

Agency Name: \_\_\_\_\_



## CLARITY HMIS: HHS-RHY PROGRAM INTAKE FORM

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

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**PROGRAM ENTRY DATE** *[All Clients]*

**Month**

**Day**

**Year**

**SOCIAL SECURITY NUMBER** *[All Clients]*

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QUALITY OF SOCIAL SECURITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

**CURRENT NAME** *[All Clients]*

N/A

Last																				<input type="radio"/>	
First																					<input type="radio"/>
Middle																					<input type="radio"/>
Suffix																					<input type="radio"/>

**QUALITY OF CURRENT NAME**

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**DATE OF BIRTH** *[All Clients]*

																				Age:
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**Month**

**Day**

**Year**

<b>QUALITY OF DATE OF BIRTH</b>			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**GENDER** *[All Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender female to male		
<input type="radio"/>	Doesn't Identify as male, female, or transgender		

**RACE** (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	White/Caucasian
<input type="radio"/>	Asian	<input type="radio"/>	Client does not know
<input type="radio"/>	Black/African American	<input type="radio"/>	Client refused
<input type="radio"/>	Hawaiian or Other Pacific Islander	<input type="radio"/>	Data Not Collected

**ETHNICITY** *[All Clients]*

<input type="radio"/>	NonHispanic/ NonLatino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**VETERAN STATUS** *[All Adults]*

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

<b>IF "YES" TO VETERAN STATUS</b>	
<b>Year entered military service (year)</b>	
<b>Year separated from military service (year)</b>	

<b>Theater of Operations: World War II</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Korean War</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Vietnam War</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

<b>Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: nonrelation member

**HOUSING STATUS AT ENTRY** *[Head of Household and Adults]*

<input type="radio"/>	Homeless	<input type="radio"/>	Fleeing domestic violence	<input type="radio"/>	Client doesn't know
<input type="radio"/>	At imminent risk of losing housing	<input type="radio"/>	At risk of homelessness	<input type="radio"/>	Client refused
<input type="radio"/>	Homeless only under other federal statutes	<input type="radio"/>	Stably housed	<input type="radio"/>	Data not collected

**LIVING SITUATION BY TYPE OF RESIDENCE**  
*[Head of Household and Adults Only]*

<input type="radio"/>	Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	<input type="radio"/>	Rental by client, with VASH subsidy
<input type="radio"/>	Foster care home or group home	<input type="radio"/>	Rental by client, with GTD TIP subsidy
<input type="radio"/>	Hospital or other residential non psychiatric medical facility	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Residential project or halfway house with no homeless criteria
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Safe Haven
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Owned by client, no ongoing housing subsidy	<input type="radio"/>	Staying or living in a friend's room, apartment or house
<input type="radio"/>	Owned by client, with ongoing housing subsidy	<input type="radio"/>	Substance abuse treatment facility or detox center
<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Interim Housing
<input type="radio"/>	Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Rental by client, no ongoing housing subsidy	<input type="radio"/>	Data not collected

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

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

**LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]**

<input type="radio"/>	No	<input type="radio"/>	Yes
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**LENGTH OF STAY LESS THAN 90 DAYS**

*[If type of stay is Interim Housing- Facility /Institution etc]*

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN** *[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
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<b>Approximate Date Homelessness Started</b>	____/____/____
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**Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years**

<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Four or More Times	<input type="radio"/> Data not collected

**Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years**

<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 212 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**CLIENT HAS BEEN ENGAGED** *[STREET OUTREACH]*

<input type="radio"/> No	<input type="radio"/> Yes
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**IF "YES" TO CLIENT HAS BEEN ENGAGED**

<b>Date of Engagement</b>	____/____/____
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**RHYBCP STATUS** *[BCP ONLY All Clients]*

<b>Date of status determination</b>	____/____/____
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FYSB Youth

<input type="radio"/> No	<input type="radio"/> Yes
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**If "No" for FYSB Youth – Reason for not providing services**

<input type="radio"/> Out of age range	<input type="radio"/> Ward of the criminal justice system – immediate reunification
<input type="radio"/> Ward of the State – Immediate Reunification	<input type="radio"/> Other

**DISABLING CONDITION** *[All Clients]*

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

**PHYSICAL DISABILITY** *[All Clients]*

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

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Currently receiving services for physical disability	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
Long-term physical disability	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
<b>Documentation of the disability and severity on file</b>	<input type="radio"/> No	<input type="radio"/> Yes

**DEVELOPMENTAL DISABILITY** *[All Clients]*

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

**IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY**

Currently receiving services for developmental disability	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused

Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**CHRONIC HEALTH CONDITION** *[All Clients]*

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

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**MENTAL HEALTH PROBLEM** *[All Clients]*

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

**IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY**

Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>		<input type="radio"/>	Client refused



		Yes	<input type="radio"/>	Data not collected
Long-term mental health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**SUBSTANCE ABUSE PROBLEM** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse	
<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY</b>				
<b>Currently receiving services/treatment for this condition</b>	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
<b>Long-term substance abuse problem</b>	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**INCOME FROM ANY SOURCE** [*Head of Household and Adults*]

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

**IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source		Amount	Income Source		Amount
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Earned Income	
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance	
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA NonService Connect Disability Pensioned		<input type="radio"/>	Private disability insurance	
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Other source	
<input type="radio"/>	Pension or retirement income from former job		<b>Specify Other"</b>		

**Total monthly amount:**

**RECEIVING NONCASH BENEFITS** [*Head of Household and Adults*]

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

**IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other ( <b>Specify</b> ):

**COVERED BY HEALTH INSURANCE [All Clients]**

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

**IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

**SEXUAL ORIENTATION [Head of Household, Adults, and unaccompanied Youth]**

<input type="radio"/>	Heterosexual	<input type="radio"/>	Questioning/Unsure
<input type="radio"/>	Gay	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Lesbian	<input type="radio"/>	Client refused
<input type="radio"/>	Bisexual	<input type="radio"/>	Data not collected

**LAST GRADE COMPLETED [Head of Household, Adults & Unaccompanied Youth]**

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

**SCHOOL STATUS [Head of Household, Adults, and unaccompanied Youth]**

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

**EMPLOYMENT STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<b>Employed</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

<b>If "Yes" for employed – Type of employment</b>	
<input type="radio"/> Fulltime	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	

<b>If "No" for employed – Why not employed</b>	
<input type="radio"/> Looking for work	<input type="radio"/> Not looking for work
<input type="radio"/> Unable to work	

**GENERAL HEALTH STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**DENTAL HEALTH STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**MENTAL HEALTH STATUS** *[Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**PREGNANCY STATUS** *[All Female HoH, Adults, and Unaccompanied Youth]*

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

**IF "YES" for Pregnancy Status**

<b>Due Date</b>	___/___/_____
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**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**

*[Head of Household, Adults, and Unaccompanied Youth]*

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

**If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency**

<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	

**If "Less than one year" – Number of months**

**FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM**

*[Head of Household, Adults, and Unaccompanied Youth]*

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

**If "Yes" for Formerly a Ward of Juvenile Justice System**

<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	

**If "Less than one year" – Number of months**

**YOUNG PERSON’S CRITICAL ISSUES** [*Head of Household, Adults, and Unaccompanied Youth*]

Household dynamics	<input type="radio"/>	No	<input type="radio"/>	Yes
Sexual orientation/gender identity – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Sexual orientation/gender identity – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Housing issues – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Housing issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
School or educational issues – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
School or educational issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Unemployment – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Unemployment – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental health issues Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental health issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Health issues Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Health issues – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical disability – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental disability Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Abuse and neglect – Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Abuse and neglect – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Alcohol or other drug abuse Youth	<input type="radio"/>	No	<input type="radio"/>	Yes
Alcohol or other drug use – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Insufficient income to support youth – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Active military parent – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Incarcerated parent of youth	<input type="radio"/>	No	<input type="radio"/>	Yes
<b>If “Yes” to incarcerate parent of youth</b>				
<input type="radio"/>	One parent/legal guardian is incarcerated	<input type="radio"/>	The only parent/legal guardian	

<input type="radio"/> Both parents/legal guardians are incarcerated	<input type="radio"/> is incarcerated
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## REFERRAL SOURCE

*[Gathered one time per project enrollment: Head of Household, Adults, and Unaccompanied Youth]*

<input type="radio"/> Selfreferral	<input type="radio"/> Residential project: Drug treatment center
<input type="radio"/> Individual: Parent/guardian	<input type="radio"/> Residential project: Treatment center
<input type="radio"/> Individual: Relative or friend	<input type="radio"/> Residential project: Educational institute
<input type="radio"/> Individual: Other adult or youth	<input type="radio"/> Residential project: Other agency project
<input type="radio"/> Individual: Partner/spouse	<input type="radio"/> Residential project: Other project
<input type="radio"/> Individual: Foster parent	<input type="radio"/> Hotline: National runaway switchboard
<input type="radio"/> Outreach project: FYSB	<input type="radio"/> Hotline: Other
<input type="radio"/> Outreach project: Other	<input type="radio"/> Other agency: Child welfare/CPS
<input type="radio"/> Temporary Shelter: FYSB Basic Center Project	<input type="radio"/> Other agency: Nonresidential independent living project
<input type="radio"/> Temp. Shelter: Other youth only emergency shelter	<input type="radio"/> Other project operated by your agency
<input type="radio"/> Temp. Shelter: Emergency shelter for families	<input type="radio"/> Other youth services agency
<input type="radio"/> Temp. Shelter: Emergency shelter for individuals	<input type="radio"/> Juvenile justice
<input type="radio"/> Temp. Shelter: Domestic violence shelter	<input type="radio"/> Law enforcement/police
<input type="radio"/> Temp. Shelter: Safe Place	<input type="radio"/> Religious organization
<input type="radio"/> Temp. Shelter: Other	<input type="radio"/> Mental hospital
<input type="radio"/> Residential project: FYSB transitional living project	<input type="radio"/> School
<input type="radio"/> Residential project: Other transitional living project	<input type="radio"/> Other organization
<input type="radio"/> Residential project: Group home	<input type="radio"/> Client doesn't know
<input type="radio"/> Residential project: independent living project	<input type="radio"/> Client refused
<input type="radio"/> Residential project: Job corps	<input type="radio"/> Data not collected

If “Outreach Project: FYSB” – Number of times approached by outreach prior to entering the project	
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**COMMERCIAL SEXUAL EXPLOITATION** [*Head of Household and Unaccompanied Youth*]

<b>Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**If “Yes” to “ Ever received anything in exchange for sex**

<b>Received something in exchange for sex in the past 3 month</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**If “Yes” to “Ever received anything in exchange for sex” Number of times**

<input type="radio"/>	13	<input type="radio"/>	Client doesn't know
<input type="radio"/>	47	<input type="radio"/>	Client refused
<input type="radio"/>	811	<input type="radio"/>	Data not collected
<input type="radio"/>	12 or more		

**If “Yes” “ Ever received anything in exchange for sex”**

<b>Ever made/persuaded to have sex in exchange for something</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**If “Yes” to Ever made/persuaded to have sex in exchange for something In the last 3 months**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused



<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
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**COMMERCIAL LABOR EXPLOITATION** [*Head of Household and Unaccompanied Youth*]

<b>Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Ever promised work where work or payment was different than you expected</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to either of the above Felt forced, pressured or tricked into continuing the job</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>If "Yes" to "Felt forced, pressured or tricked into continuing the job: In the last 3 months</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected



**Signature of applicant stating all information is true and correct    Date**