

Assessment: Entry/Intake
 Funder(s): HUD: CoC
 Project(s): Safe Haven
 Applies To: Accompanied Youth - Under 18



Step 1: Client Demographics

All fields with an * are required

First & Last Name:* _____		
Middle Name: _____		Alias: _____
Name Data Quality:*		
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Partial, Street, or Code Name Reported	<input type="checkbox"/> Client Prefers Not to Answer	
Social Security Number:* _____ - _____ - _____		Birth Date:* <u>MM</u> / <u>DD</u> / <u>YYYY</u>
<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Full DOB Reported	
<input type="checkbox"/> Approximate or Partial SSN Reported	<input type="checkbox"/> Approximate or Partial DOB Reported	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Prefers Not to Answer	
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	
Race and Ethnicity:*		
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Additional Race and Ethnicity Detail:
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White	
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Hispanic/Latina/o	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Data not collected	
Sex:*		
<input type="checkbox"/> Female	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Male	<input type="checkbox"/> Client prefers not to answer	
Gender:		
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning	<input type="checkbox"/> If Different Identity, please specify:
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity	
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Data not collected	
Pregnancy Status:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
If Yes, Due Date: * <u>MM</u> / <u>DD</u> / <u>YYYY</u>	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
Relationship to Head of Household:*		
<input type="checkbox"/> Head of Household's Child	<input type="checkbox"/> Head of Household's Other Relation Member	
<input type="checkbox"/> Head of Household's Spouse or Partner	<input type="checkbox"/> Other: Non-Relation Member	

Step 2: Project Enrollment

Project Start Date: * <u>MM</u> / <u>DD</u> / <u>YYYY</u>	Case Manager: _____
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Step 3: Entry Assessments

Disabling Condition:*		
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer	

