

Agency: _____ Project Entry Date: _____

Project: _____ Case Worker: _____

Hawaii HMIS Add New Client: Identifying

Name Quality*: Full name Partial, street/code name Client doesn't know Client refused
 Data Not Collected

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix _____ Deceased Date _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client Refused
 Partial (MM/YY) Client Doesn't Know Data Not Collected Age: _____

Social Security#*: _____ Full Partial Client Refused
 Client Doesn't Know Data Not Collected

Gender* Male A gender that is not singularly 'Female' or 'Male'
 Female Client Doesn't Know
 Transgender Client Refused
 Questioning Data Not Collected

Citizenship Status U.S. Citizen U.S. National (American Samoa or Swains Island) Client Doesn't Know
 Eligible Non-Citizen Client Refused
 Non-US Citizen COFA Ineligible Non-Citizen Data Not Collected
 Undocumented

Primary Language* <input type="checkbox"/> Chinese <input type="checkbox"/> Chuukese <input type="checkbox"/> English <input type="checkbox"/> Ilocano <input type="checkbox"/> Japanese Other: _____	<input type="checkbox"/> Korean	If Non-US Citizen COFA* <input type="checkbox"/> Chuuk-Micronesia <input type="checkbox"/> Kosrae-Micronesia <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Palau	<input type="checkbox"/> Pohnpei-Micronesia
	<input type="checkbox"/> Marshallese		<input type="checkbox"/> Yap-Micronesia
	<input type="checkbox"/> Spanish		<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Tagalog		<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Data Not Collected

Relations to HOH* Self (H of H) Guardian Veteran Status* Client Doesn't Know
 Spouse Grandchild No Client Refused
 Child Other Relative Yes Data Not Collected
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandparent

Race* (Select all that apply)
 American Indian, Alaskan Native or Indigenous White
 Asian or Asian American Client Doesn't Know
 Black, African American, African Refused
 Native Hawaiian or Pacific Islander Data Not collected
 Other _____

Ethnicity* (Select One)
 Non-Hispanic or Non-Latino(a)(o)(x) Client Doesn't Know
 Hispanic or Latin(a)(o)(x) Client Refused
 Data Not Collected
(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)

Hawaii HMIS Add New Client: Identifying (Continued)

If Asian Chosen Above* Filipino Vietnamese
 Asian Indian Japanese Other Asian
 Chinese/Taiwanese Korean _____

If Native Hawaiian/Other Pacific Islander chosen above*
 Native Hawaiian Marshallese Samoan Tongan
 Guamanian/Chamorro Micronesian Other Pacific Islander _____

What race do you identify with most?*

<input type="checkbox"/> American India/Alaskan Native	<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Chinese/Taiwanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Filipino	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected

Contact Information

Address*: _____
Zip Code*: _____ **Apt. Number:** _____
City: _____ **County:** _____
Country*: _____ **State:** _____
Cell Phone: _____ **Home Phone:** _____
 Primary Secondary Tertiary Primary Secondary Tertiary
Email Address: _____ **Work Phone:** _____
 Primary Secondary Tertiary

Other Information - CONSENT

Was Consent given to share data? : Yes No (Use HMIS Consent Form)

Date of Consent: _____

*****All consent forms must be uploaded into the HMIS**

Hawaii Add Family

If more than one adult in household, complete additional adult entry form; if child, complete child form

Hawaii Enrollment Add/Edit

Enrollment Entry Date*: _____ **Enrollment Exit Date: DO NOT CHANGE**
Program*: _____ **Provider*:** MATCH PROGRAM NAME
 Individual
 Family
Case Manager: _____

HUD Universal Data

Client location*(provider) MATCH PROGRAM NAME Continuum of Care Code: Self Populates in HMIS

Disabling Condition* No Yes Client doesn't know Client refused Data not collected

LIVING SITUATION – Type of Residence Prior to Project Entry (Select only one answer)

A. HOMELESS SITUATION

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven (SH)

B. INSTITUTIONAL SITUATION

- 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

C. TRANSITIONAL AND PERMANENT HOUSING SITUATION

- 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 (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Residential project or halfway house with no homeless criteria
- Rental by client with RRH or equivalent subsidy
- Host Home (non-crisis)
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Client doesn't know
- Client refused
- Data not collected

A. If HOMELESS situation selected above, answer these questions: (if not, skip to next question)

Approximate date homelessness started* <hr/>	<u>Length of Stay in the Prior Living Situation*</u>	
	<input type="checkbox"/> One night or less	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client refused
	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 90 days or more, but less than one year	

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

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2 6 10
- 3 7 11
- 4 8 12
- 5 9 More than 12
- Client doesn't know
- Client refused
- Data not collected

HUD Universal Data - LIVING SITUATION (Continued)

B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)

Did you stay less than 7 nights? * Yes No

If no, what was the **Length of Stay in the Prior Living Situation** *

- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

If yes, what was the **Length of Stay in the Prior Living Situation** *

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days

If yes, on the night before, **did you stay on the "streets", ES or SH?** * Yes No

Approximate date homelessness started* _____

If **"Yes"** (Regardless of where they stayed last night) **Number of times** the client has been on the streets, in ES, or SH in the past three years including today*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

C. If TRANSITIONAL AND PERMANENT HOUSING situation selected, answer these questions: (if not, skip to HUD Program)

Did you stay less than 7 nights? * Yes No

If no, what was the **Length of Stay in the Prior Living Situation** *

- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

If yes, what was the **Length of Stay in the Prior Living Situation** *

- One night or less
- Two to six nights

If yes, on the night before, **did you stay on the "streets", ES or SH?** * Yes No

Approximate date homelessness started* _____

If **"Yes"** (Regardless of where they stayed last night) **Number of times** the client has been on the streets, in ES, or SH in the past three years including today*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

HUD Program Data

Non-Cash Benefits from Any Sources* (Received non-cash benefits in the past 30 days; expect to receive them again next month?)

- No
- Yes
- Client doesn't know
- Client Refused
- Data not collected

If yes, please mark all that are applicable:

- SNAP (Previously known as Food Stamps)
- WIC-Nutrition for Women, Infants, Children
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Section 8, Public Housing, Other Ongoing Rental Assistance
- Temporary Rental Assistance
- Other source: Specify _____

Health Insurance* Are you covered by health insurance?

- No
- Yes
- Client doesn't know
- Client Refused
- Data not collected

HUD Program Data (continued)

Education: Last Grade Completed (4.24)*

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

Employment Information: Employed*

- No Yes Client doesn’t know Client Refused Data not collected
- *If “Yes”,** Employment type: Full time Part time Seasonal/sporadic (including day labor)
- *If “No”,** Why not employed: Looking for work Unable to work Not looking for work

Sexual Orientation*

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Other |

General Health Status*

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Pregnancy Status* (females only)

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

If Yes, Due Date* _____

Disabling Condition*

Substance Use Disorder* (If “NO” selected, skip to Mental Health)

- | | | |
|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Drug Use Disorder | <input type="checkbox"/> Both Alcohol and Drug Use Disorder |
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected |
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**
- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Mental Health Disorder* (If “NO” selected, skip to Developmental Disability)

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**
- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Developmental Disability* (If “NO” selected, skip to Chronic Health Condition)

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Chronic Health Condition* (If “NO” selected, skip to HIV / AIDS)

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**
- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Physical Disability* (If “NO” selected, skip to Health Insurance Assessment)

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**
- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Health Insurance Assessment (if yes to health insurance)

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance obtained through Cobra |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children’s Health Insurance | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> VA-Veteran’s Administration Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other: Specify _____ |

HUD Financial Assessment

Area Median Income* Big Island Kauai Maui

Income from Any Source* No Yes Client doesn't know Client Refused Data not collected

Please check all resources and enter the amount per MONTH*

Income Type	Amount	Income Type	Amount
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Retirement from Social Security:	\$ _____
<input type="checkbox"/> Earned Income (employment):	\$ _____	<input type="checkbox"/> VA Non-Service Disability Pension	\$ _____
<input type="checkbox"/> SSI:	\$ _____	<input type="checkbox"/> Pension or Retirement Income (job):	\$ _____
<input type="checkbox"/> SSDI:	\$ _____	<input type="checkbox"/> Child Support:	\$ _____
<input type="checkbox"/> VA Service Disability Compensation:	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support:	\$ _____
<input type="checkbox"/> Private Disability Insurance:	\$ _____	<input type="checkbox"/> Worker's Compensation:	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> General Assistance:	\$ _____	TOTAL INCOME:	\$ _____

Hawaii Specific Assessment

Hawaii Residence Information

Did you arrive in Hawaii during the past 12 months?*

No Yes Client doesn't know Client Refused

If yes, how long have you been in Hawaii?* # of months: _____ If in Hawaii less than one month, # of days: _____

How long have you lived in Hawaii over your lifetime?* # of years: _____

Before your 18th birthday, were you placed in an out of home placement and/or experience homelessness?

Check all that apply.

Foster Care Juvenile Home No Client doesn't know
 Group Home Homeless Client refused

Personal Information

Marital Status*:

Single/never married Married Widowed Client refused
 Living with partner Separated/divorced Other _____

What is your current criminal justice status*:

Parole Formerly in system & completed requirements Client doesn't know
 Probation Drug court Client refused
 Supervised release None Data not collected
 Other _____

If the client's residence just prior to project entry was an ES, TH, or PSH project, please specify which one? _____

Zip code of last permanent address* _____

Zip Code Data Quality*: Full or Partial
 Client doesn't know Client refused

If currently working, # hours worked in past week? _____

Referral Information* (How were you referred to this agency?)

Aloha United Way Homeless services agency Self Client doesn't know
 Criminal justice Hospital VA Other _____

If homeless service agency, which one?* _____

Hawaii Specific Assessment (continued)

Medical Information

Name of Medical Insurer: _____

Emergency Services

How many times in the past 12 months have you used the following emergency or medical services?

Hospital emergency room services# of times used:_____

Other hospital services (medical or psychiatric) # of times used:_____

911/ambulance emergency services.....# of times used:_____

Access (Crisis) hotline# of times used:_____

Other emergency service:# of times used:_____ Name of Service:_____

HUD RHY Data Assessment

Referral Source*

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Law Enforcement/Police |
| <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | <input type="checkbox"/> Mental Hospital |
| <input type="checkbox"/> Outreach Project:*Number of times approached prior to entering project_____ | <input type="checkbox"/> School |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Residential Project | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Child Welfare/CPS | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Juvenile Justice | |

School Status*

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

Dental Health Status*

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

Mental Health Status*

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

Formerly a Ward of Child Welfare/Foster Care Agency*

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

If yes, Number of Years*:

- | | |
|--|---|
| <input type="checkbox"/> Less than one year* | * No. of months_____ |
| <input type="checkbox"/> 1 to 2 Years | <input type="checkbox"/> 3 to 5 or more Years |

Formerly a Ward of the Juvenile Justice System*

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

If yes, Number of Years*:

- | | |
|--|---|
| <input type="checkbox"/> Less than one year* | * No. of months_____ |
| <input type="checkbox"/> 1 to 2 Years | <input type="checkbox"/> 3 to 5 or more Years |

HUD RHY Family Critical Issues Assessment (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Household Dynamics | <input type="checkbox"/> Physical Disability-Youth |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Youth | <input type="checkbox"/> Physical Disability-Family Member |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Family Member | <input type="checkbox"/> Mental Disability-Youth |
| <input type="checkbox"/> Housing Issues-Youth | <input type="checkbox"/> Mental Disability-Family Member |
| <input type="checkbox"/> Housing Issues-Family Member | <input type="checkbox"/> Abuse and Neglect-Youth |
| <input type="checkbox"/> School or Educational Issues-Youth | <input type="checkbox"/> Abuse and Neglect-Family Member |
| <input type="checkbox"/> School or Education Issues-Adult | <input type="checkbox"/> Alcohol or Other Drug Abuse-Youth |
| <input type="checkbox"/> Unemployment-Youth | <input type="checkbox"/> Alcohol or Other Drug Abuse-Family Member |
| <input type="checkbox"/> Unemployment-Family Member | <input type="checkbox"/> Insufficient Income to Support Youth-Family Member |
| <input type="checkbox"/> Mental Health Issues-Youth | <input type="checkbox"/> Active Military Parent-Family Member |
| <input type="checkbox"/> Mental Health Issues-Family Member | <input type="checkbox"/> One Parent/Legal Guardian is Incarcerated |
| <input type="checkbox"/> Health Issues-Youth | <input type="checkbox"/> Both Parents/Legal Guardians are Incarcerated |
| <input type="checkbox"/> Health Issues-Family Member | <input type="checkbox"/> The Only Parent/Legal Guardian is Incarcerated |