

Assessment: Entry/Intake  
Funder(s): HHS: RHY  
Project(s): Maternity Group Home, Transitional Living Program  
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: \_\_\_\_\_

### 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:\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Birth Date:\* \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Additional Race and Ethnicity Detail:

### Sex:\*

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

### Gender:

- ☐ Woman (Girl, if child) ☐ Questioning  
☐ 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

If "Different Identity", Please Specify:

### Pregnancy Status:\*

- ☐ Yes ☐ No ☐ Client prefers not to answer  
If Yes, Due Date: \_\_\_\_\_ ☐ Client doesn't know ☐ Data not collected

### Veteran Status:\*(18 and Older)

- ☐ 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

Project Start Date:\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Case Manager: \_\_\_\_\_

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## Step 3: Entry Assessments

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

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**Total number of months homeless on the streets, in ES, or SH in the past three years:\***

- |  |   |
|--|---|
| <input type="checkbox"/> One month (this time is the first month)      | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> 2-12 months (specify number of months): _____ | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> More than 12 months                           | <input type="checkbox"/> Data not collected           |

**Covered By Health Insurance\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> MEDICAID                                   | <input type="checkbox"/> Health Insurance Obtained Through COBRA |
| <input type="checkbox"/> MEDICARE                                   | <input type="checkbox"/> Private Pay Health Insurance            |
| <input type="checkbox"/> State Children's Health Insurance (S-CHIP) | <input type="checkbox"/> State Health Insurance for Adults       |
| <input type="checkbox"/> Veteran's Health Administration (VHA)      | <input type="checkbox"/> Indian Health Services Program          |
| <input type="checkbox"/> Employer Provided Health Insurance         | <input type="checkbox"/> Other (specify): _____                  |

**Barriers (Disabling Conditions)**

**Physical Disability\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

**Developmental Disability\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

**Chronic Health Condition\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

**Mental Health Disorder\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

**Alcohol Use Disorder\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

**Drug Use Disorder\***

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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

- |                              |   |   |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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### Income from Any Source

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

*If "Yes, Income from any Source – Specify Type & Monthly Amount":\**

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Earned Income                                  | Amount: \$ _____ |
| <input type="checkbox"/> Unemployment Insurance                         | Amount: \$ _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI)             | Amount: \$ _____ |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)    | Amount: \$ _____ |
| <input type="checkbox"/> VA Service-Connected Disability Compensation   | Amount: \$ _____ |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension    | Amount: \$ _____ |
| <input type="checkbox"/> Private disability insurance                   | Amount: \$ _____ |
| <input type="checkbox"/> Worker's Compensation                          | Amount: \$ _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | Amount: \$ _____ |
| <input type="checkbox"/> General Assistance (GA)                        | Amount: \$ _____ |
| <input type="checkbox"/> Retirement income from Social Security         | Amount: \$ _____ |
| <input type="checkbox"/> Pension or retirement income from a former job | Amount: \$ _____ |
| <input type="checkbox"/> Child support                                  | Amount: \$ _____ |
| <input type="checkbox"/> Alimony and other spousal support              | Amount: \$ _____ |
| <input type="checkbox"/> Other income source (specify): _____           | Amount: \$ _____ |

### Non-Cash Benefits from Any Source\*

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

*If "Yes, Non-Cash from Any Source" – Specify Type & Monthly Amount":\**

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | Amount: \$ _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)      | Amount: \$ _____ |
| <input type="checkbox"/> TANF Child Care services   | Amount: \$ _____ |
| <input type="checkbox"/> TANF transportation services   | Amount: \$ _____ |
| <input type="checkbox"/> Other TANF-funded services   | Amount: \$ _____ |
| <input type="checkbox"/> Other source (specify): _____  | Amount: \$ _____ |

### Employment Assessment

#### Employed:\*

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

*If Yes, "Employed":\**

#### Type of Employment:\*

- ☐ Full-Time ☐ Part-Time ☐ Seasonal/sporadic (includes day labor)

*If No, "Why Not Employed":\**

#### Why Not Employed:\*

- ☐ Looking for work ☐ Unable to work ☐ Not looking for work

### Education Assessment

#### Last Grade Completed:\*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than Grade 5            | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Graduate degree              |
| <input type="checkbox"/> Grades 5-6                   | <input type="checkbox"/> GED                                       | <input type="checkbox"/> Vocational Certification     |
| <input type="checkbox"/> Grades 7-8                   | <input type="checkbox"/> Some college                              | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Grades 9-11                  | <input type="checkbox"/> Associate's degree                        | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Grade 12/High school diploma | <input type="checkbox"/> Bachelor's degree                         | <input type="checkbox"/> Data Not Collected           |

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### School Status:\*

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Attending school regularly   | <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Expelled                     | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Dropped Out  | <input type="checkbox"/> Client doesn't know          |   |
| <input type="checkbox"/> Graduated from high school   | <input type="checkbox"/> Suspended    | <input type="checkbox"/> Client prefers not to answer |   |

### Health Assessment

#### General Health Status:\*

- |                                    |                               |  |   |
|------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor                | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data not collected           |

#### Dental Health Status:\*

- |                                    |                               |  |   |
|------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor                | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data not collected           |

#### Mental Health Status:\*

- |                                    |                               |  |   |
|------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor                | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data not collected           |

### RHY Assessment

#### Sexual Orientation:

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Questioning/Unsure                   | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Other - If "Other", please specify:* | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Lesbian      |   | <input type="checkbox"/> Data Not Collected           |
| <input type="checkbox"/> Bisexual     |   |   |

#### Referral Source:\*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Self-Referral  | <input type="checkbox"/> Child Welfare/CPS      | <input type="checkbox"/> Other Organization           |
| <input type="checkbox"/> Outreach Project   | <input type="checkbox"/> Juvenile Justice       | <input type="checkbox"/> Vocational Certification     |
| <input type="checkbox"/> Temporary Shelter  | <input type="checkbox"/> Law Enforcement/Police | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Residential Project  | <input type="checkbox"/> Mental Hospital        | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Hotline  | <input type="checkbox"/> School                 | <input type="checkbox"/> Data Not Collected           |
| <input type="checkbox"/> 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                         | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data Not Collected |
|  | <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |
| Mental Health Disorder - Family member               | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data Not Collected |
|  | <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |
| Physical Disability - Family member                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data Not Collected |
|  | <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |
| Alcohol or Substance Use Disorder – Family member    | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data Not Collected |
|  | <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |
| Insufficient Income to support youth - Family member | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data Not Collected |
|  | <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |
| Incarcerated Parent of Youth                         | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data Not Collected |
|  | <input type="checkbox"/> No  | <input type="checkbox"/> Client prefers not to answer |   |

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Formerly Ward Of	
<b>Formerly a Ward of Child Welfare or Foster Care Agency?*</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<i>If Yes, "Formerly a Ward of Child Welfare or Foster Care Agency"</i>	
<b>Number of Years:*</b>	
<input type="checkbox"/> Less than one year <i>Number of Months:*</i> _____ (1 - 11) <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> 3 - 5 or more years	
<b>Formerly a Ward of Juvenile Justice System?:*</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<i>If Yes, "Formerly a Ward of Juvenile Justice System"</i>	
<b>Number of Years:*</b>	
<input type="checkbox"/> Less than one year <i>Number of Months:*</i> _____ (1 - 11) <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> 3 - 5 or more years	