



*21 day Emergency Host Home program.



Embedded Screening Assessment (Homelessness Pilot)

Purpose of the Assessment: This assessment tool is used to identify youth at risk of homelessness.

Homelessness is defined as living in a place that is not permanent, predictable or consistent or moving from place to place and/or relying on the kindness of others for a place to stay or couch surfing.

		Check each box that applies ↓	Doesn't Apply	Youth Refused	Unknown
1.	Are you a current foster youth or were you at any time in the foster care system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever become homeless because you ran away from your family home, group home, a foster home or placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever become homeless because there was violence at home between family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever become homeless because you had differences in religious beliefs with parents, guardians or caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been pregnant or got someone else pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you used marijuana? If yes, how old were you when you first tried marijuana? (age: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Before your 18th birthday did you spend any time in jail or detention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been homeless, used an overnight shelter, or got housing assistance like public housing or a housing voucher? 8a. If yes, from where did you receive shelter or assistance? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has your mother ever spent time in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has your father ever spent time in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has your mother ever been in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has your father ever been in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you ever engaged in a sexual act for something of value, such as money, food, housing, gifts or favors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter Total Number of Yes Responses					

Youth Name: First: _____ Middle: _____ Last: _____ Suffix: _____ Youth Date of Birth: ____/____/____	Youth Gender Identity: <input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Genderqueer (non-binary) <input type="radio"/> Trans woman (male to female) <input type="radio"/> Trans man (female to male) <input type="radio"/> Other (Describe: _____)
Referring organization: <input type="radio"/> Caseworker <input type="radio"/> Chafee-worker <input type="radio"/> Community-worker <input type="radio"/> Client Manager	Date: ____/____/____ Phone: _____ E-mail: _____
Coordinator's Name: _____ Phone: _____ E-mail: _____	<input type="checkbox"/> Assessment completed <input type="checkbox"/> Youth declined

Case Manager Initials _____

Basic Center Rural Collaborative Program: Youth Informed Consent

Referral Agency:

Date of Screening:

Site:

By signing this form, I understand and agree with all of the following:

The Center for Policy Research is conducting a research study in parts of Colorado. The goal of the project is to help Colorado youth who are at risk of homelessness or are actively homeless.

I understand receiving services from the Basic Center program is voluntary. It is up to me if I want to be part of the program and receive services. If I decide to join, I may stop at any time. If I want to stop the project, that is ok. I can still get regular services. If I am enrolled in the study, I can request to withdraw my consent anytime I wish.

The project will go until the end of 2021. If I want to be a part of the project, I will tell the caseworker more about my life today. I will answer some questions about my family history, school, and where I live.

Enrollment will take up to 1 hour. The time commitment for this project will vary based on my involvement and the services provided. I will have the opportunity to receive services throughout the year. I can also set up meetings with my case worker as often as I want. I may be contacted to answer questions about my experience with the program and how I have been doing.

There are no foreseeable risks to participating in this study. The potential benefits I might get from participating in the study are services from the community service provider.

I want to enroll in the Basic Center Rural Collaborative program and give consent to:

- Share information with all Rural Collaborative partner agencies in order to fully participate in the project. I authorize the Navigator and all partner agencies and service providers to share information with the Center for Policy Research, in order to be a part of the research study. I understand all personal information will be kept confidential.
- I understand all response is voluntary and my name will not be used in any reports. I further understand participation in the research study has no effect on the services I will receive from the Rural Collaborative or from any service agency.
- I agree to make every effort to fully participate in the Basic Center Rural Collaborative program and provide the Navigator updated contact information if phone or address changes.

I do not want to enroll and receive services; and do not authorize the release of information.

Youth Signature: _____

Date: _____

Youth Contact Information:	
Print Youth Participant's Name:	First Last
Street:	
City:	
State/Zip:	
Phone number(s):	Primary phone: Cell:
Email address:	
Case Manager Name: Phone: E-mail:	<input type="checkbox"/> Guardian gave consent/signed <input type="checkbox"/> Guardian did not give consent/did not sign

For questions about the research study, contact Lanae Davis (Principal Investigator) at the Center for Policy Research: 720-248-7609

Rural Collaborative: Parent/Guardian Informed Consent

Youth's Name:

I am the: Parent/Guardian County Case Worker

Date of Screening:

By signing this form, I understand and agree with all of the following:

The Center for Policy Research is conducting a research study in parts of Colorado. The goal of the project is to help Colorado youth who are at risk of homelessness or are actively homeless.

If you agree to have your child participate, they will receive services from the Basic Center program. Services from the Basic Center program are voluntary. It is up to you and/or your child if they want to be part of the program and receive services. Enrolled youth may choose to stop receiving services at any time and can still be eligible to get services from any caseworkers or providers they currently see. If they enroll in the study of the Basic Center Program, you/they can request to withdraw consent at any time.

The project will go until the end of 2021. If your child wants to be a part of the project, I will ask them some questions about their life today in order to better understand their family history, school, and living situation.

Enrollment will take up to 1 hour. The total time commitment for this project will vary based on your child's involvement and the services provided. Your child will have the opportunity to receive services throughout the year. Your child can also set up meetings with their case worker as often as they want. Your child may be contacted to answer questions about their experiences with the program and how they have been doing.

There are no foreseeable risks to participating in this study. The potential benefits your child might get from participating in the study are services from the community service provider.

I give consent for _____ to be enrolled in the Rural Collaborative Program and for him/her to:

- Share information with all partner agencies in order to fully participate in the project. I authorize the Navigator and all partner agencies and service providers to share information with the Center for Policy Research, in order for my child to be a part of the research study. I understand all personal information will be kept confidential.
- I understand my child's response is voluntary and my child's name will not be used in any reports. I further understand my child's participation in the research study has no effect on the services he/she will receive through the project or from any service agency.
- I agree that my child may make every effort to fully participate in the Basic Center Rural Collaborative program and provide the Navigator updated contact information if phone or address changes.

I do not want to enroll _____ and receive services; and do not authorize the release of information.

Parent/Guardian Signature: _____

Date: _____

Youth Contact Information:	
Print Youth Participant's Name:	First _____ Last _____
Street:	_____
City:	_____
State/Zip:	_____
Phone number(s):	Primary phone: _____ Cell: _____
Email address:	_____
Case Manager Name: Phone: E-mail:	<input type="checkbox"/> Guardian gave consent/signed <input type="checkbox"/> Guardian did not give consent/did not sign

For questions about the research study, contact Lanae Davis (Principal Investigator) at the Center for Policy Research: 720-248-7609



Client Consent for Sharing of Your Information

By signing this form, you allow COHMIS partner agencies to share your personal information to coordinate housing and homelessness resources and related services on your behalf. Please read this form carefully and ask any questions you may have.

What is COHMIS?

COHMIS stands for the Colorado Homeless Management Information System. COHMIS is a system shared by partner agencies to store information about people who use homelessness services for purposes of providing better support for them. COHMIS is managed by the four Continuum of Care groups in the State of Colorado. They are MDHI (Metro Denver), Pikes Peak (El Paso County) Northern Colorado (Larimer and Weld Counties), and Balance of State (Remaining 54 Colorado Counties).

Who may share my information?

The partner agencies who are allowed to share your information include county human and social services agencies, non-profit community groups, and other care coordination groups that you are receiving, or may receive, services from. A current list of partner agencies is provided with this form and is available at <https://cohmis.zendesk.com/hc/en-us>.

How will my information be used?

The partner agencies may use your personal information for coordinating housing and homelessness resources and related services on your behalf. The Continuum of Care groups and partner agencies may use anonymous information (information that does not identify you) to do research, evaluate service programs, get funding, and for any other legal purposes related to the needs of the homeless community and people at risk of homelessness. The Continuum of Care groups and all partner agencies must keep your personal information confidential and follow all federal and state laws that apply to your information.

What information may be shared?

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use and daily living information
- Housing and program eligibility information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by partner agencies
- Results from assessments
- Photograph or other likeness

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- I have the right to know who has seen my information.
- I may see my information at any time and change it if it is wrong.
- I may cancel this consent at any time by filling out a revocation of consent form, which I can get from any partner agency.
- I may file a complaint if I think my information has been misused by filling out a grievance form, which I can get from any partner agency.
- I may refuse to share information with other agencies while retaining rights of access to this agency's services.
- If I refuse to share information, I may not be eligible to participate or receive services from some programs.
- I may have a copy of this form.
- This consent will expire seven years after this ROI is signed.

Printed Name of Client or Legal Guardian: _____

Printed Names of additional minor children covered by this release: _____

Signature of Client or Representative: _____ Date: _____

Signature of Agency Witness: _____ Date: _____

Initials of Client If Declining Consent



Consentimiento del cliente para la recopilación de datos y la divulgación de información de COHMIS

Este aviso explica cómo se puede compartir y usar su información. También le indica quién puede acceder a su información. Léalo detenidamente y realice cualquier pregunta que tenga.

¿Qué es COHMIS?

El Sistema de Administración de Información para Personas sin Hogar de Colorado (COHMIS, por sus siglas en inglés) es un sistema de datos que almacena información sobre los servicios para personas sin hogar. El nombre del software que almacena estos datos se llama *Clarity Human Services*. El propósito de COHMIS es mejorar la coordinación de los servicios que apoyan a las personas sin hogar o en riesgo de quedarse sin hogar. Para garantizar y navegar mejor esta coordinación, los datos se comparten por todo el estado entre los tres cuerpos de la Constancia de Cuidado (*Continuum of Care, CoC*): MDHI (Región Metropolitana de Denver), *Pikes Peak* (Condado de El Paso) y *Balance of State* (condados restantes). Las agencias activas que participan en COHMIS están listadas en www.coloradohmis.org.

¿Cuál es el propósito de este formulario?

Con este formulario, puede otorgar permiso para que la información sobre usted sea recopilada y compartida con las agencias asociadas que ayudan a proporcionar viviendas y servicios. Las agencias asociadas deben proteger la privacidad de su información de identificación.

Usted tiene derechos con respecto a su información:

- Tiene derecho a preguntar sobre quién ha visto su información.
- Tiene derecho a ver su información en cualquier momento y cambiarla si no está correcta.
- Tiene derecho a cambiar su autorización con respecto al uso de sus datos.
- Tiene derecho a presentar una queja si cree que su información ha sido mal utilizada. El formulario de reclamos se puede solicitar en cualquier momento a cualquier agencia participante de COHMIS.
- Tiene derecho a rechazar la información y al mismo tiempo conservar los derechos de acceso a los servicios.

La información que se recopilará y compartirá puede incluir:

- Nombre, fecha de nacimiento, género, raza, origen étnico, número de seguro social, número de teléfono, dirección
- Información básica médica, de salud mental y de uso de sustancias, e información sobre su vida diaria
- Información de cumplimiento con requisitos para viviendas y programas
- Uso de servicios de crisis, servicios de veteranos, hospitales y cárceles
- Información de empleo, ingresos, seguros y beneficios
- Servicios prestados por agencias asociadas
- Resultados de las evaluaciones
- Fotografía u otra semejanza (si se incluye)

Al firmar este formulario:

- Autorizo a CoC y a *Clarity Human Services* a compartir la información de COHMIS con las agencias asociadas, y la información compartida de COHMIS se utilizará para coordinar los servicios. También se utilizará para ayudar a evaluar la calidad de los programas comunitarios.
- Entiendo que las agencias asociadas pueden cambiar con el tiempo y siempre son responsables de mantener la privacidad de mi información usando los mejores esfuerzos razonables de normas de privacidad.
- Entiendo que las agencias deben cumplir con las leyes federales y de Colorado con respecto a mi información protegida.
- Puedo revocar este consentimiento en cualquier momento al entregar una revocación completa del formulario de consentimiento, disponible a solicitud, al personal de la agencia.
- Puedo recibir una copia de este formulario de consentimiento.
- Entiendo que este consentimiento caducará 7 años después de mi última actividad registrada en COHMIS.

Nombre del cliente o tutor legal en letra de molde: _____

Firma del cliente o representante: _____ Fecha: _____

Firma del testigo de la agencia: _____ Fecha: _____

_____ Iniciales del cliente si rechaza el consentimiento

Consentimiento de cliente de COHMIS y ROI v1.0

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Empowerment and Engagement Survey (Required)

The following tool is a reflection of how empowered youth feel to raise questions and take action in order to reach their goals and make changes. This tool is to be completed with all youth following their enrollment.

Client Name:

Case Worker:

Please answer the following questions about yourself

	Always or almost always	Mostly	Sometimes	Rarely	Never or almost never
1. When a service or support is not working for me, I take steps to get it changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I tell service providers what I think about services I get from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I believe that services and supports can help me reach my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am overwhelmed when I have to make a decision about my services or supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My opinion is just as important as my service providers' opinion about in deciding about what services and supports and I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know the steps to take when I think I am receiving poor services or supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand how my services and supports are supposed to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I work with providers to adjust my services or supports so they fit my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case Worker Initials: _____

Coping Skills Scale (Required)

The following tool is to be completed with all youth following their enrollment.

Client Name:

Case Worker:

When things aren't going well for you, how confident are you that you can do the following?

	Not at all confident	Not very confident	A little confident	Moderately confident	Very confident
1. Sort out what can be changed, and what cannot be changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Get emotional support from friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Break an upsetting problem down into smaller parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take your mind off unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Try new solutions to your problems if the first solutions don't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Resist the impulse to act hastily when under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case Worker Initials: _____



COHMIS

RHY Intake Form FY22

NA
MF

SOCIAL SECURITY NUMBER (SSN)									
QUALITY OF SSN		<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate/partial SSN reported			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
CLIENT NAME									
Last:					Alias:				
First:									
Middle:					Suffix:				
QUALITY OF NAME		<input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
DATE OF BIRTH (DOB) (MM/DD/YYYY)									
QUALITY OF DOB		<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate/partial DOB reported			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
GENDER									
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
RACE									
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American		<input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
ETHNICITY									
<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)					<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
VETERAN STATUS									
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
RELATIONSHIP TO HEAD OF HOUSEHOLD									
<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner		<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member							

PROJECT NAME													
PROJECT START DATE (MM/DD/YYYY)													
DATE OF ENGAGEMENT Street Outreach Only (Leave blank if this has not happened)													
PRIOR LIVING SITUATION (Where did the client sleep the night before entering this project?) (PICK ONLY 1)													
(Not having permanent [HOMELESS SITUATION] home)													
<input type="checkbox"/> Place not meant for human habitation (vehicle, anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home <input type="checkbox"/> Safe Haven													
INSTITUTIONAL SITUATION													
<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													
TRANSITIONAL & PERMANENT HOUSING SITUATION													
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <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 <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected													
LENGTH OF STAY IN PRIOR LIVING SITUATION (How long did the client stay in that situation?)													
<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"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected													
If client is enrolling in RHY Street Outreach or RHY Shelter, or Prior Living Situation = HOMELESS													
APPROXIMATE DATE HOMELESSNESS STARTED (for the client's <u>current</u> episode of homelessness)													
						MONTH	DAY	YEAR					
Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)													
<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 doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected													
Total number of months homeless on the streets, in ES, or SH in the past three years													
<input type="checkbox"/> One month (first time) <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Seven months <input type="checkbox"/> Eight months <input type="checkbox"/> Nine months <input type="checkbox"/> Ten months <input type="checkbox"/> Eleven months <input type="checkbox"/> Twelve months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected													

If Client's Prior Living Situation is any INSTITUTIONAL SITUATION:

Length of Stay Less than 90 days?

(Indicate if the stay in the Institutional setting they lived in immediately prior to project entry was less than 90 days)

- No
 Yes*

***If YES to Length of Stay Less than 90 days**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?

(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)

- No
 Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED

(for the client's current episode of homelessness)

MONTH			DAY			YEAR			

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

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

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> One month (first time) | <input type="checkbox"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <input type="checkbox"/> Data not collected |

If Client's Prior Living Situation is any TRANSITIONAL or PERMANENT HOUSING SITUATION:

Length of Stay Less than 7 nights?

(Indicate if the stay in the Transitional or Permanent Housing setting they lived in immediately prior to project entry was less than 7 nights)

- No
 Yes*

***If YES to Length of Stay Less than 7 nights**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?

(On the night before the client's stay of less than 7 nights in a Transitional or Permanent Housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)

- No
 Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED

(for the client's current episode of homelessness)

MONTH			DAY			YEAR			

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

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

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> One month (first time) | <input type="checkbox"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <input type="checkbox"/> Data not collected |

RHY-BCP STATUS (BCP-Prevention & BCP-Emergency Shelter Only)**DATE OF STATUS DETERMINATION**

MONTH			DAY			YEAR			

FYSB YOUTH ELIGIBLE FOR RHY SERVICES
 No* Yes*
***If NO for FYSB YOUTH – Reason services are not funded by BCP grant**

- | | |
|--|---|
| <input type="checkbox"/> Ward of the State-Immediate Reunification | <input type="checkbox"/> Out of age range |
| <input type="checkbox"/> Ward of the criminal justice system-immediate reunification | <input type="checkbox"/> Other _____ |

***If YES for FYSB YOUTH Runaway Youth?**

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

DISABLING CONDITION

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

PHYSICAL DISABILITY

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

If YES for Physical DisabilityExpected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*

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

DEVELOPMENTAL DISABILITY

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

CHRONIC HEALTH CONDITION

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

If YES for Chronic Health ConditionExpected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*

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

MENTAL HEALTH DISORDER

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

If YES for Mental Health DisorderExpected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*

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

SUBSTANCE USE DISORDER	
<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both alcohol and drug use disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES for Substance Use Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CASH INCOME FOR INDIVIDUAL	
Income from Any Source?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Income from Any Source – Indicate all sources that apply	
Income Source (Check all that apply)	Monthly Amount
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> VA Non-Service Connected Disability Pension	
<input type="checkbox"/> Private Disability Insurance	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA)	
<input type="checkbox"/> Retirement Income from Social Security	
<input type="checkbox"/> Pension or Retirement Income from a Former Job	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Alimony and Other Spousal Support	
<input type="checkbox"/> Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> TANF Childcare Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____)		

HEALTH INSURANCE		
Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Covered by Health Insurance – Indicate all sources that apply		
<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 Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Other Health Insurance (Specify source: _____)		

SEXUAL ORIENTATION		
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other _____	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

LAST GRADE COMPLETED			
<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12	<input type="checkbox"/> School does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Certification	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SCHOOL STATUS		
<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Graduate from high school <input type="checkbox"/> Obtained GED	<input type="checkbox"/> Dropped out <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

EMPLOYMENT STATUS																			
Employed?	<input type="checkbox"/> No* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes* <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected																		
*If YES to Employed																			
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal/sporadic (including day labor) <input type="checkbox"/> Part Time																		
*If NO to Employed																			
Why not employed?	<input type="checkbox"/> Looking for work <input type="checkbox"/> Not looking for work <input type="checkbox"/> Unable to work																		
GENERAL HEALTH STATUS																			
<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Client refused <input type="checkbox"/> Good <input type="checkbox"/> Data not collected																			
DENTAL HEALTH STATUS																			
<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Client refused <input type="checkbox"/> Good <input type="checkbox"/> Data not collected																			
MENTAL HEALTH STATUS																			
<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Client refused <input type="checkbox"/> Good <input type="checkbox"/> Data not collected																			
PREGNANCY STATUS																			
<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes* <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected																			
*If YES for Pregnancy Status, Due Date:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px; background-color: #cccccc;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px; background-color: #cccccc;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="3">MONTH</td> <td colspan="3">DAY</td> <td colspan="3">YEAR</td> </tr> </table>										MONTH			DAY			YEAR		
MONTH			DAY			YEAR													
FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY																			
<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes* <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected																			
If YES for Formerly a Ward, Number of Years:	<input type="checkbox"/> Less than one year <input type="checkbox"/> 3 to 5 years or more <input type="checkbox"/> 1 to 2 years																		
*If Less than one year for Number of Years, Number of Months (1-11)																			

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM		
<input type="checkbox"/> No <input type="checkbox"/> Yes*		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If YES for Formerly a Ward, Number of Years:	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> 3 to 5 years or more
*If Less than one year for Number of Years, Number of Months (1-11)		
FAMILY CRITICAL ISSUES		
Unemployment – Family Member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mental health disorder – Family Member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Physical disability – Family Member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Alcohol or substance use disorder – Family Member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Insufficient income to support youth – Family Member	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incarcerated parent of youth	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Referral Source		
<input type="checkbox"/> Self-referral <input type="checkbox"/> Individual: Parent/Guardian/ Relative/ Friend/ Foster Parent/ Other Individual <input type="checkbox"/> Outreach project* <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Residential project <input type="checkbox"/> Hotline <input type="checkbox"/> Child welfare/CPS	<input type="checkbox"/> Juvenile justice <input type="checkbox"/> Law enforcement/Police <input type="checkbox"/> Mental hospital <input type="checkbox"/> School <input type="checkbox"/> Other organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
*If Street Outreach project, Number of times approached by Outreach prior to entering project:		