |
| <input type="radio"/> | Kenmore  | <input type="radio"/> | Yarrow Point   |
| <input type="radio"/> | Kent   | <input type="radio"/> | Washington State (outside of King County)                |
| <input type="radio"/> | Kirkland   |                       | Outside of Washington State                              |
| <input type="radio"/> | Lake Forest Park   |                       | Client Doesn't Know                                      |
| <input type="radio"/> | Maple Valley   |                       | Client Refused   |
|                       |  |                       | 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 |
|-----------------------|----|-----------------------|-----|

**LENGTH OF STAY LESS THAN 90 DAYS**

[If type of stay is Facility /Institution etc]

|                       |    |                       |     |
|-----------------------|----|-----------------------|-----|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
|-----------------------|----|-----------------------|-----|

**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 |                       |                     |

|  |  |                       |                     |
|--|--|-----------------------|---------------------|
| <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  |

**CITY OF LAST PERMANENT RESIDENCE [Adults, Heads of Households]**

|                       |  |                       |                                 |
|-----------------------|--|-----------------------|---------------------------------|
| <input type="radio"/> | Unincorporated King County (includes any community not otherwise listed) | <input type="radio"/> | Medina                          |
| <input type="radio"/> | Algona   | <input type="radio"/> | Mercer Island                   |
| <input type="radio"/> | Auburn   | <input type="radio"/> | Milton                          |
| <input type="radio"/> | Bear Creek/Sammamish (Unincorporated)                                    | <input type="radio"/> | Newcastle                       |
| <input type="radio"/> | Beaux Arts   | <input type="radio"/> | Normandy Park                   |
| <input type="radio"/> | Bellevue   |                       | North Highline (Unincorporated) |
| <input type="radio"/> | Black Diamond  | <input type="radio"/> | North Bend                      |
| <input type="radio"/> | Bothell  | <input type="radio"/> | Pacific                         |
| <input type="radio"/> | Burien   | <input type="radio"/> | Redmond                         |
| <input type="radio"/> | Carnation  | <input type="radio"/> | Renton                          |
| <input type="radio"/> | Clyde Hill   | <input type="radio"/> | Sammamish                       |
| <input type="radio"/> | Covington  | <input type="radio"/> | Sea Tac                         |
| <input type="radio"/> | Des Moines   | <input type="radio"/> | Seattle                         |
| <input type="radio"/> | Duvall   | <input type="radio"/> | Shoreline                       |
| <input type="radio"/> | East Federal Way (Unincorporated)  | <input type="radio"/> | Skykomish                       |

|   |  |
|---|--|
| <input type="radio"/> East Renton (Unincorporated)                | <input type="radio"/> Snoqualmie   |
| <input type="radio"/> Enumclaw                                    | <input type="radio"/> Snoqualmie Valley/Northeast King County (Unincorporated) |
| <input type="radio"/> Fairwood (Unincorporated)                   | <input type="radio"/> Southeast King County (Unincorporated)                   |
| <input type="radio"/> Federal Way                                 | <input type="radio"/> Tukwila  |
| <input type="radio"/> Four Creeks/Tiger Mountain (Unincorporated) | <input type="radio"/> Vashon/Maury Island                                      |
| <input type="radio"/> Hunts Point                                 | <input type="radio"/> West Hill (Unincorporated)                               |
| <input type="radio"/> Issaquah                                    | <input type="radio"/> Woodinville  |
| <input type="radio"/> Kenmore                                     | <input type="radio"/> Yarrow Point   |
| <input type="radio"/> Kent  | <input type="radio"/> Washington State (outside of King County)                |
| <input type="radio"/> Kirkland                                    | Outside of Washington State  |
| <input type="radio"/> Lake Forest Park                            | Client Doesn't Know  |
| <input type="radio"/> Maple Valley                                | Client Refused   |
|   | Data Not Collected   |

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

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

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

|  |   |     |   |                    |
|--|---|-----|---|--------------------|
|  | ○ | Yes | ○ | Client refused     |
|  |   |     | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|   |     |   |                     |
|---|-----|---|---------------------|
| ○ | No  | ○ | Client doesn't know |
| ○ | Yes | ○ | Client refused      |
|   |     | ○ | 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 refused      |
| ○   |   |     | Data not collected |                     |

**MENTAL HEALTH PROBLEM** *[All Clients]*

|   |     |   |                     |
|---|-----|---|---------------------|
| ○ | No  | ○ | Client doesn't know |
| ○ | Yes | ○ | Client refused      |
|   |     | ○ | 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? | ○ | No  | ○                  | Client doesn't know |
|   | ○ | Yes | ○                  | Client refused      |
| ○   |   |     | Data not collected |                     |

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

|   |               |   |                             |
|---|---------------|---|-----------------------------|
| ○ | No            | ○ | Both alcohol and drug abuse |
| ○ | Alcohol abuse | ○ | Client doesn't know         |
|   |               | ○ | Client refused              |
| ○ | Drug abuse    | ○ | 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? | ○ | No  | ○                  | Client doesn't know |
|   | ○ | Yes | ○                  | Client refused      |
| ○   |   |     | Data not collected |                     |

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults]*

|   |     |   |                     |
|---|-----|---|---------------------|
| ○ | No  | ○ | Client doesn't know |
| ○ | Yes | ○ | Client refused      |
|   |     | ○ | Data not collected  |

**IF "YES" TO DOMESTIC VIOLENCE WHEN EXPERIENCE OCCURRED**

|                            |   |   |                      |   |                     |
|----------------------------|---|---|----------------------|---|---------------------|
| ○                          | Within the past three months                            | ○ | One year ago or more |   |                     |
| ○                          | Three to six months ago (excluding six months exactly)  | ○ | Client doesn't know  |   |                     |
|                            |   | ○ | Client refused       |   |                     |
| ○                          | Six months to one year ago (excluding one year exactly) | ○ | Data not collected   |   |                     |
| Are you currently fleeing? | ○   | ○ | No                   | ○ | Client doesn't know |
|                            |   | ○ | Yes                  | ○ | Client refused      |
| ○                          | Data not collected                                      |   |                      |   |                     |



**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"/>        | 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 ( <b>Specify</b> ):   | <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      |                       | 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> | ____/____/____ |
|-----------------|----------------|

**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   |
| <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="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> |  |

---

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