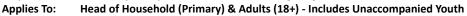
Assessment: Entry/Intake Funder(s): HHS: RHY







Step 1: Client Demographics

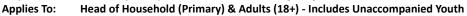
All fields with an * are required

	<u>'</u>						
First & Last Name:*							
Middle Name:	Alias:						
Nam	e Data Quality:*						
☐ Full Name Reported ☐ Clien	nt 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 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	e and Ethnicity:*						
☐ American Indian, Alaska Native, or Indigenous ☐ Na	ative Hawaiian or Pacific Islander Additional Race and Ethnicity						
☐ Asian or Asian American ☐ W	hite Detail:						
☐ Black, African American, or African ☐ Cli	ent doesn't know						
☐ Hispanic/Latina/o ☐ Cli	ent prefers not to answer						
☐ Middle Eastern or North African ☐ Da	ata not collected						
	Sex:*						
☐ Female ☐ Client doesn't kno	ow □ Data not collected						
☐ Male ☐ Client prefers not	t to answer						
	Gender:						
☐ Woman (Girl, if child) ☐ Qu	uestioning If "Different Identity", Please						
☐ Man (Boy, if child) ☐ Dit	fferent Identity Specify:						
☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Cli	ent doesn't know						
☐ Transgender ☐ Cli	ent prefers not to answer						
☐ Non-Binary ☐ Da	ata not collected						
Preg	gnancy Status:*						
□Yes	☐ No ☐ Client prefers not to answer						
If Yes, Due Date:	☐ Client doesn't know ☐ Data not collected						
Veteran St	tatus:* (18 and Older)						
☐ Yes ☐ Client doesn't know ☐ Data not collected							
□ No □ Client prefers not to answer							
Cont	act Information						
Address: City/State/Zip:							
Email:	Phone:						
Relationship	to Head of Household:*						
☐ Self (Head of Household) ☐ Head of Household'	s Spouse or Partner						
☐ Head of Household's Child ☐ Head of Household's Other Relation Member							
Step 2: Project Enrollment							
Project Start Date:*MM/DD/YYYY	Case Manager:						

					_
			1 10000		
Project Start Date:* _	D/ID/I	DD		Case Manager:	
i i i dicci start batc.	IVIIVI			Case Manager.	

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





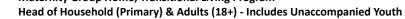


Step 3: Entry Assessments

Disabling Condition:*						
□ Yes	Client doesn't know	☐ Data not collected				
□No□	☐ Client prefers not to answer					
Prior Living Situation*						
	he client slept the nig	ht before enrollment - <u>ONLY SELECT ONE</u>				
Homeless Situations						
		ilding, bus/train/subway/station/airport, or anywhere outside)				
☐ Emergency shelter, including hotel or r	notel paid for with er	mergency shelter voucher				
☐ Safe Haven	_					
Institutional Situations		emporary Housing Situations				
\square Foster care home or foster care group		Residential project or halfway house with no homeless criteria				
☐ Hospital or other residential non-psych	į	Transitional housing for homeless persons (including homeless				
facility		outh)				
☐ Jail, prison, or juvenile detention facilit		Hotel or motel paid for without emergency shelter voucher				
☐ Long-term care facility or nursing home		Host Home (non-crisis)				
☐ Psychiatric hospital or other psychiatric		Staying or living in a friend's room, apartment, or house				
☐ Substance abuse treatment facility or o		Staying or living in a family member's room, apartment, or house				
Permanent Housing Situation		Other				
Owned by client, with ongoing housing	•	Client doesn't know				
☐ Owned by client, no ongoing housing s	i	Client prefers not to answer				
☐ Rental by client, with ongoing housing	•	Data not collected				
☐ Rental by client, no ongoing housing su		Chaile Ch				
If "Yes, Rental by Client, with Ongoing Housing Subsidy" – Specify :*						
☐ GPD TIP housing subsidy		\square Rental by client, with other ongoing housing subsidy				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy	, , , , , , , , , , , , , , , , , , , ,	☐ Rental by client, with other ongoing housing subsidy☐ Housing Stability Voucher				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy		☐ Rental by client, with other ongoing housing subsidy☐ Housing Stability Voucher☐ Family Unification Program Voucher (FUP)				
☐ GPD TIP housing subsidy☐ VASH housing subsidy☐ RRH or equivalent subsidy☐ HCV voucher (tenant or project based)		 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) 				
 □ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit 	(not dedicated)	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing 				
 □ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit □ Other permanent housing dedicated for 	(not dedicated) or formerly homeless	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing 				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation	(not dedicated) or formerly homeless	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing persons 				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less	(not dedicated) or formerly homeless	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing persons □ 90 days or more, but less than one year 				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less ☐ Two to six nights	(not dedicated) or formerly homeless	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing persons □ 90 days or more, but less than one year □ Client doesn't know 				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one near the subside th	(not dedicated) or formerly homeless a:*	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing persons □ 90 days or more, but less than one year □ Client doesn't know □ Client prefers not to answer 				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one not one month or more, but less than 90 desired.	(not dedicated) or formerly homeless 1:* nonth lays	 □ Rental by client, with other ongoing housing subsidy □ Housing Stability Voucher □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing persons □ 90 days or more, but less than one year □ Client doesn't know □ Client prefers not to answer □ Data not collected 				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one in ☐ One month or more, but less than 90 deserted.	(not dedicated) or formerly homeless 1:* nonth lays	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons ☐ 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one in ☐ One month or more, but less than 90 degrees th	(not dedicated) or formerly homeless a:* nonth lays 4TIONS Yes \Box	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons ☐ 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS Did you stay less than 7 nights: * ☐ Yes ☐ No				
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) ☐ Public housing unit ☐ Other permanent housing dedicated for Length of stay in prior living situation ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one in ☐ One month or more, but less than 90 degrees th	(not dedicated) or formerly homeless a:* nonth lays ATIONS Yes □ No ont or Other Situation	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons ☐ 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected ☐ FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS ☐ Did you stay less than 7 nights: * ☐ Yes ☐ No for less than 7 nights OR Stayed in an Institutional Situation for less				
□ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit □ Other permanent housing dedicated for Length of stay in prior living situation □ One night or less □ Two to six nights □ One week or more, but less than one note that the content of the content	(not dedicated) or formerly homeless 1:* nonth lays 4TIONS 1 Yes	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons ☐ 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS Did you stay less than 7 nights: * ☐ Yes ☐ No for less than 7 nights OR Stayed in an Institutional Situation for less n 90 days				
□ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit □ Other permanent housing dedicated for Length of stay in prior living situation □ One night or less □ Two to six nights □ One week or more, but less than one more to the stay of	(not dedicated) or formerly homeless n:* nonth lays ATIONS I Yes	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons ☐ 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS Did you stay less than 7 nights: * ☐ Yes ☐ No for less than 7 nights OR Stayed in an Institutional Situation for less in 90 days H:* ☐ Yes ☐ No				
□ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit □ Other permanent housing dedicated for Length of stay in prior living situation □ One night or less □ Two to six nights □ One week or more, but less than one more to the stay of	(not dedicated) or formerly homeless n:* nonth lays ATIONS Yes	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS Did you stay less than 7 nights: * ☐ Yes ☐ No for less than 7 nights OR Stayed in an Institutional Situation for less in 90 days H:* ☐ Yes ☐ No S, or SH" or if Prior Living Situation was a "Homeless Situation"				
□ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit □ Other permanent housing dedicated for Length of stay in prior living situation □ One night or less □ Two to six nights □ One week or more, but less than one note that the stay in prior living situation of the six nights □ One week or more, but less than 90 days: * □ Did you stay less than 90 days: * □ If "Yes, Stayed in a Temporary, Permanent of the stay on the night before did you stay on the stay of	(not dedicated) or formerly homeless n:* nonth lays ATIONS Yes No nt or Other Situation of the streets, ES, or SI stay on the streets, Es melessness started	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS Did you stay less than 7 nights: * ☐ Yes ☐ No for less than 7 nights OR Stayed in an Institutional Situation for less in 90 days H:* ☐ Yes ☐ No S, or SH" or if Prior Living Situation was a "Homeless Situation"				
□ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) □ Public housing unit □ Other permanent housing dedicated for Length of stay in prior living situation □ One night or less □ Two to six nights □ One week or more, but less than one note that the state of the stat	(not dedicated) or formerly homeless 1:* nonth lays 4TIONS Yes No nt or Other Situation of the streets, ES, or SI stay on the streets, ES melessness started on the streets, ES or	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing persons 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS Did you stay less than 7 nights: * ☐ Yes ☐ No for less than 7 nights OR Stayed in an Institutional Situation for less in 90 days H:* ☐ Yes ☐ No S, or SH" or if Prior Living Situation was a "Homeless Situation" :*MM/DD/				

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



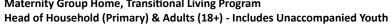




Total number of months homeless on the streets, in ES, or SH in the past three years:*						
☐ One month (this time is the first month)		☐ Client doesn't know				
☐ 2-12 months (specify number of months):		☐ Client prefers not to answer				
☐ More than 12 months		□ Data not collected				
Covered By Health Insurance*						
☐ Yes	☐ Client doesn't know		☐ Data not collected			
□ No	☐ Client prefers not to	answer				
lf	"Yes, Covered by Health					
☐ MEDICAID		☐ Health Insurance Obtai	ned Through COBRA			
☐ MEDICARE		☐ Private Pay Health Insurance				
☐ State Children's Health Insurance (S-CHI	P)	☐ State Health Insurance for Adults				
☐ Veteran's Health Administration (VHA)		☐ Indian Health Services	Program			
☐ Employer Provided Health Insurance		☐ Other (specify):				
	Barriers (Disabli	ing 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-Cont	tinued & Indefinite Dura	ntion and Substantially Im	pair 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*	<u>'</u>					
☐ Yes	☐ Client doesn't know		☐ Data not collected			
□ No	☐ Client prefers not to	answer	E bata not conceted			
If "Yes, is it Expected to be of Long-Cont	· · · · · · · · · · · · · · · · · · ·		pair Ability to Live Independently*			
☐ Yes	☐ Client doesn't know	,	☐ Data not collected			
□ No	☐ Client prefers not to	answer	= Buta not conceded			
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-Cont			pair 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-Cont	-		pair 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-Cont	-		pair Ability to Live Independently*			
□ Yes						
□ No	☐ Client prefers not to	answer				
	•					

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



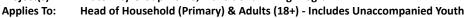




Income from Any Source						
□ Yes	•					
□ No	☐ Client prefers not to					
If "Yes,	Income from any Source – S	Specify Type & Monthly				
☐ Earned Income			Amount: \$			
☐ Unemployment Insurance		Amount: \$				
☐ Supplemental Security Income (SSI)			Amount: \$			
☐ Social Security Disability Insurance ((SSDI)		Amount: \$			
☐ VA Service-Connected Disability Con	mpensation		Amount: \$			
☐ VA Non-Service-Connected Disabilit	y Pension		Amount: \$			
☐ Private disability insurance			Amount: \$			
☐ Worker's Compensation			Amount: \$			
☐ Temporary Assistance for Needy Far	milies (TANF)		Amount: \$			
☐ General Assistance (GA)			Amount: \$			
☐ Retirement income from Social Secu	urity		Amount: \$			
☐ Pension or retirement income from	a former job		Amount: \$			
☐ Child support	-		Amount: \$			
☐ Alimony and other spousal support			Amount: \$			
П 011 · · · · · · · · · · · · · · · · · ·			Amount: \$			
	Non-Cash Benefits	from Any Source*	, ,			
□ Yes	☐ Client doesn't knov	-	☐ Data not collected			
□No	☐ Client prefers not to	o answer				
If "Yes, N	on-Cash from Any Source" -	- Specify Type & Monthl	y Amount:*			
☐ Supplemental Nutrition Assistance	Program (SNAP) (Previously	known as Food Stamps)	Amount: \$			
☐ Special Supplemental Nutrition Pro	gram for Women, Infants, a	nd Children (WIC)	Amount: \$			
☐ TANF Child Care services			Amount: \$			
☐ TANF transportation services			Amount: \$			
☐ Other TANF-funded services		Amount: \$				
☐ Other source (specify):			Amount: \$			
	Fmployment	Assessment	·			
Employed:*	p.c.,c.					
	t doesn't know	Client prefers not to ans	wer			
	If Yes, "En	nployed":*				
Type of Employment:*						
☐ Full-Time	☐ Part-Time		asonal/sporadic (includes day labor)			
M/by Not Employed:*	If No, "Why No	ot Employed":*				
Why Not Employed:* ☐ Looking for work	☐ Unable to work	ПМо	t looking for work			
LOOKING TOT WOLK			t looking for work			
Lock Crode Completed:*	Education	Assessment				
Last Grade Completed:* ☐ Less than Grade 5	☐ School program does r	not have grade lovels	☐ Graduate degree			
☐ Grades 5-6	☐ GED	iot nave grade levels	☐ Vocational Certification			
☐ Grades 7-8	☐ Some college		☐ Client doesn't know			
☐ Grades 9-11	☐ Associate's degree		☐ Client prefers not to answer			
☐ Grade 12/High school diploma	☐ Bachelor's degree		☐ Data Not Collected			

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







School Status:*	School Status:*						
☐ Attending school regularly	☐ Obtained GEI	☐ Obtained GED ☐ Exp			☐ Data Not Collected		
☐ Attending school irregularly	☐ Dropped Out			know			
☐ Graduated from high school	☐ Suspended		☐ Client prefers r	ot to answer			
Health Assessment							
General Health Status:*							
☐ Excellent ☐ Good	d 🗆] Poor		☐ Client pref	ers not to answer		
☐ Very Good ☐ Fair		Client Do	esn't Know	☐ Data not c			
Dental Health Status:*							
☐ Excellent ☐ Good	d 🗆] Poor		☐ Client pref	ers not to answer		
☐ Very Good ☐ Fair		Client Do	esn't Know	☐ Data not c	ollected		
Mental Health Status:*							
☐ Excellent ☐ Good	d 🗆] Poor		☐ Client pref	ers not to answer		
☐ Very Good ☐ Fair		Client Do	esn't Know	☐ Data not c	ollected		
	ı	RHY Asse	ssment				
Sexual Orientation:							
☐ Heterosexual	☐ Questioning/	Uncuro		□ Client o	doesn't know		
☐ Gay	☐ Other - <i>If "Ot</i>		a spacify:*	☐ Client doesn't know ☐ Client prefers not to answer			
☐ Lesbian	□ Other - IJ Oth	ilei , pieus	e specijy.	□ Data Not Collected			
☐ Bisexual					or concercu		
Referral Source:*							
☐ Self-Referral	☐ Child Wel	fare/CPS		☐ Other Orga	nization		
☐ Outreach Project	☐ Juvenile J	ustice		☐ Vocational	Certification		
☐ Temporary Shelter	☐ Law Enfoi	rcement/Po	olice	☐ Client does	sn't know		
☐ Residential Project	☐ Mental H	ospital		☐ Client prefers not to answer			
☐ Hotline	☐ School	·		☐ Data Not Collected			
☐ 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:*							
Unampleyment Family member		☐ Yes	☐ Client doesn't k	now	☐ Data Not Collected		
Unemployment - Family member		□ No	☐ Client prefers no	ot to answer			
Montal Hoalth Disorder Family mon	har	☐ Yes	☐ Client doesn't k	now	☐ Data Not Collected		
Mental Health Disorder - Family member		□ No	☐ Client prefers not to answer				
Physical Disability - Family member		☐ Yes	☐ Client doesn't k	now	☐ Data Not Collected		
		□ No	☐ Client prefers not to answer				
Alachal as Cubatanas Has Disaudas		☐ Yes	☐ Client doesn't k	now	☐ Data Not Collected		
Alcohol or Substance Use Disorder –	-anny member	□ No	☐ Client prefers no	ot to answer			
land official to the same to the same to	Family marks	☐ Yes	☐ Client doesn't ki		☐ Data Not Collected		
Insufficient Income to support youth	- Family member	□ No	☐ Client prefers no	ot to answer			
Incompared Daniet - f.Vth	☐ Yes	☐ Client doesn't ki		☐ Data Not Collected			
Incarcerated Parent of Youth		□ No	☐ Client prefers no	ot to answer			

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





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

Formerly Ward Of							
Formerly a Ward of Child Welfare or Foster Care Agency?*							
☐ Yes	□ No	☐ Client doesn't know	☐ Client prefers not to answer ☐		☐ Data Not Collected		
	If Yes, "Formerly a Ward of Child Welfare or Foster Care Agency"						
Number	of Years:*						
	an one year umber of Months:*	(1 - 11)	☐ 1 - 2 years	☐ 3 - 5 or more y	vears		
Formerly	a Ward of Juver	nile Justice System?:*					
☐ Yes	□ No	☐ Client doesn't know	☐ Client prefers not t	o answer	☐ Data Not Collected		
If Yes, "Formerly a Ward of Juvenile Justice System"							
Number of Years:*							
	an one year umber of Months:*	(1 - 11)	☐ 1 - 2 years	☐ 3 - 5 or more y	vears vears		