Assessment: Entry/Intake Funder(s): HHS: RHY

Project(s): Basic Center Program Prevention
Applies To: Child of Parenting Youth



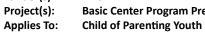
Step 1: Client Demographics

All fields with an * are required

First & Last Name:*			
Middle Name: Alias:			
	Name Data Quality:*		
☐ Full Name Reported	□ Client Doesn't Know		
☐ Partial, Street, or Code Name Reported	☐ Data Not Collected ☐ Client Prefers Not to Answer		
Social Security Number:* Birth Date:* MM / DD / YYYY			
· ——— ———			
☐ Full SSN Reported	☐ Full DOB Reported		
☐ Approximate or Partial SSN Reported ☐ Client Doesn't Know	☐ Approximate or Partial SSN Reported		
☐ Client Doesn't Know ☐ Client Prefers Not to Answer	☐ Client Doesn't Know ☐ Client Prefers Not to Answer		
☐ Data Not Collected			
☐ 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			
☐ Hispanic/Latina/o	☐ Client prefers not to answer		
☐ Middle Eastern or North African ☐ Data not collected			
Sex:*			
☐ Female ☐ Client doe	esn't know 🗆 Data not collected		
☐ Male ☐ Client pre	fers 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			
☐ Non-Binary	☐ Data not collected		
Relationship to Head of Household:*			
☐ Head of Household's Child	·		
Step 2: Project Enrollment			
Step 2. Project Enrollment			
Project Start Date:*MM/DD/YYYYY	Case Manager:		
Step 3: Entry Assessments			
	Disabling Condition:*		
☐ Yes ☐ Client do	_		
	efers not to answer		
Covered By Health Insurance*			
☐ Yes ☐ Client doesn't know ☐ Data not collected			
	☐ Client doesn't know ☐ Data not collected ☐ 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):		

Assessment: Entry/Intake Funder(s): HHS: RHY

Basic Center Program Prevention





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 gible for RHY Services"	
Reason why services are not funded by BCP grant*			
☐ Out of age range ☐ Ward of the Criminal Justice System – Immediate Reunification			
☐ Ward of the State – Immediate Reunification		☐ Other	
	If Yes, for "Youth El	igible for RHY Services"	
Runaway Youth*			
☐ Yes	☐ Client doesn't kno		
□ No	☐ Client prefers not		
Barriers (Disabling Conditions)			
Physical Disability*			
Yes	☐ Client doesn't kno		
☐ 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 kno		
□ No			
□ No □ Client prefers not to answer Developmental Disability*			
☐ Yes	☐ Client doesn't kno	ow □ Data not collected	
□ No	☐ Client prefers not		
Chronic Health Condition*	Ellette prefers not	to answer	
☐ Yes	☐ Client doesn't kno	ow □ Data not collected	
□ No	☐ Client prefers not		
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*			
□ Yes	☐ Client doesn't kno		
□No	☐ Client prefers not	to answer	
Mental Health Disorder*			
□ Yes	☐ Client doesn't kno	ow ☐ Data not collected	
□ No	☐ Client prefers not		
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*			
□ Yes	☐ Client doesn't kno		
□ No	☐ Client prefers not	to answer	
Alcohol Use Disorder*	_		
☐ Yes	☐ Client doesn't kno		
□ No	☐ Client prefers not	to answer uration and Substantially Impair Ability to Live Independently*	
☐ Yes	☐ Client doesn't kno		
□ No	☐ Client prefers not		
Drug Use Disorder*			
☐ Yes	☐ Client doesn't kno	Data not collected	
□ No	☐ Client prefers not		
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*			
□ Yes	☐ Client doesn't kno	ow ☐ Data not collected	
□ No	☐ Client prefers not	to answer	