**CT HMIS Statewide YHDP Family Intake**

*(For RRH, SSO, and TH program types)*

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

**Applicant (Head of Household) Information:**

**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 | | | | | | | | | | |

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

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

**Type of Residence (Residence Prior to Program entry):**

**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.

**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 Homeless Started: *~3.917 - Record the actual or approximate date this homeless situation began (i.e., the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places).***

**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 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

**Domestic Violence Survivor? *(Head of Household and All Adults):*** 🞎 No 🞎 Yes 🞎 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)

🞎 From 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?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 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

**Education:**

**Current school enrollment and attendance:**

🞎 Not currently in school or educational course 🞎 Currently enrolled but NOT attending school regularly (when school or the course is in session) 🞎 Currently enrolled and attending regularly (when school or course is in session) 🞎 Client doesn’t know 🞎 Client prefers not to answer

**Most recent educational status:**

🞎 K12: Graduated from high school 🞎 k12: Obtained GED 🞎 K12: Dropped Out 🞎 K12: Suspended 🞎 K12: Expelled 🞎 Higher education: Pursing a credential but not currently attending 🞎 Higher education: Dropped out 🞎 Higher Education: Obtained a credential/degree 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**Current educational status:**

🞎 Pursuing a high school diploma or GED 🞎 Pursuing Associate’s Degree 🞎 Pursuing Bachelor’s Degree 🞎 Pursuing Graduate Degree 🞎 Pursuing other post-secondary credential 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**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

**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* |  |  |  |  |  |
| If yes, expected to substantially impair ability to live independently? *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* |  |  |  |  |  |
| If yes, expected to substantially impair ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Mental Health Problem**: *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 Use Disorder:** *No, Alcohol Use Disorder, Drug Use, Both Alcohol and Drug Use Disorder, 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: | $ | $ | $ | $ |

**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

**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)

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

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**YHDP Questions**

**Project Completion Status:**

🞎 Completed Project

🞎 Youth voluntarily left early

🞎 Voluntarily left early for other opportunities - Education

🞎 Voluntarily left early for other opportunities - Military

🞎 Voluntarily left early for other opportunities - Other

🞎 Voluntarily left early – Needs could not be met by project

🞎 Involuntarily left – Criminal activity/destruction of property/violence

🞎 Involuntarily left – Non-compliance with program rules

🞎 Youth was expelled or otherwise involuntarily discharged from project

🞎 Involuntarily left – Reached maximum time allowed by program

🞎 Involuntarily left – Project terminated

🞎 Involuntarily left – Unknown/disappeared

🞎 Involuntarily left – Non-compliance with program rules

🞎 Ongoing

🞎 Dropped Out

🞎 Referred

🞎 No Further Contact

🞎 Other

**Last Grade Completed:**

🞎 No Schooling Completed

🞎 Nursery school to 4th grade

🞎 5th grade or 6th grade

🞎 7th grade or 8th grade

🞎 9th grade

🞎 10th grade

🞎 11th grade

🞎 12th grade, No diploma

🞎 Refused

🞎 High School Diploma

🞎 GED

🞎 Post-secondary school

🞎 Unknown

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

**If “YES” Type of Employment:** 🞎 Full Time 🞎 Part Time

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

**Sexual Orientation:**

🞎 Heterosexual

🞎 Gay

🞎 Lesbian

🞎 Bisexual

🞎 Questioning/Unsure

🞎 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

🞎 Data not collected

**General Health Status:**

🞎 Excellent

🞎 Very Good

🞎 Good

🞎 Fair

🞎 Poor

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**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

**Housing Status:**

🞎 Category 1 – Homeless

🞎 Category 2 – At imminent risk of losing housing

🞎 Category 3 – Homeless only under other federal statutes

🞎 Category 4 – Fleeing domestic violence

🞎 At risk of homelessness

🞎 Stably housed

🞎 Client Doesn’t Know

🞎 Client prefers not to answer

🞎 Data Not Collected

**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 Intervention

**Current Living Situation:**

**Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Living Situation:** If client's Current Living Situation is in a temporary, permanent, or other situation from the Living Situation Options, record additional housing status information to support the determination of imminent and at-risk of homelessness housing statuses based on HUD's definition of homelessness.

**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

**Is Client going to have to leave their current living situation within 14 days?**

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

***If Yes:***

Has a subsequent residence been identified? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

Does the individual or family have resources or support networks to obtain other permanent housing?🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

Has the client moved two or more times in the last 60 days? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Location Details: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Type:**

🞎 Adult Day Care

🞎 Alcohol or Drug Abuse Services

🞎 Application Fees

🞎 Case Management

🞎 Child Care Assistance

🞎 Education (RHY)

🞎 Employment Assistance

🞎 Employment Skills Training

🞎 Health care

🞎 Housing Search and Info

🞎 Legal Services

🞎 Life Skills (Outside of CM)

🞎 Meals (Breakfast/Lunch/Dinner/Sack Lunch)

🞎 Mental Health Services

🞎 Mortgage Assistance

🞎 Moving Costs

🞎 Outreach

🞎 Rental Assistance  
🞎 Rental/Security Deposit

🞎 Transportation

🞎 Utility Assistance