

# Santa Barbara County

## HMIS Intake & Enrollment – RHY ES & TH

This form is designed to be completed by a service provider while interviewing a client.  
A separate Standard Intake should be completed for each member of the household.

HMIS # \_\_\_\_\_

CM Name: \_\_\_\_\_

Project Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Household Information

Is the client: ☐ Single Adult ☐ Adult in Household **\*\*If Single Adult is checked go to Client Profile\*\***

**If Adult in Household is checked:** Are you the Head of Household (HoH)? ☐ Yes ☐ No

If No, Name of HoH: \_\_\_\_\_

How many adults in the household? \_\_\_\_\_ How many children in household? \_\_\_\_\_

If you are in a household, what is your relationship to the HoH?

☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner

☐ Other: relation to head of household ☐ Other: non-relation member

### Client Profile

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ May collect last 4 numbers instead of all 9 numbers

**U.S Military Veteran?**

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

### Client Demographics

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

**Gender** (select as many as applicable)

☐ Woman (Girl, if child) ☐ Culturally Specific ☐ Non-Binary ☐ Questioning

☐ Man (Boy, if child) ☐ Transgender ☐ Different Identity: specify: \_\_\_\_\_

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

**Race & Ethnicity:**

☐ American Indian, Alaska Native, or Indigenous ☐ Black, African American, or African

☐ Asian or Asian American ☐ Hispanic/Latina/e/o

☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White

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

**Additional Race & Ethnicity Details (optional):**

### 3.917A Prior Living Situation

**Answer if entering Street Outreach, Emergency Shelter, or Safe Haven  
Go to 3.917B for all other programs**

#### Type of Residence

##### Homeless Situation

- |   |
|---|
| <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside) |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter           |
| <input type="checkbox"/> Safe Haven   |

##### Institutional Setting

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, Prison, or juvenile detention facility                   | <input type="checkbox"/> Substance abuse treatment facility or detox center |

##### Temporary Housing Situation

- |   |  |
|---|--|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth)     | <input type="checkbox"/> Staying or living with friends, temporary tenure          |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH           |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Staying/living in a friend's room, apartment, house       |
| <input type="checkbox"/> Host Home (non-crisis)                                     | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure            |  |

##### Permanent Housing Situation

- |   |  |
|---|--|
| <input type="checkbox"/> Staying or living with family, permanent tenure  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                  |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> <b><u>Rental by client, with ongoing housing subsidy*</u></b> |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                 |
|   | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                   |

#### **\*If rental by client, with on-going housing subsidy, specify subsidy:**

- |  |   |
|--|---|
| <input type="checkbox"/> GDP TIP housing subsidy   | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy  | <input type="checkbox"/> Emergency Housing Voucher                            |
| <input type="checkbox"/> RRH or equivalent subsidy                                       | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)            | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI)         |
| <input type="checkbox"/> Public housing unit   | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |   |

##### Other

- |  |   |
|--|---|
| <input type="checkbox"/> Other               | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected           |

##### Length of stay in previous place

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> One year or longer                       | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> One week or more, but less than one month |   | <input type="checkbox"/> Data not collected           |

### 3.917A Prior Living Situation

**Answer if entering Street Outreach, Emergency Shelter, or Safe Haven  
Go to 3.917B for all other programs**

**Approximate date homelessness started:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Regardless of where they stayed last night, **number of times** the client has been on the streets, in ES, or SH in the past three years including today.

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

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

<input type="checkbox"/> One month (this is the 1 <sup>st</sup> month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Data not collected	

### 3.917B Prior Living Situation

**Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project**

**\*If client is homeless, complete previous section (3.917A Living Situation). Do not complete this section\***

#### Institutional Setting

<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, Prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center

#### Temporary Housing Situation

<input type="checkbox"/> Transitional housing for homeless persons (incl youth)	<input type="checkbox"/> Staying or living with friends, temporary tenure
<input type="checkbox"/> Residential project or halfway house, no homeless criteria	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying/living in a friend's room, apartment, house
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Staying/living in a family member's room apartment, house
<input type="checkbox"/> Staying or living with family, temporary tenure	

#### Permanent Housing Situation

<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy*</b>
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Owned by client, no ongoing housing subsidy

**\*If rental by client, with on-going housing subsidy, specify subsidy:**

<input type="checkbox"/> GDP TIP housing subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> VASH housing subsidy	<input type="checkbox"/> Emergency Housing Voucher
<input type="checkbox"/> RRH or equivalent subsidy	<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)	<input type="checkbox"/> Foster Youth to Independent Initiative (FYI)
<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	

#### Other

<input type="checkbox"/> Other	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

#### Length of stay in previous place

<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One week or more, but less than one month		<input type="checkbox"/> Data not collected

**If Institutional Setting, did you stay less than 90 days?** ☐ Yes ☐ No

**If Temporary or Permanent, did you stay less than 7 days?** ☐ Yes ☐ No

**If answered Yes to either Institutional, Temporary or Permanent, then answer:**

**On the night before did you stay on the streets, ES, or SH?** ☐ Yes ☐ No

**3.917B Prior Living Situation**

**Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project**

**Approximate date homelessness started:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Regardless of where they stayed last night, **number of times** the client has been on the streets, in ES, or SH in the past three years including today.

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

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

<input type="checkbox"/> One month (this is the 1 <sup>st</sup> month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Data not collected	

**Monthly Income – Cash Benefits**

**Income from any source? If Yes, total monthly income: \$** \_\_\_\_\_

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

Income source (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Alimony or other spousal income	\$	____/____/____
<input type="checkbox"/> Child Support	\$	____/____/____
<input type="checkbox"/> Earned Income	\$	____/____/____
<input type="checkbox"/> General Assistance	\$	____/____/____
<input type="checkbox"/> Other	\$	____/____/____
<input type="checkbox"/> Pension or retirement from another job	\$	____/____/____
<input type="checkbox"/> Private disability insurance	\$	____/____/____
<input type="checkbox"/> Retirement income from Social Security	\$	____/____/____
<input type="checkbox"/> SSDI	\$	____/____/____
<input type="checkbox"/> SSI	\$	____/____/____
<input type="checkbox"/> TANF	\$	____/____/____
<input type="checkbox"/> Unemployment Insurance	\$	____/____/____
<input type="checkbox"/> VA Non-Service connect disability pension	\$	____/____/____
<input type="checkbox"/> VA Service connected disability compensation	\$	____/____/____
<input type="checkbox"/> Worker's Compensation	\$	____/____/____

### Non-Cash Benefits

#### Non-cash benefits from any source?

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

Type of Benefit (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Supplemental nutrition assistance program	\$	____/____/____
<input type="checkbox"/> Special supplement nutrition program for WIC	\$	____/____/____
<input type="checkbox"/> TANF – Child care services	\$	____/____/____
<input type="checkbox"/> TANF – Transportation services	\$	____/____/____
<input type="checkbox"/> Other TANF funded services	\$	____/____/____
<input type="checkbox"/> Other Source	\$	____/____/____

If “Other Source”, specify: \_\_\_\_\_

### Health Insurance

#### Covered by Health Insurance?

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

Type of Health Insurance	State Date Receiving
<input type="checkbox"/> Employer provided health insurance	____/____/____
<input type="checkbox"/> Health insurance obtained through COBRA	____/____/____
<input type="checkbox"/> Indian Health Services program	____/____/____
<input type="checkbox"/> Medicare	____/____/____
<input type="checkbox"/> Medicaid	____/____/____
<input type="checkbox"/> Private pay health plan	____/____/____
<input type="checkbox"/> State children's health insurance program	____/____/____
<input type="checkbox"/> State health insurance for adults	____/____/____
<input type="checkbox"/> VA Medical Services	____/____/____
<input type="checkbox"/> Other Source	____/____/____

If “Other Source”, specify: \_\_\_\_\_

## Disability

### Does the client have a disabling condition?

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

Disability Type/Determination	Condition Long Term?	Disability Start Date
<b>Alcohol Use Disorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Both Alcohol &amp; Drug Use Disorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Chronic Health Condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Developmental</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Substance Use Disorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>HIV/AIDS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Mental Health Disorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Physical</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

## Domestic Violence

### Domestic Violence Survivor?

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

### If Yes, when did experience occur?

<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> One year or more	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 3-6 months ago	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

### If Yes, are you currently fleeing?

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

## RHY Referral Source

<input type="checkbox"/> Self-referral	<input type="checkbox"/> Outreach Project	<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Juvenile System
<input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	<input type="checkbox"/> Residential Project	<input type="checkbox"/> Mental Hospital	
<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Hotline	<input type="checkbox"/> School	<input type="checkbox"/> Other
<input type="checkbox"/> Law Enforcement/Police	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

If “Outreach Project” selected, number of times approached by outreach worker prior to entering project: \_\_\_\_\_

## RHY Determination

Date of Determination: \_\_\_\_/\_\_\_\_/\_\_\_\_

BCP Status: ☐ Yes ☐ No

If Yes to BCP status, is Youth eligible for RHY services? ☐ Yes ☐ No

If Yes to BCP status, is Youth a runaway?

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

If No to BCP status, reason?

<input type="checkbox"/> Out of age range	<input type="checkbox"/> Ward of the State (immediate reunification)
<input type="checkbox"/> Other	<input type="checkbox"/> Ward of the Criminal Justice System (immediate reunification)

## Sexual Orientation

Sexual Orientation:

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other	<input type="checkbox"/> Client prefers not to answer	

If Other, describe:



## Employment

### Employment Status

**Information date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (date information was collected)

**Employed?** ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

## Education

If Yes, Type of Employment	If No, Why Not Employed
<input type="checkbox"/> Full-time	<input type="checkbox"/> Looking for work
<input type="checkbox"/> Part-time	<input type="checkbox"/> Unable to work
<input type="checkbox"/> Seasonal/sporadic (including day labor)	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected

### Last Grade Completed:

<input type="checkbox"/> Less than grade 5	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> School does not have grades	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Some college	<input type="checkbox"/> Vocational certification	

### School Status:

<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Suspended	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Graduated high school	<input type="checkbox"/> Expelled	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Obtained GED		

## Health Status

### General Health Status:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

### Dental Health Status:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

### Mental Health Status:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

### Pregnancy Status:

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

### Ward Status

**Formerly a Ward of Child Welfare/Foster Care Agency?**

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

**If Yes for Formerly a Ward of Child Welfare/Foster, number of years:**

☐ Less than 1 year | ☐ 1 to 2 years | ☐ 3 to 5 or more years

**If one year or less, number of months:** \_\_\_\_\_

**Formerly a Ward of Juvenile Justice System?**

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

**If Yes for Formerly a Ward of Juvenile Justice System, number of years:**

☐ Less than 1 year | ☐ 1 to 2 years | ☐ 3 to 5 or more years

**If one year or less, number of months:** \_\_\_\_\_

### Family Critical Issues

**Unemployment:** ☐ Yes ☐ No

**Alcohol or Substance Use Disorder-Family Member:** ☐ Yes ☐ No

**Mental Health Disorder-Family Member:** ☐ Yes ☐ No

**Insufficient Income to support youth-Family Member:** ☐ Yes ☐ No

**Physical Disability-Family Member:** ☐ Yes ☐ No

**Incarcerated Parent of Youth:** ☐ Yes ☐ No

**Current Living Situation**  
**This section is for PROVIDER USE only**

If Other, specify: \_\_\_\_\_

**Living Situation verified by (Program name):** \_\_\_\_\_

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

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

**If Yes, answer the following questions**

**Has a subsequent residence been identified?**

☐ Yes | ☐ No | ☐ 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?**

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

**Has the client had a lease or ownership interest in permanent housing in the last 60 days?**

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

**Has the client moved 2 or more times in the last 60 days?**

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

**Location details:**

### Permanent Supportive Housing Programs Only

#### Well-Being

##### Client perceives their life has value and worth.

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

##### Client perceives they have support from others who will listen to problems.

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

##### Client perceives they have a tendency to bounce back after hard times.

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

##### Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

#### General Health

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

#### Moving on Assistance Provided: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<input type="checkbox"/> Subsidized housing application assistance	<input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses)
<input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support)	<input type="checkbox"/> Housing referral/placement
<input type="checkbox"/> Other (please specify):	

**Signatures**

**I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.**

---

**Print Name of Client**

---

**Signature of Client**

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**Date**

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**Print Name of Intake Worker**

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**Signature of Intake Worker**

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**Date**