Assessment: **Entry/Intake**
Funder(s):   **HHS: PATH**
Project(s):   **Supportive Services Only**
Applies To: **Accompanied Youth - Under 18**

HOUSING FORWARD

Step 1: Client Demographics

All fields with an * are required

First & Last Name:* _____

Middle Name: _____   Alias: _____

Name Data Quality:*

☐ Full Name Reported   ☐ Client Doesn't Know   ☐ Data Not Collected

☐ Partial, Street, or Code Name Reported   ☐ Client Prefers Not to Answer

Social Security Number:* _____ - ____ - _____   **Birth Date:*** _____ MM / DD / YYYY _____

☐ Full SSN Reported   ☐ Full SSN Reported

☐ Approximate or Partial SSN Reported   ☐ Approximate or Partial DOB Reported

☐ Client Doesn't Know   ☐ Client Doesn't Know

☐ Client Prefers Not to Answer   ☐ Client Prefers Not to Answer

☐ Data Not Collected   ☐ Data Not Collected

Race and Ethnicity:*

☐ American Indian, Alaska Native, or Indigenous   ☐ Native Hawaiian or Pacific Islander   ☐ Additional Race and Ethnicity Detail:

☐ Asian or Asian American   ☐ White

☐ Black, African American, or African   ☐ Client doesn't know

☐ Hispanic/Latina/e/o   ☐ Client prefers not to answer

☐ Middle Eastern or North African   ☐ Data not collected

Sex:

☐ Female   ☐ Client doesn't know   ☐ Data not collected

☐ Male   ☐ Client prefers not to answer

Gender:

☐ Woman (Girl, if child)   ☐ Questioning   ☐ If Different Identity, please specify:

☐ Man (Boy, if child)   ☐ Different Identity

☐ Culturally Specific Identity (e.g., Two-Spirit)   ☐ Client doesn't know

☐ Transgender   ☐ Client prefers not to answer

☐ Non-Binary   ☐ Data not collected

Pregnancy Status:

☐ Yes   ☐ No   ☐ Client prefers not to answer

    If Yes, Due Date:* _____ MM / DD / YYYY _____   ☐ Client doesn't know   ☐ Data not collected

Relationship to Head of Household:*

☐ Head of Household's Child   ☐ Head of Household's Other Relation Member

☐ Head of Household's Spouse or Partner   ☐ Other: Non-Relation Member

Step 2: Project Enrollment

Project Start Date:* _____ MM / DD / YYYY _____ | Case Manager: _____

Step 3: Entry Assessments

Disabling Condition:*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected

☐ No   ☐ Client prefers not to answer

Assessment: Entry/Intake
Funder(s): HHS: PATH
Project(s): Supportive Services Only
Applies To: Accompanied Youth - Under 18

HOUSING FORWARD

Covered By Health Insurance*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

If "Yes, Covered by Health Insurance" - Specify:*

☐ MEDICAID   ☐ Health Insurance Obtained Through COBRA
☐ MEDICARE   ☐ Private Pay Health Insurance
☐ State Children's Health Insurance (S-CHIP) ☐ State Health Insurance for Adults
☐ Veteran's Health Administration (VHA)   ☐ Indian Health Services Program
☐ Employer Provided Health Insurance   ☐ Other (specify):_____

Barriers (Disabling Conditions)

Physical Disability*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

If "Yes, is it Expected to be of *Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Developmental Disability*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Chronic Health Condition*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

If "Yes, is it Expected to be of *Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

HIV/AIDS*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Mental Health Disorder*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

If "Yes, is it Expected to be of *Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Alcohol Use Disorder*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

If "Yes, is it Expected to be of *Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Drug Use Disorder*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

If "Yes, is it Expected to be of *Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer