**Assessment:** Entry/Intake
**Funder(s):** HHS: RHY
**Project(s):** Basic Center Program E/E
**Applies To:** Child of Parenting Youth

HOUSING FORWARD

## Step 1: Client Demographics

**All fields with an * are required**

**First & Last Name:*** _____

Middle Name: _____ Alias: _____

**Name Data Quality:***

☐ Full Name Reported
☐ Partial, Street, or Code Name Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

**Social Security Number:*** _____ - _____ - _____

☐ Full SSN Reported
☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

**Birth Date:*** __MM__/__DD__/__YYYY____

☐ Full DOB Reported
☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

**Race and Ethnicity:***

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic/Latina/o
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Additional Race and Ethnicity Detail:

**Sex:***

☐ Female
☐ Male
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

**Gender:**

☐ Woman (Girl, if child)
☐ Man (Boy, if child)
☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender
☐ Non-Binary
☐ Questioning
☐ Different Identity
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

If "*Different Identity*", Please Specify:

**Relationship to Head of Household:***

☐ Head of Household's Child

## Step 2: Project Enrollment

Project Start Date:* __MM__/__DD__/__YYYY____ Case Manager: _____

## Step 3: Entry Assessments

**Disabling Condition:***

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

**Covered By Health Insurance***

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

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

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



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HOUSING FORWARD

## BCP Status

*To determine the number of homeless persons eligible for FYSB in RHY BCP-funded emergency shelter projects.*

**Youth Eligible for RHY Services*** ☐ Yes ☐ No | **Date Status Determined*** __MM__/__DD__/__YYYY__

*If No, for "Youth Eligible for RHY Services"*

**Reason why services are not funded by BCP grant***

☐ Out of age range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification
☐ Other

*If Yes, for "Youth Eligible for RHY Services"*

**Runaway Youth***

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

## 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

**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



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