**CT HMIS Runaway Homeless Youth Family Intake**

*Instructions: The RHY Intake is completed if a household cannot be diverted from homelessness and needs to access services in the homelessness system. The interviewer should have access to the information captured during the Diversion Screening (if it was conducted) as well as shelter stay history from HMIS (if there is a shelter history).*

**Project Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Data Quality:** 🞎 Full Name Reported 🞎 Partial, Street Name, or Code Name reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Date of Birth:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ 🞎 Full DOB Reported 🞎 Approximate or Partial DOB Reported 🞎 Client Doesn't Know 🞎 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

**Gender**: 🞎 Man (Boy, if child) 🞎 Woman (Girl, if child) 🞎 Transgender 🞎 Questioning 🞎 Non-Binary 🞎 Culturally Specific Identity (e.g., Two-Spirit) 🞎 Different Identity **IF Different Identity Please Specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**Primary Language:** 🞎 English 🞎 Spanish 🞎 French 🞎 Portuguese 🞎 Other 🞎 Client Doesn’t Know If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to HOH:** 🞎 Self 🞎 Spouse 🞎 Child 🞎 Step-Child 🞎 Grandparent 🞎 Guardian 🞎 Other Relative 🞎 Other Non-Relative 🞎 Grandchild

🞎 Foster-Child

**Race & Ethnicity**: 🞎 White 🞎 Black, African American or African 🞎 Asian or Asian American 🞎 American Indian, Alaska Native, or Indigenous 🞎 Native Hawaiian or Pacific Islander 🞎 Middle Eastern or North African 🞎 Non-Hispanic/Non-Latin(a)(e)(o)(x) 🞎 Hispanic or Latin(a)(e)(o)(x) 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**Additional Race and Ethnicity Detail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status:** Have you ever been on active duty in the U.S. Military? 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

If **“YES”** QUESTIONS with an **\*** are **required** to be answered, located at the end of this form. **If “NO” was Veteran Status Verified?** 🞎 Yes 🞎 No

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Household Member Demographics:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** |  |  | **Date of Birth** | **See codes below** | | **Social Security Number** | **Relationship to Head of Household\*** | **Veteran (Y/N)** | **Disabling Condition (Y/N)** |
| **Middle Name** | **Suffix** | **Gender\*** | **Race\*** |
|  |  |  |  |  |  |  |  |  |  |  |
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| **\*Race**: **W**- White; B- Black or African American; A- Asian; AI**/AN**- American Indian and Alaska Native; **NH/PI**- Native Hawaiian/ Pacific Islander; ME**/NA**- Middle Eastern or North African; **NH/NL**- Non-Hispanic/Non- Latin(a)(e)(o)(x) 🞎 **H/L**- Hispanic or Latin(a)(e)(o)(x) **DK**- Client Doesn’t Know; **CR**- Client prefers not to answer **Additional Race and Ethnicity Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **\*Gender**: **M -** Man (Boy, if child); F**-** Woman (Girl, if child); **T-** Transgender; **Q**- Questioning; **NB**- Non-Binary; **CSI**- Culturally Specific Identity; **DI**- Different Identity; **DK -** Client Doesn’t Know; **CR -** Client prefers not to answer | | | | | | | | | | |
| **\*Head of Household’s:** **C** - Child; SP - Spouse or Partner; ORM - Other Relation Member; ONR - Other Non-Relation Member | | | | | | | | | | |

**If you don't come back, where would you most likely go?** *(ES only)****:***

**HOMELESS SITUATION**

🞎 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

🞎 Place not meant for habitation

🞎 Safe Haven

**INSTITUTIONAL SITUATION**

🞎 Foster care or foster care group Home

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Long-term care facility or Nursing Home

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox

center

**TRANSITIONAL HOUSING SITUATION**

🞎 Hotel / Motel paid without ES voucher

🞎 Staying or living in a family, member’s room, apartment, or house

🞎 Staying or living in a family member’s room, apartment, or house

🞎 Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

🞎 Rental by client no ongoing housing subsidy

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*🞎 GPD TIP housing subsidy*

*🞎 VASH housing subsidy*

*🞎 RRH or equivalent subsidy*

*🞎 HCV voucher (tenant or project based) (not dedicated)*

*🞎 Public housing unit*

*🞎 Rental by client, with other ongoing housing subsidy*

*🞎 Emergency Housing Voucher*

*🞎 Family Unification Program Voucher (FUP)*

*🞎 Foster Youth to Independence Initiative (FYI)*

*🞎 Permanent Supportive Housing*

*🞎 Other permanent housing dedicated for formerly homeless persons*

🞎 Owned by client, no ongoing housing subsidy

🞎 Owned by client, with ongoing housing subsidy

**OTHER**

🞎 Client doesn't know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Client Location (Program):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabling Condition**: 🞎 No 🞎 Yes 🞎 Client Doesn't Know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Type of Residence:** Identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households. ***(Do not read responses. Ask question and then choose one.)***

**HOMELESS SITUATION**

🞎 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

🞎 Place not meant for habitation

🞎 Safe Haven

**INSTITUTIONAL SITUATION**

🞎 Foster care or foster care group Home

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Long-term care facility or Nursing Home

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox

center

**TRANSITIONAL HOUSING SITUATION**

🞎 Hotel / Motel paid without ES voucher

🞎 Staying or living in a family, member’s room, apartment, or house

🞎 Staying or living in a family member’s room, apartment, or house

🞎 Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

🞎 Rental by client no ongoing housing subsidy

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*🞎 GPD TIP housing subsidy*

*🞎 VASH housing subsidy*

*🞎 RRH or equivalent subsidy*

*🞎 HCV voucher (tenant or project based) (not dedicated)*

*🞎 Public housing unit*

*🞎 Rental by client, with other ongoing housing subsidy*

*🞎 Emergency Housing Voucher*

*🞎 Family Unification Program Voucher (FUP)*

*🞎 Foster Youth to Independence Initiative (FYI)*

*🞎 Permanent Supportive Housing*

*🞎 Other permanent housing dedicated for formerly homeless persons*

🞎 Owned by client, no ongoing housing subsidy

🞎 Owned by client, with ongoing housing subsidy

**OTHER**

🞎 Client doesn't know

🞎 Client prefers not to answer

🞎 Data Not Collected

If Type of Residence is a ***Homeless Situation*:**

**Approximate Date Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Length of Stay in the Prior Living Situation:**

🞎 One night or less

🞎 Two days to six nights

🞎 One week or more, but less than one month

🞎 One month or more, but less than 90 days

🞎 90 days or more, but less than one year

🞎 One year or longer

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:**

🞎 Never in 3 Years 🞎 One Time 🞎 Two Times 🞎 Three Times 🞎 Four or More Times 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**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)

🞎 2-12 Months (Specify # of Months: \_\_\_\_\_\_)

🞎 More than 12 months

🞎 Client Doesn’t Know

🞎 Data Not Collected

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**

**Did you stay less than 90** **days?** 🞎 Yes 🞎 No

**If *Yes***, **On the night before did you stay on the streets, ES or SH**: 🞎 Yes 🞎 No

**Length of stay in the prior living situation:**

🞎 90 days or more, but less than one year

🞎 One year or longer

🞎 Client Doesn’t Know

🞎 Client prefers not to answer

🞎 Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**

**Did you stay less than 7 nights?** 🞎 Yes 🞎 No

If Yes, **On the night before did you stay on the streets, ES or SH:** 🞎 Yes 🞎 No

**Length of Stay in the Prior Living Situation:**

🞎 One night or less

🞎 Two days to six nights

**Domestic Violence Survivor?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**If “YES” When experience occurred?**

🞎 Within the past three months

🞎 Three to six months ago (excluding six months exactly)

🞎 Six months to one year ago (excluding one year exactly)

🞎 One year ago, or more

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**If “YES” Are you currently fleeing?** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused 🞎 Data Not Collected

Add **Translation Assistance Needed** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused

**If ‘Yes’, Preferred Language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Cash Benefit from any source?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**If “YES” Check those that apply:**

🞎 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

🞎 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

🞎 TANF Child Care Services

🞎 TANF Transportation services

🞎 Other TANF-funded services

🞎 Other Source

**Covered by Health Insurance:**🞎 Yes 🞎 No 🞎 Client Doesn't Know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Last Grade Completed:**

🞎 Less than Grade 5

🞎 Grades 5-6

🞎 Grades 7-8

🞎 Grades 9-11

🞎 Grade 12 / High School diploma

🞎 School Program does not have grade levels

🞎 Graduate Degree

🞎 GED

🞎 Some College

🞎 Associate’s Degree

🞎 Bachelor’s Degree

🞎 Graduate Degree

🞎 Vocational Certification

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Employed:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**If “YES” Type of Employment:**

🞎 Full Time

🞎 Part Time

🞎 Seasonal/Sporadic (including day labor)

🞎 Full Time - Seasonal

🞎 Part Time - Seasonal

🞎 School Program does not have grade levels

🞎 Other

🞎 Volunteer

🞎 Not Looking for Work

🞎 Unknown

**If “NO:”** **Why Not Employed:** 🞎 Looking for work 🞎 Unable to work 🞎 Not looking for work

**Sexual Orientation:**

🞎 Heterosexual 🞎 Gay 🞎 Lesbian 🞎 Bisexual 🞎 Questioning/Unsure 🞎Other 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**General Health Status:** 🞎 Excellent 🞎 Very Good 🞎 Good 🞎 Fair 🞎 Poor 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Pregnancy Status:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

(*If Yes*) **Due Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**Disabling Conditions (All Clients):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 1** | **HH Member 2** | **HH Member 3** | **HH Member 4** |
| **Physical Disability:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Developmental Disability:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Chronic Health Condition:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, DK, Refused* |  |  |  |  |  |
| **HIV/AIDS:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Mental Health Disorder**: *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Substance Abuse Disorder:** *No, Alcohol Disorder, Drug Disorder, Both Alcohol and Drug, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |

**Prior Zip Code: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Insurance** | **Head of Household**  **YES / NO** | **HH**  **Member 1**  **YES / NO** | **HH**  **Member 2**  **YES / NO** | **HH**  **Member 3**  **YES /NO** | **HH**  **Member 4**  **YES / NO** |
| **Medicaid / HUSKY A, C, D** |  |  |  |  |  |
| **Medicare** |  |  |  |  |  |
| **State Children’s Health Insurance Program – HUSKY B** |  |  |  |  |  |
| **Veteran’s Health Administration (VHA)** |  |  |  |  |  |
| **Employer-Provided Health Insurance** |  |  |  |  |  |
| **Health Insurance Obtained through COBRA** |  |  |  |  |  |
| **Private Pay Health Insurance** |  |  |  |  |  |
| **Indian Health Services Program** |  |  |  |  |  |
| **State Health Insurance for Adults** |  |  |  |  |  |
| **Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |

**Income received from any source?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 1** | **HH Member 2** | **HH Member 3** |
| **Income Type** | **Monthly Amount** | **Monthly Amount** | **Monthly Amount** | **Monthly Amount** |
| Unemployment Insurance | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Earned/Employed Income | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Supplemental Security Income (SSI) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Social Security Disability Insurance (SSDI) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| VA Service-Connected Disability Compensation | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Private Disability Insurance | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Retirement Income From Social Security | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| General Assistance (GA) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Temporary Assistance for Needy Families (TANF) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| VA Non-Service-Connected Disability Pension | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Pension or Retirement income from a former job | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Child Support | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Alimony or other spousal support | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Worker’s Compensation | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Other Source  Specify: | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| CLIENT INCOME TOTAL: | $ | $ | $ | $ |

**HUD RHY Data**

**Referral Source:**

🞎 Self-referral

🞎 Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual

🞎 Outreach Project

🞎 Temporary Shelter

🞎 Residential Project

🞎 Hotline

🞎 Child Welfare/CPS

🞎 Juvenile Justice

🞎 Law Enforcement/Police

🞎 Mental Hospital

🞎 School

🞎 Other Organization

🞎 Client Doesn’t Know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Date of Status Determination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Eligible for RHY Services:** 🞎 Yes 🞎 No

*If No,* Reason why Services are not funded by BCP grant:   
🞎 Out of Age Range

🞎 Ward of State – Immediate Reunification

🞎 Ward of the Criminal Justice System – Immediate Reunification

🞎 Other

**Dental Health Status:**

🞎 Excellent

🞎 Very Good

🞎 Good

🞎 Fair

🞎 Poor

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**School Status:**

🞎 Attending school regularly

🞎 Attending school irregularly

🞎 Graduated from high school

🞎 Obtained GED

🞎 Dropped out

🞎 Suspended

🞎 Expelled

🞎 Client doesn’t know

🞎 Client prefers not to answer

**Mental Health Status:**

🞎 Excellent

🞎 Very Good

🞎 Good

🞎 Fair

🞎 Poor

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Formerly a Ward of Child Welfare/Foster Care Agency?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**If Yes, Number of Years?** 🞎 Less than one year 🞎 1 to 2 years 🞎 3 to 5 or more years

**If Less than 1 year, Number of Months? \_\_\_\_\_**

**Formerly a Ward of the Juvenile Justice System:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**If Yes, Number of Years?** 🞎 Less than one year 🞎 1 to 2 years 🞎 3 to 5 or more years

**If Less than 1 year, Number of Months? \_\_\_\_\_\_**

**HUD RHY Family Critical Issues**

|  |  |
| --- | --- |
|  | **Head of Household** |
| **Issue Description** | **Answer** |
| Unemployment – Family Member | 🞎 No 🞎 Yes |
| Mental Health Disorder – Family Member | 🞎 No 🞎 Yes |
| Physical Disability – Family Member | 🞎 No 🞎 Yes |
| Alcohol or other drug disorder – Family Member | 🞎 No 🞎 Yes |
| Insufficient Income to support youth – Family Member | 🞎 No 🞎 Yes |
| Incarcerated Parent of Youth: One parent/legal guardian is incarcerated | 🞎 No 🞎 Yes |

Choose appropriate response categories to identify the family issues, as identified by staff and the young person for each head of household and adult. **These issues should be those of other family members in the household the youth absented, not of the youth themselves or of any of the youth’s children.**

***Immediate Needs (Emergency Shelter Only)***

|  |  |  |
| --- | --- | --- |
| 1. Are there any restrictions on where you/your family can live? Yes No | 1a. If Yes, Describe: | |
| 1. Do you have any preferences for a town or region of the state?  Yes  No | 2a. If Yes, Describe: | |
| 1. Any urgent or emergency needs?  Yes  No | 3a. If Yes, Describe: | |
| 1. Any special needs, disabilities or medical conditions?  Yes  No | 4a. If yes, list Household member name: | 4b. If yes, list Special needs/Disabilities/ Conditions: |
|  |  |
|  |  |
| 1. Anyone on medications?  Yes  No | 5a. If yes, list Household member name: | 5b. If yes, list Medications: |
|  |  |  |
|  |  |
| 1. Anyone have a physical problem that limits mobility or ability to self-care?  Yes  No | 6a. If yes, list Household member name: | 6b. If yes, Mobility/self-care issue? |
|  |  |  |
|  |  |
| 1. Does anyone have an active order of protection against an abuser/batterer?  Yes  No | 7a. If yes, Identify Name of filer: | 7b. If yes, Name of respondent |
|  |  |
|  |  |
| 1. Does HH Head have government issued ID?  Yes  No |  |  |
| 1. Do any household members lack government issued ID?  Yes  No | 9a. If yes, list the name of the Household member with ID: | 9b. If yes, list the **age** of the Household member with ID |
|  |  |
|  |  |
| 1. Does anyone in the household have a case manager or worker at any social services agency?  Yes  No | 10a. If yes, list Household member name: | 10b. If yes, list Worker Name and Contact Number: |
|  |  |
|  |  |

**Veteran Information: (Required of ONLY if Veteran Status is YES.)**

**DD214 Order Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD214 Receive Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Connected Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Branch of military:** 🞎 Air Force 🞎 Army 🞎 Marines 🞎 Navy 🞎 Coast Guard 🞎 Space Force 🞎 Client Doesn’t Know 🞎 Client prefers not to answer 🞎 Other

**Reserves:** 🞎 Yes 🞎 No

**\*Discharge status:** 🞎 Honorable 🞎 General under Honorable Conditions 🞎 Under Other than Honorable Conditions 🞎 Bad Conduct 🞎 Dishonorable

🞎 Uncharacterized 🞎 Don’t Know 🞎 Refused

**\*Date Entered Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date Separated Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Months of Active Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campaign Badge Veteran:** 🞎 Yes 🞎 No

**Stand Down Event:** 🞎 Yes 🞎 No

**Serve in a War Zone****:** 🞎 Yes 🞎 No 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

*If YES, please select the* **War Zone Name**: 🞎 Afghanistan 🞎 China, Burma, India 🞎 Don’t Know 🞎 Europe 🞎 Iraq 🞎 Korea 🞎 Laos and Cambodia 🞎 North Africa

🞎 Other 🞎 Persian Gulf 🞎 Refused 🞎 South China Sea 🞎 South Pacific 🞎 Vietnam

\***Months Served in a Warzone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If Yes, Received Friendly or Hostile Fire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Theatre of Operations:** 🞎 World War II 🞎 Korean War 🞎 Vietnam War 🞎 Persian Gulf War (Operation Desert Storm) 🞎 Afghanistan (Operation Enduring Freedom) 🞎 Iraq (Operation Iraqi Freedom) 🞎 Iraq (Operation New Dawn) 🞎 Other Peace-keeping Operations or Military Interventions