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| Three County CoC YHDP Intake Form |

# Client Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT START DATE (e.g., 08/24/2021) | | | | | | | | | | |
|  |  | / |  |  | / |  |  |  |  | The Project Start Date will be used as the information date for all data elements collected on this form. All data must be accurate as of this date, regardless of the date collected. |
| Month | |  | Day | |  | Year | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | |  | NAME DATA QUALITY (HUD) | |
| First Name |  |  |  | Full name reported |
| *Middle Name \** |  |  |  | Partial, street name, or code name reported |
| Last Name |  |  |  | Client doesn’t know |
| Suffix |  |  |  | Client refused |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GENDER Which of these genders best describes how the client identifies? Multiple options should be selected if the client identifies with more than one. | | | | | | |
|  | Female |  | Transgender |  |  | Client doesn’t know |
|  | Male |  | Questioning |  |  | Client refused |
|  | A gender other than singularly female or male (e.g. non-binary, genderfluid, agender, culturally specific gender) | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE OF BIRTH (e.g., 10/23/1978) | | | | | | | | | |  | DOB QUALITY (HUD) | |
|  |  | / |  |  | / |  |  |  |  |  | Full date of birth reported |
| Month | |  | Day | |  | Year | | | |  | Approximate or partial date of birth reported |
| Use 01/01/YEAR and select “approximate or partial date of birth” if client cannot recall DOB. | | | | | | | | | |  |  | Client doesn’t know |
|  |  | Client refused |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SOCIAL SECURITY NUMBER | | | | | | | | | | |  | SSN DATA QUALITY (HUD) | |
|  |  |  | - |  |  | - |  |  |  |  |  |  | Full SSN reported |
| Some projects may serve clients that do not have an SSN. In these cases, select “Client doesn't know”' | | | | | | | | | | |  |  | Approximate or partial SSN reported |
|  |  | Client doesn’t know |
|  |  | Client refused |

|  |  |  |
| --- | --- | --- |
| PRIMARY LANGUAGE |  | Interpreter Needed |

# Client Demographics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ETHNICITY (HUD) | | | | |
|  | Non-Hispanic / Non-Latin(a)(o)(x) |  |  | Client doesn’t know |
|  | Hispanic / Latin(a)(o)(x) |  |  | Client refused |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RACE (HUD) Check all that apply | | | | | | | |
|  | American Indian, Alaska Native, or Indigenous |  | Asian or Asian American |  | Black, African American, or African | | |
|  | Native Hawaiian or Pacific Islander |  | White |  | Client doesn’t know |  | Client refused |

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| --- | --- | --- | --- | --- |
| VETERAN STATUS (HUD) Does this client have a history of military service? **For adults only and heads of household who are 18 years of age and older.** A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. | | | | |
|  | No |  | Yes | **Branch:** |
|  | Client doesn’t know |  | Client refused |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | |
| *CELL PHONE \** |  |  |  | - |  |  |  | - |  |  |  |  | *DTA NUMBER \** |  |

# Universal Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | NAME OF HEAD OF HOUSEHOLD: |  |  RELATIONSHIP TO HEAD OF HOUSEHOLD (HoH) | | | | | |
|  | Self (head of household) |  | HoH’s child |  | HoH’s spouse or partner |
|  | HoH’s other relative |  | Other non-relative |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If Self (head of household), list family members | | | |
| *Name \** | *DOB \** | *SSN \** | *Notes \** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## What was the client’s last grade completed?

|  |  |
| --- | --- |
| Less than Grade 5 | Associate’s Degree |
| Grades 5-6 | Bachelor’s degree |
| Grades 7-8 | Graduate degree |
| Grades 9-11 | Vocational certification |
| Grade 12 / High school diploma | Client doesn’t know |
| School program does not have grade levels | Client refused |
| GED | Data not collected |
| Some college |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *PH and RRH Only* |  | IS THE CLIENT CURRENTLY IN PERMANENT HOUSING? | | | | | | | | | | | | | | | | |
|  | No |  | Yes |  | If Yes, Move-In Date: |  |  | / |  |  | / |  |  |  |  |
| Month | |  | Day | |  | Year | | | |

# Living Situation Prior To Project Start

|  |
| --- |
| WHAT WAS THE CLIENT'S RESIDENCE PRIOR TO PROJECT ENTRY? If the client moved around, but in the same type of situation, include the total time in that type of situation in Length of Stay. If the client moved around from one situation to another, only include the time in the situation selected. |

| Homeless Situations | Length of Stay in Homeless Situations |
| --- | --- |
| Place not meant for habitation  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter  Safe Haven | One night or less  Two days to one week  One week or more, but less than one month  One to three months  More than three months, but less than one year  One year or longer  Client doesn’t know  Client refused |

| Institutional Situations | Length of Stay in Institutional Situations |
| --- | --- |
| Foster care home or foster care group home  Hospital or other residential non-psychiatric medical facility  Jail, prison, or juvenile detention facility  Long-term care facility or nursing home  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center | One night or less  Two days to one week  One week or more, but less than one month  One to three months  More than three months, but less than one year  One year or longer  Client doesn’t know  Client refused |

| Temporary and Permanent Housing Situations | Length of Stay in TH and PH Situations |
| --- | --- |
| Hotel or motel paid for without emergency shelter voucher  Owned by client, no ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Permanent housing (not RRH) for formerly homeless persons  Rental by client, with no housing subsidy  Rental by client, with GPD TIP housing subsidy  Rental by client, with VASH housing subsidy  Rental by client, with other ongoing housing subsidy  Rental by client, with Housing Choice Voucher (HCV)  Rental by client, in a public housing unit  Rental by client, with RRH or equivalent subsidy  Residential project or halfway house with no homeless criteria  Staying or living in a family member’s room, apt., or house  Staying or living in a friend’s room, apt., or house  Transitional housing for homeless persons (including youth)  Host home (non-crisis) | One night or less  Two days to one week  One week or more, but less than one month  One to three months  More than three months, but less than one year  One year or longer  Client doesn’t know  Client refused |

|  |  |  |  |
| --- | --- | --- | --- |
| Other | | | |
|  | Client doesn’t know |  | Client refused |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPROXIMATE DATE HOMELESSNESS STARTED | | | | | | | | | | |
|  |  | / |  |  | / |  |  |  |  | Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. |
| Month | |  | Day | |  | Year | | | |

|  |
| --- |
| The breaks are allowed to be included in the look back period to calculate the start date only if:   * The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR * The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR * The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header “institutional situations” on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date. * If this is the client’s first day on the streets, shelters, or safe havens, enter today’s date. |

|  |  |  |  |
| --- | --- | --- | --- |
| NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN AN EMERGENCY SHELTER, OR A SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page. | | | |
|  | One time (this time) |  | Four or more times |
|  | Two times |  | Client doesn’t know |
|  | Three times |  | Client refused |

|  |  |  |
| --- | --- | --- |
| TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, IN AN EMERGENCY SHELTER, OR A SAFE HAVEN IN THE PAST THREE YEARS Add up the total number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month. | | |
|  | One month or less (choose if this is the first time the client has been homeless) | |
|  | Between 2 and 12 months (Enter number of months):\_\_\_\_\_ |  |
|  | More than 12 months | Notes: |
|  | Client doesn’t know |
|  | Client refused |

# RHY/SSVF Information (for YHDP projects)

**WHAT IS THE CLIENT’S SEXUAL ORIENTATION?**

|  |  |
| --- | --- |
| Heterosexual | Other |
| Gay | Client doesn’t know |
| Lesbian | Client refused |
| Bisexual | Data not collected |
| Questioning/Unsure |  |

**IS YOUTH CURRENTLY ENROLLED IN SCHOOL?**

Yes  No  Client doesn’t know  Client refused  Data not collected

**IF YOUTH IS ENROLLED IN SCHOOL, ARE THEY ATTENDING REGULARLY?**

Yes  No  Client doesn’t know  Client refused  Data not collected

**WHAT IS THE YOUTH’S MOST RECENT EDUCATIONAL STATUS?**

|  |  |
| --- | --- |
| K12: Graduated high school | Higher Education: Pursuing a credential but not currently attending |
| K12: Obtained GED | Higher Education: Dropped Out |
| K12: Dropped out | Client doesn’t know |
| K12: Suspended | Client refused |
| K12: Expelled | Data not collected |

**WHAT IS THE YOUTH’S CURRENT EDUCATION STATUS?**

|  |  |
| --- | --- |
| Pursuing a high school diploma or GED | Pursuing other post-secondary credential |
| Pursuing Associate’s Degree | Client refused |
| Pursuing Bachelor’s Degree | Client doesn’t know |

**IS THE CLIENT CURRENTLY EMPLOYED?**

|  |  |
| --- | --- |
|  | Type of employment? |
| Yes | Full-time |
| No | Part-time |
| Client doesn’t know | Seasonal/sporadic (including day labor) |
| Client refused | N/A |
| Data not collected |  |
| If not, what is the reason the client is not employed? | |
| Looking for work | Unable to work |
| Not looking for work |  |

WHAT IS THE CLIENT’S GENERAL HEALTH STATUS?

|  |  |
| --- | --- |
| Excellent | Poor |
| Very Good | Client doesn’t know |
| Good | Client refused |
| Fair | Data not collected |

WHAT IS THE CLIENT’S DENTAL HEALTH STATUS?

|  |  |
| --- | --- |
| Excellent | Poor |
| Very Good | Client doesn’t know |
| Good | Client refused |
| Fair | Data not collected |

WHAT IS THE CLIENT’S MENTAL HEALTH STATUS?

|  |  |
| --- | --- |
| Excellent | Poor |
| Very Good | Client doesn’t know |
| Good | Client refused |
| Fair | Data not collected |

IS THE CLIENT CURRENTLY PREGNANT?

Yes  No  Client doesn’t know  Client refused  Data not collected

IF CLIENT IS CURRENTLY PREGNANT, PLEASE ENTER THE DUE DATE (IF DUE DATE IS UNKNOWN, ENTER JAN 1 OF CURRENT YEAR):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| Month | |  | Day | |  | Year | | | |

HAS THE CLIENT PREVIOUSLY BEEN THE RESPONSIBILITY OF CHILD WELFARE SERVICES OR A FOSTER CARE AGENCY?

|  |  |  |
| --- | --- | --- |
|  | How many years was the client formerly a ward of child welfare or a foster care agency? | |
| Yes | Less than one year | If less than one year, please write the number of months: |
| No | One to two years |  |
| Client doesn’t know | Three to five or more years |  |
| Client refused | Data not collected |  |
| Data not collected |  |  |

HAS THE CLIENT PREVIOUSLY BEEN THE RESPONSIBILITY OF THE JUVENILE JUSTICE SYSTEM?

|  |  |  |
| --- | --- | --- |
|  | How many years was the client formerly a ward of the juvenile justice system? | |
| Yes | Less than one year | If less than one year, please write the number of months: |
| No | One to two years |  |
| Client doesn’t know | Three to five or more years |  |
| Client refused | Data not collected |  |
| Data not collected |  |  |

**REFERRAL SOURCE**

CHOOSE ONE RESPONSE CATEGORY TO INDICATE THE INDIVIDUAL OR ORGANIZATION THROUGH WHICH THE CLIENT WAS ADVISED ABOUT, SENT, OR DIRECTED TO YOUR PROJECT.

|  |  |
| --- | --- |
| Self-Referral | Law Enforcement/Police |
| Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | Mental Hospital |
| Outreach Project | School |
| Temporary Shelter | Other Organization |
| Residential Project | Client doesn’t know |
| Hotline | Client refused |
| Child Welfare/CPS | Data not collected |
| Juvenile Justice |  |

# Income and Benefits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOES THE CLIENT HAVE ANY INCOME FROM ANY SOURCE? | | | | |
|  | No |  | Yes | Notes: |
|  | Client doesn’t know |  | Client refused |

| Income Source | | Amount | | |  | Income Source | | | | Amount | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Earned Income | $ |  |  | | |  | Worker’s Compensation | $ | |  |
|  | Unemployment Insurance | $ |  |  | | |  | TANF | $ | |  |
|  | SSI | $ |  |  | | |  | General Assistance (GA) | $ | |  |
|  | SSDI | $ |  |  | | |  | Social Security Retirement | $ | |  |
|  | VA Disability Compensation | $ |  |  | | |  | Private Pension | $ | |  |
|  | VA Pension | $ |  |  | | |  | Child Support | $ | |  |
|  | Private disability insurance | $ |  |  | | |  | Alimony | $ | |  |
|  | Other (describe): | $ |  |  | | |  |  |  | |  |
|  |  |  |  |  | | |  | Total Monthly Income | $ | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOES THE CLIENT HAVE ANY NON-CASH BENEFITS FROM ANY SOURCE? | | | | |
|  | No |  | Yes | Notes: |
|  | Client doesn’t know |  | Client refused |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select all that apply | | | | |
|  | SNAP (formerly Food Stamps) |  | TANF transportation services | |
|  | WIC |  | Other TANF-Funded Services | |
|  | TANF Child Care services |  | Other source: |  |

# Health Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IS THE CLIENT CURRENTLY COVERED BY HEALTH INSURANCE? | | | | |
|  | No |  | Yes | Notes: |
|  | Client doesn’t know |  | Client refused |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select all that apply | | | | |
|  | Medicaid (MassHealth) |  | COBRA | |
|  | Medicare |  | Private Pay Health Insurance | |
|  | Children’s Health Insurance Program |  | State Health Insurance for Adults | |
|  | Veteran’s Administration (VA) Medical Services |  | Indian Health Services Program | |
|  | Employer-Provided Health Insurance |  | Other source: |  |

# Health Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOES THE CLIENT CURRENTLY HAVE ANY PHYSICAL DISABILITIES, DEVELOPMENTAL DISABILITIES, CHRONIC HEALTH CONDITIONS, HIV/AIDS, MENTAL HEALTH CONDITIONS, AN ALCOHOL USE DISORDER, A DRUG USE DISORDER, OR ANY OTHER DISABLING CONDITIONS? | | | | |
|  | No |  | Yes | Notes: |
|  | Client doesn’t know |  | Client refused |

|  |  |
| --- | --- |
| If yes, list condition(s): | |
| **Condition** | **Of long-continued and indefinite duration?** |
|  |  |
|  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IS CLIENT A DOMESTIC VIOLENCE VICTIM/SURVIVOR? | | | | |
|  | No |  | Yes | Notes: |
|  | Client doesn’t know |  | Client refused |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, when did the last episode occur? | | | |
|  | Within the past three months |  | One year ago or more |
|  | Three to six months ago (excluding six months exactly) |  | Client doesn’t know |
|  | Six months to one year ago (excluding one year exactly) |  | Client refused |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, is the client currently fleeing? | | | | | | | |
|  | No |  | Yes |  | Client doesn’t know |  | Client refused |