Project(s): Basic Center Program Prevention

Applies To: Head of Household (Primary) & Adults (18+) - Includes Unaccompanied Youth



Step 1: Client Demographics

All fields with an * are required

	•				
First & Last Name:*					
Middle Name:	Alias:				
N	lame Data Quality:*				
☐ Full Name Reported ☐	Client Doesn't Know 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	☐ Approximate or Partial SSN 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:				
-	White				
☐ Black, African American, or African	Client doesn't know				
	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:				
	Different Identity				
	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/YYYYY	□ Client doesn't know □ Data not collected				
Veteran Status:*					
☐ Yes ☐ Client doesn'	t know 🗆 Data not collected				
☐ No ☐ Client prefers not to answer					
Contact Information					
Address: City/State/Zip:					
Email: Phone:					
Relationship to Head of Household:*					
☐ Self (Head of Household) ☐ Head of Household's Spouse or Partner ☐ Other: Non-Relation Member					
☐ Head of Household's Child ☐ Head of Household's Other Relation Member					
Step 2: Project Enrollment					
	o 14				
Project Start Date:*MM/_DD/_YYYY	Case Manager:				

Project(s): Basic Center Program Prevention

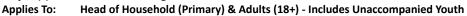
Applies To: Head of Household (Primary) & Adults (18+) - Includes Unaccompanied Youth



Step 3: Entry Assessments

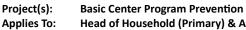
Disabling Condition:*				
☐ Yes ☐ Client	☐ Client doesn't know ☐ Data not collected			
□ No □ Client	☐ Client prefers not to answer			
	Prior Living Situation*			
Identify where the clier	nt slept the night before enrollment - ONLY SELECT ONE			
Homeless Situations				
\square Place not meant for habitation (e.g., vehicle,	abandoned building, bus/train/subway/station/airport, or anywhere outside)			
\square Emergency shelter, including hotel or motel p	aid for with emergency shelter voucher			
☐ Safe Haven				
Institutional Situations	Temporary Housing Situations			
\square Foster care home or foster care group home	☐ Residential project or halfway house with no homeless criteria			
\square Hospital or other residential non-psychiatric r	nedical Transitional housing for homeless persons (including homeless			
facility	youth)			
\square Jail, prison, or juvenile detention facility \square Hotel or motel paid for without emergency shelter				
\square Long-term care facility or nursing home	☐ Host Home (non-crisis)			
☐ Psychiatric hospital or other psychiatric facilit	y			
☐ Substance abuse treatment facility or detox of				
Permanent Housing situation Other				
\square Owned by client, with ongoing housing subsid	ly			
\square Owned by client, no ongoing housing subsidy	☐ Client prefers not to answer			
Rental by client, with ongoing housing subsidy				
☐ Rental by client, no ongoing housing subsidy				
-	Client, with Ongoing Housing Subsidy" – Specify:*			
☐ GPD TIP housing subsidy	\square Rental by client, with other ongoing housing subsidy			
☐ VASH housing subsidy	☐ Housing Stability Voucher			
RRH or equivalent subsidy				
☐ HCV voucher (tenant or project based) (not dedicated) ☐ Foster Youth to Independence Initiative (FYI)				
☐ Public housing unit ☐ Permanent Supportive Housing				
Other permanent housing dedicated for formerly homeless persons				
Length of stay in prior living situation:*				
☐ One night or less	\square 90 days or more, but less than one year			
☐ Two to six nights	☐ Client doesn't know			
\square One week or more, but less than one month	☐ Client prefers not to answer			
☐ One month or more, but less than 90 days ☐ Data not collected				
FOR INSTITUTIONAL SITUATIONS FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS				
Did you stay less than 90 days: * ☐ Yes ☐ No Did you stay less than 7 nights: * ☐ Yes ☐ No				
If "Yes, Stayed in a Temporary, Permanent or Other Situation for less than 7 nights <u>OR</u> Stayed in an Institutional Situation for less than 90 days				
On the night before did you stay on the streets, ES, or SH:*				
If "Yes, On the night before did you stay on the streets, ES, or SH" or if Prior Living Situation was a "Homeless Situation"				
Approximate date this episode of homelessness started:*MM / DD / YYYY				
Number of times the client has been on the streets, ES or Safe Haven in the last 3 years (including today):*				
☐ One Time ☐ Three Times	☐ Client prefers not to answer ☐ Data not collected			
	☐ Four or More Times ☐ Client doesn't know			

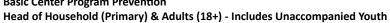






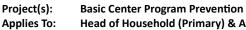
Total number of months homeless on	the streets, in ES, or	SH in the past three years:*			
		☐ Client doesn't know			
,		☐ Client prefers not to answer			
☐ More than 12 months		☐ Data not collected			
	Covered By Hea	alth Insurance*			
☐ Yes	☐ Client doesn't know				
□ No	☐ Client prefers not to				
	-	h Insurance" – Specify:*			
☐ MEDICAID	res, covered by mean	☐ Health Insurance Obtained Through COBRA			
☐ MEDICARE	-				
☐ State Children's Health Insurance (S-CHIP) ☐ State Health Insurance for Adults					
	ir)				
☐ Veteran's Health Administration (VHA)		☐ Indian Health Services Program			
☐ Employer Provided Health Insurance		☐ Other (specify):			
	BCP S				
To determine the number of hor	neless persons eligible f	or 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 Eligi	ble for RHY Services"			
Reason why services are not funded by	y BCP grant*				
☐ Out of age range		Ward of the Criminal Justice System – Immediate Reunification			
☐ Ward of the State – Immediate Reunific] Other			
	If Yes, for "Youth Eligi	ble for RHY Services"			
Runaway Youth*					
□ Yes	☐ Client doesn't know	☐ Data not collected			
□ No	☐ Client prefers not to				
	Barriers (Disabl				
Physical Disability*		,			
□ Yes	☐ Client doesn't know	☐ Data not collected			
□ No	☐ Client prefers not to				
	•	ation and Substantially Impair Ability to Live Independently*			
☐ Yes	☐ Client doesn't know				
□ No	☐ Client prefers not to				
-	Chefft prefers not to	o answer			
Developmental Disability*					
☐ Yes	☐ Client doesn't know				
□ No	☐ Client prefers not to	oanswer			
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				
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*					
□ Yes	☐ Client doesn't know				
□ No	☐ Client prefers not to				
	_ cheft prefers not to	, dilottel			

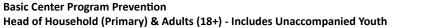






Alcohol Use Disorder*						
□Yes	☐ Client doesn't knov	v	☐ Data not collected			
	\square Client prefers not t					
If "Yes, is it Expected to be of Long-Conti			pair Ability to Live Independently*			
	☐ Client doesn't knov		☐ Data not collected			
	☐ Client prefers not t	o answer				
Drug Use Disorder*						
	☐ 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*						
	☐ Client doesn't knov		☐ Data not collected			
	☐ Client prefers not t		_ butu not concercu			
	·	n Any Source				
□ Yes	☐ Client doesn't know		☐ Data not collected			
□ No	☐ Client prefers not t	o answer				
If "Yes, Incon	ne from any Source –	Specify Type & Monthly Am	ount:*			
☐ Earned Income			Amount: \$			
☐ Unemployment Insurance			Amount: \$			
☐ Supplemental Security Income (SSI)			Amount: \$			
☐ Social Security Disability Insurance (SSDI)		Amount: \$				
☐ VA Service-Connected Disability Compen		Amount: \$				
☐ VA Non-Service-Connected Disability Pen		Amount: \$				
☐ Private disability insurance		Amount: \$				
☐ Worker's Compensation		Amount: \$				
☐ Temporary Assistance for Needy Families		Amount: \$				
☐ General Assistance (GA)	Amount: \$					
$\hfill\square$ Retirement income from Social Security		Amount: \$				
\square Pension or retirement income from a form	Amount: \$					
☐ Child support		Amount: \$				
\square Alimony and other spousal support			Amount: \$			
☐ Other income source (specify):			Amount: \$			
Non-Cash Benefits from Any Source*						
	☐ Client doesn't knov		☐ Data not collected			
	☐ Client prefers not t					
If "Yes, Non-Cash from Any Source" – Specify Type & Monthly Amount:*						
☐ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)			Amount: \$			
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)			Amount: \$			
☐ TANF Child Care services			Amount: \$			
☐ TANF transportation services	Amount: \$					
☐ Other TANF-funded services Amount: \$						
☐ Other source (specify):			Amount: \$			
Employment Assessment						
Employed:*						
☐ Yes ☐ No ☐ Client does	n't know	Client prefers not to answe	r □ Data not collected			







If Yes, "Employed":*							
Type of Employment:*							
☐ Full-Time		☐ Part-Time] Seasonal/spora	adic (includes day labor)	
Add At a Paralamatik		If No,	"Why Not	Employed":*			
Why Not Employed:*					7		
☐ Looking for work		☐ Unable to w			Not looking for	Not looking for work	
		Educ	ation As	ssessment			
Last Grade Completed:*							
☐ Less than Grade 5			n does no	t have grade levels		ate degree	
☐ Grades 5-6		☐ GED				onal Certification	
☐ Grades 7-8		☐ Some college				doesn't know	
☐ Grades 9-11	oma	☐ Associate's deg	_		-	☐ Client prefers not to answer☐ Data Not Collected	
☐ Grade 12/High school diplo School Status:*	Ullia	□ DdCHEIUI 3 UEB	ree		□ Data iv	ot Collected	
☐ Attending school regularly		☐ Obtained GED		☐ Expelled		☐ Data Not Collected	
☐ Attending school irregular		☐ Dropped Out		☐ Client doesn't			
☐ Graduated from high scho	=	☐ Suspended		☐ Client prefers			
		•	alth Asso	essment			
General Health Status:*							
☐ Excellent	☐ Good		Poor		☐ Client pref	ers not to answer	
□ Very Good	☐ Fair		Client Doe	esn't Know	☐ Data not c		
Dental Health Status:*							
☐ Excellent	☐ Good		Poor		☐ Client pref	ers not to answer	
☐ Very Good	☐ Fair	☐ Client Doesn't Know ☐ Data not collected					
Mental Health Status:*							
☐ Excellent	☐ Good		Poor		☐ Client pref	ers not to answer	
☐ Very Good	☐ Fair		Client Doe	esn't Know	☐ Data not c		
RHY Assessment							
Sexual Orientation:							
☐ Heterosexual		□ Questioning/II	ncure		☐ Client o	doesn't know	
☐ Gay		_	☐ Questioning/Unsure ☐ Other - If "Other", please specify:*		☐ Client prefers not to answer		
Lesbian			□ Other - ij Other , piease specijy:		☐ Data Not Collected		
□ Bisexual ————————————————————————————————————							
Referral Source:*							
☐ Self-Referral		☐ Child Welfa	are/CPS		☐ Other Orga	inization	
☐ Outreach Project		☐ Juvenile Justice			☐ Vocational Certification		
☐ Temporary Shelter		☐ Law Enforcement/Police		☐ Client doesn't know			
☐ Residential Project		☐ Mental Hospital		\square Client prefers not to answer			
☐ Hotline				ollected			
☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual							
If Outreach Project is selected for "Referral Source"							
Number of times approached by outreach prior to entering the project:*							
Critical Family Issue:*			Status:*				
Unemployment - Family member			☐ Yes ☐ No	☐ Client doesn't k☐ Client prefers n		☐ Data Not Collected	
Mental Health Disorder - Family member		er	□ Yes □ No	☐ Client doesn't k☐ Client prefers n		☐ Data Not Collected	



Applies To: Head of Household (Primary) & Adults (18+) - Includes Unaccompanied Youth



Physical Disability - Family member	☐ Yes	☐ Client doesn't know	☐ Data Not Collected		
Trysical Disability Turning member	□ No	☐ Client prefers not to an	swer		
Alcohol or Substance Use Disorder – Family member	☐ Yes	☐ Client doesn't know	☐ Data Not Collected		
Alcohol of Substance ose Disorder – Family member	□ No	☐ Client prefers not to an	swer		
Insufficient Income to support youth - Family member	☐ Yes	☐ Client doesn't know	☐ Data Not Collected		
misumcient income to support youth - rainily member	□ No	☐ Client prefers not to an	swer		
Incarcerated Parent of Youth	☐ Yes	☐ Client doesn't know	☐ Data Not Collected		
incarcerated Farent of Touth	□ No	☐ Client prefers not to an	swer		
Formerly Ward Of					
Formerly a Ward of Child Welfare or Foster Care Agency?*					
☐ Yes ☐ No ☐ Client doesn't know	☐ Cli	ent prefers not to answer	☐ Data Not Collected		
If Yes, "Formerly a Ward of Child Welfare or Foster Care Agency"					
Number of Years:*					
☐ Less than one year	□ 1	2 years	r more years		
Number of Months:* (1 - 11)	□ 1.	2 years 🗀 3 - 3 0i	i filore years		
Formerly a Ward of Juvenile Justice System?:*					
☐ Yes ☐ No ☐ Client doesn't know	□ Cli	ent prefers not to answer	☐ Data Not Collected		
If Yes, "Formerly a Ward of Juvenile Justice System"					
Number of Years:*					
☐ Less than one year Number of Months:*(1 - 11)	□1-	2 years	r more years		