HMIS Data Collection for Project START

This form can be used by all RHY BCP-ES projects. This is for data entry at initial client intake.

Section I: Client Information

NAME - *[ALL CLIENTS] - [ALL PROJECTS]*
Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

NAME DATA QUALITY - *[ALL CLIENTS] - [ALL PROJECTS]*
Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

☐	Full name reported	☐	Client Doesn't Know
☐	Partial, street name, or code name reported	☐	Client prefers not to answer

SOCIAL SECURITY NUMBER - *[ALL CLIENTS] - [ALL PROJECTS]*

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SOCIAL SECURITY NUMBER DATA QUALITY - *[ALL CLIENTS] - [ALL PROJECTS]*
For clients without a SSN, enter 'client doesn't know'.

☐	Full SSN reported	☐	Client doesn't know
☐	Approximate or partial SSN reported	☐	Client prefers not to answer

SEX - *[ALL CLIENTS] - [ALL PROJECTS]*
For clients without a SSN, enter 'client doesn't know'.

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

VETERAN STATUS - *[ALL CLIENTS] - [ALL PROJECTS]*
Veteran Status is only collected on adults who are 18 years of age or older. When a minor turn's18 this field must be completed. Projects may also default to 'No' for minors if they wish. 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.

- For the **Army, Navy, Air Force, Marine Corps, Space Force** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
- For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
- Or Anyone who was disabled in the line of duty during a period of active-duty training.

- Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

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

Section II: Universal Data Elements

PROJECT START DATE (Month / Day / Year) - *[ALL CLIENTS] - [ALL PROJECTS]*
The 'Project Start Date' will serve 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.

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RELATIONSHIP TO HEAD OF HOUSEHOLD- *[ALL CLIENTS] - [ALL PROJECTS]*
In a household of a single individual, that person must be identified as the head of household. In multi-person households, only one person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

☐	Self (head of household)	☐	Head of household's other relation member (other relation to head of household)
☐	Head of household's child	☐	Other: non-relation member
☐	Head of household's spouse or partner	☐	Data not collected

DATE OF BIRTH (Month / Day / Year) - *[ALL CLIENTS] - [ALL PROJECTS]*
Collect the month, day, and year of birth for every person served. If a client cannot remember the year of birth, ask the person's age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, communities may record an approximate date of "01" for month and "01" for day.

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DATE OF BIRTH TYPE- *[ALL CLIENTS] - [ALL PROJECTS]*

☐	Full date of birth reported	☐	Client doesn't know
☐	Approximate or partial date of birth reported	☐	Client prefers not to answer

Race and Ethnicity - *[ALL CLIENTS] - [ALL PROJECTS]*
More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- AMERICAN INDIAN or ALASKA NATIVE is defined as: a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- ASIAN is defined as: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN is defined as: a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE is defined as a person having origins in any of the original peoples of Europe

☐	American Indian or Alaska Native	☐	Middle Eastern or North African
☐	Asian or Asian American	☐	White
☐	Black, African American, or African	☐	Client doesn't know
☐	Native Hawaiian or Pacific Islander	☐	Client prefers not to answer
☐	Hispanic/Latina/o	☐	Data Not Collected

SECONDARY RACE - *[ALL CLIENTS] - [ALL PROJECTS]*
The secondary race is the next closest racial grouping that the client identifies with. If the client does not identify with more than one racial group, then leave this question blank.

☐	American Indian or Alaska Native	☐	White
☐	Asian	☐	Client doesn't know
☐	Black or African American	☐	Client prefers not to answer
☐	Native Hawaiian or Other Pacific Islander	☐	Data Not Collected

GENDER - *[ALL CLIENTS] - [ALL PROJECTS]*
Which of these genders best describes how the client identifies?

☐	Woman (Girl, if child)	☐	Questioning
☐	Man (Boy if child)	☐	Different Identity
☐	Culturally Specific Identity (e.g., Two-Spirit)	☐	Client doesn't know
☐	Transgender	☐	Client prefers not to answer
☐	Non-Binary	☐	Data not collected

DISABLING CONDITION - *[ALL CLIENTS] - [ALL PROJECTS]*
A disabling condition is any of the following disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health disorder, or substance use disorder) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug use disorder, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

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

ZIP CODE OF LAST PERMANENT ADDRESS - *[ALL CLIENTS] - [ALL PROJECTS]*
The five-digit zip code where the client last lived for 90 days or more. (**Do Not Use 85007 as zip code for intake**)

IF COVERED BY AHCCCS, ID # - *[ALL CLIENTS] - [ALL PROJECTS]*

HOMELESSNESS PRIMARY REASON - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
Record the primary reason for the current episode of homelessness.

☐	Aged out of foster care	☐	Client NOT homeless
☐	COVID-19/Coronavirus	☐	Mental Health Concerns
☐	Exploitation/Human Trafficking	☐	Moved to seek work
☐	Family dispute/overcrowding/Kicked out	☐	Natural disaster/fire

☐	Loss of Employment	☐	New to the Area
☐	Loss of Non-Employment Income or No Financial Resources	☐	Release from jail/prison/Juvenile Hall
☐	Medical Problems	☐	Substance Use/Alcohol Dependency Concerns
☐	Substance use disorder	☐	Transient/Choice
☐	Client doesn't know	☐	Other
☐	Domestic Violence	☐	Client prefers not to answer
☐	Data not collected		

RESIDENCE PRIOR TO PROJECT ENTRY - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
What type of place was the client residing in prior to the project start?

Homeless Situations		**Other**	
☐	Place not meant for habitation	☐	Client doesn't know
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	☐	Client prefers not to answer
☐	Safe Haven	☐	Data not collected
Institutional Situations			
☐	Foster care home or foster care group home	☐	Long-term care facility or nursing home
☐	Hospital or other residential non-psychiatric medical facility	☐	Psychiatric hospital or other psychiatric facility
☐	Jail, prison, or juvenile detention facility	☐	Substance use disorder treatment facility or detox center
Temporary Housing Situations			
☐	Transitional housing for homeless persons (including homeless youth) (HUD)	☐	Residential project or halfway house with no homeless criteria (HUD)
☐	Hotel or motel paid for without emergency shelter voucher	☐	Staying or living in a family member's room, apartment, or house
☐	Host home (non-crisis)	☐	Staying or living in a friend's room, apartment, or house
Permanent Housing Situations			
☐	Rental by client, with no ongoing housing subsidy	☐	Rental by client, with other ongoing housing subsidy
☐	Owned by client, with ongoing housing subsidy	☐	Owned by client, no ongoing housing subsidy

LOCATION OF PRIOR RESIDENCE - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
For the client's prior residence, which Maricopa city (or outside region) was this located in?

☐	Avondale	☐	Buckeye
☐	Chandler	☐	Gilbert
☐	Glendale	☐	Goodyear
☐	Mesa	☐	Peoria
☐	Phoenix	☐	Scottsdale
☐	Surprise	☐	Tempe
☐	Other city in Maricopa County	☐	Outside Maricopa County but inside Arizona
☐	Outside Arizona	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

☐	One night or less	☐	90 days or more, but less than one year
☐	Two to six nights	☐	One year or longer
☐	One week or more, but less than one month	☐	Client doesn't know
☐	One month or more, but less than 90 days	☐	Client prefers not to answer
☐	Data not collected		

PRIOR RESIDENCE SUB-SECTION - START

[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH, TH, SSO, HP, CE]

EMERGENCY SHELTERS, STREET OUTREACH, AND SAFE HAVEN PROJECTS – SKIP THIS SECTION

Question 1: Was your client's previous residence a Homeless Situation?	
☐	No – (Go to "Question 2")
☐	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 2: Was your client's previous residence an Institutional Situation?		
☐	No – (Go to "Question 3")	
☐	Yes – (Continue with "Question 2b")	
	Question 2b: Did the client stay less than 90 days?	
	☐	No – (Continue to "Housing Move-in Sub-Section")
	☐	Yes – (Continue to "Question 2c")
	Question 2c: On the night before did the client stay on the streets, ES or SH?	
	☐	No – (Continue to "Housing Move-in Sub-Section")
	☐	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 3: Was your client's previous residence a Transitional or Permanent Housing Situation?		
☐	No – (Continue to "Housing Move-in Sub-Section")	
☐	Yes – (Continue with "Question 3b")	
	Question 3b: Did the client stay less than 7 days?	
	☐	No – (Continue to "Housing Move-in Sub-Section")
	☐	Yes – (Continue with "Question 3c")
	Question 3c: On the night before did the client stay on the streets, ES or SH?	
	☐	No – (Continue to "Housing Move-in Sub-Section")
	☐	Yes – (Continue to question "Date the Client Started Being Homeless This Time"

PRIOR RESIDENCE SUB-SECTION - END

DATE THE CLIENT STARTED BEING HOMELESS THIS TIME (Month / Day / Year) - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
At project entry, what is the start date for the client's current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e., jail, mental health treatment facility, etc.).

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NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
Count all the different periods of homelessness (i.e., times the client was on the streets, in an emergency shelter, or in a Safe Haven) in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client prefers not to answer
☐	Data not collected		

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
Count the number of months in which a person was "homeless" (i.e. on the streets, in an ES, or SH) in the last 3 years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

- If any day of a given month is spent "homeless", count the full month (e.g. if client sleeps on the street for 1/31 and 2/01, count 2 months).

☐	One month or less (this is the first time)	☐	2
☐	3	☐	4
☐	5	☐	6
☐	7	☐	8
☐	9	☐	10
☐	11	☐	12
☐	More than 12 months	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected

HOUSING MOVE-IN SUB-SECTION - START

COMPLETED ONLY BY PSH AND RRH PROJECTS – ALL OTHER PROJECTS SKIP THIS SECTION

HOUSING MOVE-IN DATE (Month / Day / Year) – *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]*
The date the client moved into PERMANENT housing. This may be the same date as Project Start if the client moves into PERMANENT housing on the date they were accepted into the program.

- For RRH projects, a Housing Move-In Date will be entered regardless of the funding source or whether the project is providing the rental assistance.
- For PSH projects, if a client is housed by another project the client should be exited from the program to the appropriate destination. A Housing Move-In Date should not be recorded in this case.

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LOCATION OF HOUSING MOVE-IN – *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]*
Select the Maricopa city (or outside region) the client moved into when PERMANENTLY housed. This applies to PSH and RRH projects only.

☐	Avondale	☐	Buckeye
☐	Chandler	☐	Gilbert
☐	Glendale	☐	Goodyear
☐	Mesa	☐	Peoria
☐	Phoenix	☐	Scottsdale
☐	Surprise	☐	Tempe
☐	Other city in Maricopa County	☐	Outside Maricopa County but inside Arizona
☐	Outside Arizona	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected

HOUSING MOVE-IN SUB-SECTION - END

Section III: Program Data Elements

INCOME FROM ANY SOURCE – *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
Is the client receiving income from any source at this time?

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

*Identify if the client is receiving each type of income type. ***

No	Yes	Source of income	If yes, monthly amount from source (round to nearest dollar)
☐	☐	Earned income (i.e., employment income)	
☐	☐	Unemployment Insurance	
☐	☐	Supplemental Security Income (SSI)	
☐	☐	Social Security Disability Insurance (SSDI)	
☐	☐	VA Service-Connected Disability Compensation	
☐	☐	VA Non-Service-Connected Disability Pension	
☐	☐	Private disability insurance	
☐	☐	Worker's Compensation	
☐	☐	Temporary Assistance for Needy Families (TANF)	
☐	☐	General Assistance (GA)	
☐	☐	Retirement Income from Social Security	
☐	☐	Pension or retirement income from a former job	
☐	☐	Child support	
☐	☐	Alimony or other spousal support	
☐	☐	Other source If yes, specify source: _____	

		Total monthly income from all sources	

***What is the sum of this client's regular, recurrent monthly income? Only record regular, recurrent sources that are current as of today (i.e., not terminated). Income received for a minor member of the household (e.g., SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).*

- *Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and ARE NOT considered monthly income.*
- *Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and ARE NOT recorded in HMIS.*

NON-CASH BENEFITS - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

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

Identify if the client is receiving each type of non-cash benefit.

No	Yes	Source
☐	☐	Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services
☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services
☐	☐	Other source – Specify: _____

HEALTH INSURANCE - *[ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]*
Is the client currently covered by health Insurance?

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

Identify if the client is receiving each type of health insurance.

Applied; decision pending
Applied; client not eligible
Client did not apply
Insurance type N/A for this client
Client doesn't know
Client refused
Data not collected

Yes	No	If No, Reason	Source
☐	☐		Medicaid
☐	☐		Medicare
☐	☐		State Children's Health Insurance Program (or use local name)

☐	☐		Veteran's Administration (VA) Medical Services
☐	☐		Employer-Provided Health Insurance
☐	☐		Health insurance obtained through COBRA
☐	☐		Private Pay Health Insurance
☐	☐		State Health Insurance for Adults (or use local name)
☐	☐		Indian Health Services Program
☐	☐		Other If Yes, specify source: _____

DOMESTIC VIOLENCE - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*
Mark YES if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence.

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

IF YES, When did the experience 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 prefers not to answer

IF YES, Is the client currently fleeing?
Mark YES if the person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.

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

DISABILITIES - *[ALL CLIENTS] - [ALL PROJECTS]*
CDK = Client Doesn't Know
CR = Client Refused
DNK = Data Not Collected

Disability Type	**No**	**Yes**	**CDK**	**CR**	**DNC**
Alcohol Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Both Alcohol and Drug Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐

Developmental	☐	☐	☐	☐	☐
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐	☐
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Physical	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐

HIGHEST LEVEL OF EDUCATION ATTAINED - *[ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]*

☐	No Schooling Completed	☐	Nursery School to 4th Grade
☐	5th or 6th Grade	☐	7th or 8th Grade
☐	9th Grade	☐	10th Grade
☐	11th Grade	☐	12th Grade, No Diploma
☐	High School Diploma	☐	GED
☐	Post-Secondary School	☐	Associates Degree
☐	Bachelor's Degree	☐	Master's Degree
☐	Doctorate's Degree	☐	Other Graduate/Professional Degree
☐	Cert. of advanced learning or skilled artisan	☐	Client Doesn't Know
☐	Client prefers not to answer	☐	Data Not Collected

Section III: RHY Project Entry Data Elements

REFERRAL SOURCE – *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Referral sources indicate the person, place or organization that referred the youth to the project they are entering. Enter one referral source that most closely matches the youth's answer for each head of household. For example, for youth referred by a TLP or MGH program, the referral source would be "Residential Project."

☐	Self-Referral	☐	Individual: Parent/Guardian/Friend/Foster Parent/Other Individual
☐	Outreach Project	☐	Temporary Shelter
☐	Residential Project	☐	Hotline
☐	Child Welfare/CPS	☐	Juvenile Justice
☐	Law Enforcement/Police	☐	Mental Hospital
☐	School	☐	Other Organization
☐	Client Doesn't Know	☐	Client prefers not to answer

☐	Data Not Collected

DATE OF BCP STATUS DETERMINATION (Month / Day / Year)
Document the date of BCP status determination here. This is the date when a youth's eligibility for RHY services has been determined, whether eligible or not.

- This enables a BCP Emergency Shelter to record a youth that is not eligible under the FYSB-RHY program. Upon reporting to RHY for federal transfer, RHY is able to remove this youth from program/congressional reports.

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YOUTH ELIGIBLE FOR RHY SERVICES – *[ALL CLIENTS] – [ALL PROJECTS]*
Answer whether or not the client is eligible for RHY services.

- This may be entered on or after the project date. This field should be updated from the Entry Assessment, even if determined after the entry date.
- Any "no" answer will exclude the youth from federal reporting. This allows agencies to enter in non-RHY eligible youth without risk of hurting reports. Upon reporting to RHY for federal transfer, RHY is able to remove this youth from program/congressional reports.

☐	No	☐	Yes

IF NO FOR "YOUTH ELIGIBLE FOR RHY SERVICES", REASON WHY SERVICES ARE NOT FUNDED BY BCP GRANT
Select the reason the youth is not eligible for RHY services. Any youth with a "no" response will be excluded from federal reporting.

☐	Out of age range	☐	Ward of the State – Immediate Reunification
☐	Ward of the Criminal Justice System – Immediate Reunification	☐	Other

IF YES FOR "YOUTH ELIGIBLE FOR RHY SERVICES", RUNAWAY YOUTH
If the youth is eligible for RHY services, then identify if the youth is a runaway, meaning an individual under 18 years of age who absents himself or herself from home or place of legal residence without the permission of a parent or legal guardian.

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

SEXUAL ORIENTATION – *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]* This question is **OPTIONAL**, and the youth must be informed about the voluntary nature of this question. Refusal to answer cannot result in a denial of services. This field may be updated at a later date as trust is built with the client. If so, this field should be updated at entry.

☐	Heterosexual	☐	Gay
☐	Lesbian	☐	Bisexual
☐	Questioning/Unsure	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected
☐	Other (If other, please describe):		

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*

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

NUMBER OF YEARS

☐	Less than 1 year	☐	1 to 2 years
☐	3 to 5 or more years	☐	Data not collected

IF LESS THAN 1 YEAR, NUMBER OF MONTHS

☐	1	☐	2
☐	3	☐	4
☐	5	☐	6
☐	7	☐	8
☐	9	☐	10
☐	11		

FORMERLY A WARD OF JUVENILLE JUSTICE SYSTEM - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*

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

NUMBER OF YEARS

☐	Less than 1 year	☐	1 to 2 years
☐	3 to 5 or more years	☐	Data not collected

IF LESS THAN 1 YEAR, NUMBER OF MONTHS

☐	1	☐	2
☐	3	☐	4
☐	5	☐	6
☐	7	☐	8
☐	9	☐	10
☐	11		

FAMILY CRITICAL ISSUES – *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
This field is meant to identify family issues which may have contributed to the client's homelessness or will be a factor in family reunification. Answer should be in reference to other family members in the household the youth absented, NOT the client or any of the client's children.

No	Yes	Issue
☐	☐	Unemployment – Family Member
☐	☐	Mental Health Disorder – Family Member

☐	☐	Physical Disability – Family Member
☐	☐	Alcohol or Substance Use Disorder – Family Member
☐	☐	Insufficient Income to support youth – Family Member
☐	☐	Incarcerated Parent of Youth
☐	Client doesn't know	
☐	Client prefers not to answer	
☐	Data not collected	

PREGNANT? – *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Is the client pregnant? Update this field on an interim assessment if a client becomes pregnant during their program stay.

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

IF YES – PROJECTED BIRTH DATE (Month / Day / Year)
Where the exact date is not known, default to January, the first day of the month, and the current year for any part of the due date not known.

		/			/				

LAST GRADE COMPLETED - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Enter the last grade the client completed.

☐	Less than grade 5	☐	Grades 5 – 6
☐	Grades 7 – 8	☐	Grades 9 – 11
☐	Grade 12 / High School Diploma	☐	School Program does not have grade levels
☐	GED	☐	Some College
☐	Associates Degree	☐	Bachelor's Degree
☐	Graduate Degree	☐	Vocational Certification
☐	Client doesn't know	☐	Client prefers not to answer
☐	Data not collected		

SCHOOL STATUS - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Select how regularly the client is attending school. If the client's school is not in session, answer this field as it pertains to prior school year.

☐	Attending school regularly	☐	Attending school irregularly
☐	Graduated High School	☐	Obtained GED
☐	Dropped Out	☐	Suspended
☐	Expelled	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected

EMPLOYED? - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Is the client currently employed?

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

IF YES, TYPE OF EMPLOYMENT

☐	Full Time	☐	Part Time
☐	Seasonal/Sporadic (including day labor)	☐	Data not collected

IF NO, WHY NOT EMPLOYED

☐	Looking for work	☐	Unable to work
☐	Not looking for work	☐	Data not collected

GENERAL HEALTH STATUS - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Ask the youth to identify their general health status.

☐	Excellent	☐	Very Good
☐	Good	☐	Fair
☐	Poor	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected

DENTAL HEALTH STATUS - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Ask the youth to identify their dental health status.

☐	Excellent	☐	Very Good
☐	Good	☐	Fair
☐	Poor	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected

MENTAL HEALTH STATUS - *[HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL PROJECTS]*
Ask the youth to identify their mental health status.

☐	Excellent	☐	Very Good
☐	Good	☐	Fair
☐	Poor	☐	Client doesn't know
☐	Client prefers not to answer	☐	Data not collected