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| **Intake Date**  | **Entry Date** | **ServicePoint****(HoH) ID:**  |
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| **Project Name**

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 |
| **HoH First Name Middle**

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**Last Suffix Alias**

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 |
| [ ]  Full Name Reported [ ]  Partial, Street or Code Name [ ]  Client doesn’t know [ ]  Client Refused |
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**Date of Birth:*** Full DOB reported
* Client doesn’t know
* Approx or Partial DOB
* Client refused

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**Social Security Number:*** Full SSN reported
* Client doesn’t know
* Approx or Partial SSN
* Client refused
 |
| **Race (Select all that apply)****Standard Intake RHY & YHDP** |
| [ ]  American Indian or Alaska Native [ ]  Black or African American [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client doesn’t know[ ]  Asian [ ]  Client refused[ ]  White |
| **Gender** |
| [ ]  Female [ ]  Client doesn’t know[ ]  Male [ ]  Client refused [ ]  Trans Female (MTF or male to female)[ ]  Trans Male (FTM or female to male)[ ]  Non-Conforming (not exclusively male or female) |
| **Ethnicity** |
| [ ]  Non-Hispanic/Non-Latino [ ]  Client doesn’t know**Standard Intake**[ ]  Hispanic/Latino [ ]  Client refused |
| **Veteran Status** | **Relationship to Head of Household (Must be an adult)** |
| [ ]  No [ ]  Yes | [ ]  Self (Head of Household)[ ]  HoH’s child [ ]  HoH’s spouse or partner[ ]  HoH’s other [ ]  Other: non-relation relation member member  |

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| **Health Insurance** |
| [ ]  No [ ]  Client doesn’t know[ ]  Yes (identify source below) [ ]  Client refused |
| **Source:** |
| [ ]  Medicaid [ ]  Medicare[ ]  State Children’s Health Insurance (KCHIP) [ ]  VA Medical Services[ ]  Employer-Provided Health Insurance [ ]  Health Insurance obtained through COBRA [ ]  Private Pay Health Insurance [ ]  State Health Insurance for Adults[ ]  Indian Health Services Program [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disability** |
| **Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?****[ ]** No [ ]  Yes (indicate type(s) below) [ ]  Client doesn’t know [ ]  Client refused |
|  |
|  | **Physical****[ ]**  | **Mental Health****[ ]**  | **Chronic Health Condition****[ ]**  | **[ ]  Alcohol****[ ]  Drugs****[ ]  Both** | **Developmental****[ ]**  | **HIV/AIDS****[ ]**  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes [ ] No [ ]  | Yes [ ] No [ ]  | Yes [ ] No [ ]  | Yes [ ] No [ ]  | Yes [ ] No [ ]  | Yes [ ] No [ ]  |

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| **Income** |
| [ ]  No/None at all [ ]  Yes (identify source and amounts)[ ]  Client doesn’t know [ ]  Client refused |
| **Source** | **Amount:** |
| [ ]  Earned income (i.e., employment income) | $ . 00 |
| [ ]  Unemployment Insurance | $ . 00 |
| [ ]  Supplemental Security Income (SSI) | $ . 00 |
| [ ]  Social Security Disability Income (SSDI) | $ . 00 |
| [ ]  Retirement Income from Social Security | $ . 00 |
| [ ]  VA Service-Connected Disability Compensation | $ . 00 |
| [ ]  VA Non-Service-Connected Disability Pension | $ . 00 |
| [ ]  Worker’s Compensation | $ . 00 |
| [ ]  Temporary Assistance for Needy Families (TANF) | $ . 00 |
| [ ]  General Assistance (GA) | $ . 00 |
| [ ]  Private disability Insurance | $ . 00 |
| [ ]  Pension or retirement income from a former job | $ . 00 |
| [ ]  Child Support | $ . 00 |
| [ ]  Alimony or other spousal support | $ . 00 |
| [ ]  Other source:  | $ . 00 |
| **Total Monthly Income:** | **$** |

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| **Non-Cash Benefits** |
| [ ]  No/None at all [ ]  Yes (Identify source below)[ ]  Client doesn’t know [ ]  Client refused |
| **Source** |
| [ ]  Supplemental Nutrition Assistance Program (SNAP)[ ]  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)[ ]  TANF Child Care services[ ]  TANF transportation services[ ]  Other TANF-funded services[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Client’s Current Living Situation – current to project entry – Required for RHY SO & YHDP Cat. 2 or 3 of the Homeless Definition.** |
| (Select one Living Situation and **answer the corresponding questions in the order in which they appear**) |
| **Start Date**

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 | **End Date**

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 | **Information Date**

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| ((Select one Living Situation and **answer the corresponding questions in the order in which they appear**) |
| **Homeless Situation** | **Institutional Situation** | **Transitional/Permanent Housing Situation** | **Other** |
| [ ]  Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).[ ]  Emergency shelter, including hotel or motel paid for with emergency shelter voucher[ ]  Safe Haven | [ ]  Foster care home or foster 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  | [ ]  Residential project or halfway house with no homeless criteria[ ]  Hotel or motel paid for without emergency shelter voucher[ ]  Transitional housing for homeless persons (including homeless youth)[ ]  Host Home (non-crisis)Staying or living in a friend’s room, apartment or house[ ]  Staying or living in a family member’s room, apartment or house[ ] Rental by client, with GPD TIP housing subsidy[ ]  Rental by client, with VASH housing subsidy[ ]  Permanent housing (other than RRH) for formerly homeless persons[ ]  Rental by client, with RRH or equivalent subsidy[ ]  Rental by client, with HCV voucher (tenant or project based)[ ]  Rental by client in a public housing unit[ ]  Rental by client, no ongoing housing subsidy[ ] Rental by client with other ongoing housing subsidy[ ]  Owned by client, with ongoing housing subsidy[ ]  Owned by client, no ongoing housing subsidy | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Worker unable to determine[ ]  Client doesn’t know[ ]  Client refused |
| Is client going to have to leave their current living situation within 14 days?[ ]  Yes [ ]  No |  **If yes, answer the following questions.** |
| Has a subsequent residence been identified?[ ]  Yes [ ]  No | Does individual or family have resources or support networks to obtain other permanent housing?[ ]  Yes [ ]  No | Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?[ ]  Yes [ ]  No | Has the client moved 2 or more times in the past 60 days?[ ]  Yes [ ]  No |
|  |
| **Client’s Prior Living Situation - Prior to Project Entry** |
| (Select one Living Situation and **answer the corresponding questions in the order in which they appear**) |
| **Literally Homeless Situation** | **Institutional Situation** | **Transitional/Permanent Housing Situation** | **Other** |
| [ ]  Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).[ ]  Emergency shelter, including hotel or motel paid for with emergency shelter voucher[ ]  Safe Haven | [ ]  Foster care home or foster 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  | [ ]  Residential project or halfway house with no homeless criteria[ ]  Hotel or motel paid for without emergency shelter voucher[ ]  Transitional housing for homeless persons (including homeless youth)[ ]  Host Home (non-crisis)Staying or living in a friend’s room, apartment or house[ ]  Staying or living in a family member’s room, apartment or house[ ] Rental by client, with GPD TIP housing subsidy[ ]  Rental by client, with VASH housing subsidy[ ]  Permanent housing (other than RRH) for formerly homeless persons[ ]  Rental by client, with RRH or equivalent subsidy[ ]  Rental by client, with HCV voucher (tenant or project based)[ ]  Rental by client in a public housing unit[ ]  Rental by client, no ongoing housing subsidy[ ] Rental by client with other ongoing housing subsidy[ ]  Owned by client, with ongoing housing subsidy[ ]  Owned by client, no ongoing housing subsidy | [ ]  Client doesn’t know[ ]  Client refused |
| **Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?**[ ]  One night or less[ ]  Two 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 | **Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?**[ ]  One night or less[ ]  Two 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**Did you stay in the institutional situation less than 90 days?**[ ]  Yes (If YES – Complete SECTION III)[ ]  No (If NO – End Homeless History Interview) | **Length of Stay in Prior Living Situation (i.e. the housing situation identified above)**[ ]  One night or less[ ]  Two 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**Did you stay in the housing situation less than 7 nights?**[ ]  Yes (If YES – Complete SECTION III)[ ]  No (If NO – End Homeless History Interview) | [ ]  Client doesn’t know[ ]  Client refused |
| **[ ]  N/A**(Complete SECTION IV Below) | **On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?**[ ]  Yes (If YES – Complete SECTION IV)[ ]  No (If NO – End Homeless History Interview) | **On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?**[ ]  Yes (If YES – Complete SECTION IV)[ ]  No (If NO – End Homeless History Interview) | [ ]  Client doesn’t know[ ]  Client refused |

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| On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven?[ ]  No [ ]  Yes | Approximate start of homelessness:

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| Total number of times homeless on the street, in ES, or SH in the past three years[ ]  One time [ ]  Two times [ ]  Three times[ ]  Four times [ ]  Client doesn’t know [ ]  Client refused | Total number of months homeless on the street, in emergency shelter, or SH in the past three years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Domestic Violence** |
| **Are you, or have you been a survivor of domestic or intimate partner violence?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ]  Client refused |
| **If YES, how long ago did you have this experience?**[ ]  Within the past 3 months [ ]  1 year ago or more [ ]  3 to 6 months ago [ ]  6 months to 1 year ago[ ]  Client doesn’t know [ ]  Client refused |
| **If Yes, are you currently fleeing?****[ ]** No [ ]  Yes[ ]  Client doesn’t know [ ]  Client refused |

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| **Zip Code of Last Permanent Address** |
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| **RHY Required Questions:** |
| **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 refused[ ]  Data not collected  |
| **Youth Eligible for RHY Services** | [ ]  Yes [ ]  No  |
| **If No for “Youth Eligible for RHY Services”, Reason why services are not funded by BCP grant** | [ ]  Out of Age range[ ]  Ward of the State – Immediate Reunification[ ]  Ward of the Criminal Justice System – Immediate Reunification[ ]  Other |
| **If Yes, for “Youth Eligible for RHY Services”, Runaway youth** | [ ]  Yes [ ]  No [ ]  Data not collected [ ]  Client doesn’t know |
| **Sexual Orientation** | [ ]  Heterosexual [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Questioning/Unsure [ ]  Client doesn’t know [ ]  Client refused  |

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| **Education** |
| **What is the highest level of school that you have completed?**

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| Less than Grade 5[ ]  | Grade 5-6[ ]  | Grades 7-8[ ]  | Grades 9-11[ ]  |
| Grade 12/High School Diploma[ ]  | School program does not have grade levels[ ]  | GED[ ]  | Some college[ ]  |
| Associate degree[ ]  | Bachelor’s degree[ ]  | Graduate degree[ ]  | Vocational certification[ ]  |
| Client doesn’t know[ ]  | Client refused[ ]  |  |  |
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 |
| **School Status** |
| Attending School Regularly[ ]  | Attending School Irregularly[ ]  | Graduated High School[ ]  | Obtained GED[ ]  | Dropped Out[ ]  |
| Suspended[ ]  | Expelled[ ]  | Client doesn’t know[ ]  | Client refused[ ]  | Data not collected[ ]  |

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| **Employment** |
| Are you presently employed?[ ]  Yes [ ]  No [ ]  Client doesn’t know [ ]  Client refused |
| If employed, is this permanent, temporary or seasonal work?[ ]  Full-time [ ]  Part-time [ ]  Seasonal/sporadic (including day labor) [ ]  Data no collected  |
| If No, why not Employed?[ ]  Looking for work [ ]  Unable to work [ ]  Not Looking for work [ ]  Data no collected |

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| **Health Status** |
| **General Health Status** | [ ]  Excellent [ ]  Poor[ ]  Very good [ ]  Client doesn’t know[ ]  Good [ ]  Client refused[ ]  Fair [ ]  Data not collected |
| **Dental Health Status** | [ ]  Excellent [ ]  Poor[ ]  Very good [ ]  Client doesn’t know[ ]  Good [ ]  Client refused[ ]  Fair [ ]  Data not collected |
| **Mental Health Status** | [ ]  Excellent [ ]  Poor[ ]  Very good [ ]  Client doesn’t know[ ]  Good [ ]  Client refused[ ]  Fair [ ]  Data not collected |

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| Are you pregnant?[ ]  Yes [ ]  No | Formerly a Ward of Child Welfare/Foster Care Agency?[ ]  Yes [ ]  No | Formerly Juvenile Justice System?[ ]  Yes [ ]  No |
| If yes, projected birth date

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 | If yes, number of years or months (if less than years)

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 | If yes, number of years or months (if less than years)

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**Standard Intake – RHY & YHDP**

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| **Family Critical Issues** |
| Unemployment – Family member | [ ]  Yes [ ]  No [ ]  Client refused |
| Mental Health Issues – Family member | [ ]  Yes [ ]  No [ ]  Client refused |
| Physical Disability – Family Member | [ ]  Yes [ ]  No [ ]  Client refused |
| Alcohol or Substance abuse – Family Member  | [ ]  Yes [ ]  No [ ]  Client refused |
| Insufficient Income to Support Youth | [ ]  Yes [ ]  No [ ]  Client refused |
| Incarcerated Parent of Youth | [ ]  Yes [ ]  No [ ]  Client refused |

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| **Date of Engagement – Street Outreach Only** |
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**Staff Completing (Printed Name): Date:**

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