

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



## CLARITY HMIS: HHS-RHY PROJECT INTAKE FORM

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

### PROJECT START DATE *[All Clients]*

		/ -			/ -				
Month			Day			Year			

**TRANSLATION ASSISTANCE NEEDED?** *Would the client like services to be provided in a language other than English?*

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

### IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/> <b>English</b>	<input type="radio"/> <b>Tagalog</b>
<input type="radio"/> <b>Spanish</b>	<input type="radio"/> <b>Client doesn't know</b>
<input type="radio"/> <b>Vietnamese</b>	<input type="radio"/> <b>Client prefers not to answer</b>
<input type="radio"/> <b>Mandarin</b>	<input type="radio"/> <b>Data not collected</b>
<input type="radio"/> <b>Different Preferred Language (<i>specify</i>):</b>	

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

			-	-			-	-				
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**CLIENT LOCATION** *[only if multiple CoC's]* \_\_\_\_\_

### QUALITY OF SOCIAL SECURITY

<input type="radio"/> <b>Full SSN reported</b>	<input type="radio"/> <b>Client doesn't know</b>
	<input type="radio"/> <b>Client prefers not to answer</b>
<input type="radio"/> <b>Approximate or partial SSN reported</b>	<input type="radio"/> <b>Data not collected</b>

### CURRENT NAME *[All Clients]*

																		N/A
Last																		<input type="radio"/>
First																		
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 prefers not to answer								
											<input type="radio"/>	Data not collected								

**DATE OF BIRTH [All Clients]**

		- /			- /					Age:
<b>Month</b>			<b>Day</b>			<b>Year</b>				

QUALITY OF DATE OF BIRTH			
<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 prefers not to answer
			<input type="radio"/> Data not collected

**SEX [All Clients]**

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**GENDER [All Clients]**

<input type="radio"/>	Woman (Girl, if child)	<input type="radio"/>	Questioning
<input type="radio"/>	Man (Boy, if child)	<input type="radio"/>	Different Identity ( <i>specify</i> ):
<input type="radio"/>	Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transgender	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Non-Binary	<input type="radio"/>	Data not collected

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

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	Native Hawaiian or Pacific Islander
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	White
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Hispanic/Latina/o	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Middle Eastern or North African	<input type="radio"/>	Data Not Collected

**VETERAN STATUS [All Adults]**

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

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**IF “YES” TO VETERAN STATUS**

<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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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"/> Client prefers not to answer
<input type="radio"/> Yes		<input type="radio"/> Data not collected

**Theater of Operations: Iraq (Operation Iraqi Freedom)**

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

**Theater of Operations: Iraq (Operation New Dawn)**

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

**Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)**

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

**Branch of the Military**

<input type="radio"/> Army	<input type="radio"/> Space Force
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know
<input type="radio"/> Navy	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Marines	<input type="radio"/> Data not collected
<input type="radio"/> Coast Guard	

**Discharge Status**

<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

**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: non--relation member

**ENROLLMENT COC** *[only if multiple CoC's]* \_\_\_\_\_

**WHEN CLIENT WAS ENGAGED**

*[Complete Date of Engagement When Client Has Been Engaged –Street Outreach Projects, for Adults & Head of Households]*

Date of Engagement:	____/____/____
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IF "YES" TO PERMANENT HOUSING**

Housing Move-In Date: <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	____/____/____
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**PRIOR LIVING SITUATION**
**TYPE OF RESIDENCE** *[Head of Household and Adults Only]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know

<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Data not collected

**IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” — SPECIFY:**

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

**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 prefers not to answer
<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**
*[Institutional Housing Situations]*

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE - STAYED ON STREETS, ES, SAFE HAVEN [Head of Household and Adults]**

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started _____ / _____ / _____	
Number of <i>times</i> 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 prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total Number of <i>Months</i> 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"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**RHY - BCP STATUS [BCP ONLY]**

Date of status determination		____/____/____	
<input type="radio"/> No			<input type="radio"/> Yes
If 'No' for 'Youth Eligible for RHY Services' – Reason services are not funded by BCP grant			
<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
Runaway Youth? [If 'Yes' to 'Youth Eligible for RHY Services']		<input type="radio"/> Client doesn't know	
<input type="radio"/> No			<input type="radio"/> Client prefers not to answer
<input type="radio"/> Yes			<input type="radio"/> Data not collected

**DISABLING CONDITION [All Clients]**

<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<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 prefers not to answer
		<input type="radio"/> Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**DEVELOPMENTAL DISABILITY [All Clients]**

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

**CHRONIC HEALTH CONDITION [All Clients]**

<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY</b>				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

**IF "ALCOHOL USE DISORDERS" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**MONTHLY INCOME AND SOURCES**
**INCOME FROM ANY SOURCE** *[Head of Household and Adult]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer		
		<input type="radio"/>	Data not collected		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist for Needy Families)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other income source	
<input type="radio"/>	Worker's Compensation			(specify):	



Total monthly income for Individual:	
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**RECEIVING NON CASH 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 prefers not to answer
	<input type="radio"/> Data not collected

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other (specify):	<input type="radio"/> Other TANF-funded services

**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 prefers not to answer
	<input type="radio"/> Data not collected

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

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Insurance Obtained through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veterans Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify)	<input type="radio"/> Indian Health Services Program

**EDUCATION INFORMATION** *[All Clients 18+]*
**LAST GRADE COMPLETED** *[Adults and Head of Households, All program types except Street Outreach]*

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

**CURRENTLY ATTENDING COLLEGE/UNIVERSITY**

<input type="radio"/> Not Currently Attending	<input type="radio"/> Academically Disqualified
<input type="radio"/> Attending Full Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Attending Part Time	<input type="radio"/> Client prefers not to answer

**NAME OF COLLEGE/UNIVERSITY**

<input type="radio"/> De Anza College	<input type="radio"/> West Valley College
<input type="radio"/> Evergreen Valley College	<input type="radio"/> Other Bay Area College/University
<input type="radio"/> Foothill College	<input type="radio"/> Other CA College/University
<input type="radio"/> Gavilan College	<input type="radio"/> Other College/University
<input type="radio"/> Mission College	<input type="radio"/> Other Vocational Program
<input type="radio"/> San Jose City College	<input type="radio"/> Client doesn't know
<input type="radio"/> San Jose State University	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Santa Clara University	<input type="radio"/> Data not collected
<input type="radio"/> Stanford University	

**EXPECTED COMPLETION YEAR**

		/ -			/ -				
Month		Day		Year					

## RHY SPECIFIC YOUTH INFORMATION

**SEXUAL ORIENTATION** *[Adults and Head of Households]*

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other, please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

**LAST GRADE COMPLETED** *[Adults and Head of Households, All program types except Street Outreach]*

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

**SCHOOL STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<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 prefers not to answer
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

**EMPLOYMENT STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

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

<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
If "Yes" for employed – Type of employment			
<input type="radio"/>	Full- time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

**GENERAL HEALTH STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<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 prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**DENTAL HEALTH STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<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 prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**MENTAL HEALTH STATUS** *[Adults and Head of Households, All program types except Street Outreach]*

<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 prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**PREGNANCY STATUS** *[Adults and Head of Households]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
IF "YES" for Pregnancy Status			
Due Date		____/____/____	

**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**
*[Adults and Head of Households, All program types except Street Outreach]*

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

*[Adults and Head of Households, All program types except Street Outreach]*

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

### FAMILY CRITICAL ISSUES *[Adults and Head of Households, All program types except Street Outreach]*

Unemployment – Family Member	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected
Mental Health Disorder – Family Member	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected
Physical Disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected
Alcohol or Substance Use Disorder – Family Member	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected
Insufficient income to support youth – Family Member	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected
Incarcerated parent of youth	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

### REFERRAL SOURCE

*[Gathered one time per project enrollment: Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/>	Self-referral	<input type="radio"/>	Law Enforcement/Police
<input type="radio"/>	Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	<input type="radio"/>	Mental Hospital
<input type="radio"/>	Outreach	<input type="radio"/>	School
<input type="radio"/>	Temporary Shelter	<input type="radio"/>	Other organization
<input type="radio"/>	Residential Project	<input type="radio"/>	Client doesn't know

<input type="radio"/>	Hotline	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Child Welfare/CPS	<input type="radio"/>	Data not collected
<input type="radio"/>	Juvenile Justice		
If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project			

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

**Date**