**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 (MM/YY) | | | | | | ☐ Partial (DD/YY)  ☐ Client Doesn’t Know | | | | ☐ Client Refused  ☐ Data Not Collected | | | | **Age:** |
| **Social Security#\*:** | | | | | | | | | | | ☐ Full ☐ Partial  ☐ Client Doesn’t Know | | | | | ☐ Client Refused  ☐ Data Not Collected | | | | |
| **Gender\*** | ☐ Male  ☐ Female | | | | | | ☐ Transgender Male to Female  ☐ Transgender Female to Male  ☐ Client Doesn’t identify as male, female or transgendered | | | | | | | | | ☐ Client Doesn’t Know  ☐ Client Refused  ☐ Data Not Collected | | | | |
| **Citizenship**  **Status** | ☐ U.S. Citizen  ☐ Eligible Non-Citizen  ☐ Non-US Citizen COFA  ☐ U.S. National (American Samoa or Swains Island)  ☐ Ineligible Non-Citizen  ☐ Undocumented  ☐ Client Doesn’t Know  ☐ Client Refused  ☐ Data Not Collected | | | | | | | | | | | | | | **If Non-US Citizen COFA\***  ☐ Chuuk-Micronesia  ☐ Kosrae-Micronesia  ☐ Marshall Islands  ☐ Palau  ☐ Pohnpei-Micronesia  ☐ Yap-Micronesia  ☐ Client Doesn’t Know  ☐ Client Refused  ☐ Data Not Collected | | | | | |
| **Primary**  **Language\*** | ☐ Chinese  ☐ Chuukese  ☐ English  ☐ Ilocano | | | | | | ☐ Japanese  ☐ Korean  ☐ Marshallese | | | | ☐ Spanish  ☐ Tagalog  ☐ Vietnamese | | | | **Veteran Status**\* *(if 18+)*  ☐ No  ☐Yes | | | | ☐ Client Doesn’t Know  ☐ Client Refused  ☐ Data Not Collected | |
| Other: | | | | | | | | | | | | | |
| **Relations to HOH\*** | | | ☐ Self (H of H) | | | | | | | | | | |  | | | |  | | |
| **Race\*** (Multiple may be Selected) | | | | | | | | | | | | | | **Ethnicity\* (Select One)** | | | |  | | |
| ☐ American Indian or Alaska Native  ☐ Asian  ☐ Black/African American  ☐ Native Hawaiian/Other Pacific Islander | | | | | | | | ☐ White  ☐ Client Doesn’t. Know  ☐ Client Refused  ☐ Data Not collected | | | | | | ☐ Non-Hispanic or Latino  ☐ Hispanic or Latino | | | | ☐ Client Doesn’t Know  ☐ 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.)* | | | | | | |
| **If Asian Chosen Above**  ☐ Asian Indian  ☐ Chinese/Taiwanese | | | | ☐ Filipino  ☐ Japanese  ☐ Korean | | | | | ☐ Vietnamese  ☐ Other Asian | | | | |  | | | | | | |
| **If Native Hawaiian/Other Pacific Islander chosen above\*** | | | | | | | | | | | | | | | | | | | | |
| ☐ Hawaiian  ☐ Guamanian/Chamorro | | | | | ☐ Marshallese  ☐ Micronesian | | | | | ☐ Samoan | | | ☐ Tongan | | | | | | | |
| ☐ Other Pacific Islander | | | | | | | | | | |

**Hawaii HMIS Add New Client: Identifying (Continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What race do you identify with most?\*** | |  | | ☐ Tongan |
| ☐ American India/Alaskan Native | ☐ Guamanian/Chamorro | | ☐ Micronesian | ☐ Vietnamese |
| ☐ Asian Indian | ☐ Hawaiian | | ☐ Other Pacific Islander | ☐ White |
| ☐ Black/African American | ☐ Japanese | | ☐ Other Asian | ☐ Client doesn’t know |
| ☐ Chinese/Taiwanese | ☐ Korean | | ☐ Portuguese | ☐ Client refused |
| ☐ Filipino | ☐ Marshallese | | ☐ Samoan | ☐ 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:** | | |
| **Confirm Email Address:** | | | ☐ Primary | ☐ Secondary | ☐ Tertiary |

**Other Information - CONSENT**

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

**Date of Consent:**

**Add Family Member**

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

**Hawaii Enrollment Add/Edit**

|  |  |
| --- | --- |
| **Enrollment Entry Date\*:** | **Provider*\**:** |
| **Program*\**:** |  |
| ☐ MYFS - BCP Emergency Shelter Program | ☐ HKIPA - Boys Shelter BCP ES |
| ☐ MYFS - BCP Homelessness Prevention Program | ☐ HKIPA - Girls Shelter BCP ES |
| ☐ FSH - BCP Homelessness Prevention Program | Other: |
| Case Manager: | ☐ Individual ☐ Family |

**HUD Universal Data**

**Client location\*(provider)** (Self Populates in HMIS) **Continuum of Care Code:** Self Populates in HMIS)

**Disabling Condition\***  ☐ No ☐ Yes ☐ Client doesn’t know ☐ Client refused ☐ Data not collected

**HUD Universal Data**

**LIVING SITUATION – Type of Residence Prior to Project Entry**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. HOMELESS SITUATION | | | | ☐ Owned by client, with ongoing housing subsidy | | | | |
| ☐ Emergency shelter, including hotel or motel paid for with  emergency shelter voucher (ES) | | | | ☐ Permanent housing for formerly homeless persons (such  as: a CoC project; HUD legacy programs; or HOPWA PH) | | | | |
| ☐ Place not meant for habitation - unsheltered, living on the  street, beach, park, etc. | | | | ☐ Rental by client, no ongoing housing subsidy  ☐ Rental by client, with other ongoing housing subsidy | | | | |
| ☐ Safe Haven (SH)  ☐ Interim Housing | | | | ☐ Staying or living in a family member’s room, apartment or  house | | | | |
| B. INSTITUTIONAL SITUATION | | | | ☐ Staying or living in a friend’s room, apartment or house | | | | |
| ☐ Foster care home or foster care group home  ☐ Hospital or residential medical facility (non-psychiatric) | | | | ☐ Transitional housing for homeless persons (including  homeless youth | | | | |
| ☐ Jail, prison or juvenile detention facility | | | | ☐ Rental by client, with VASH subsidy | | | | |
| ☐ Long-term care facility or nursing home | | | | ☐ Rental by client, with GPD TIP subsidy | | | | |
| ☐ Psychiatric hospital or other psychiatric facility  ☐ Substance abuse treatment facility or detox center | | | | ☐ Residential project or halfway house with no homeless  criteria | | | | |
| C. TRANSITIONAL AND PERMANENT HOUSING SITUATION | | | | ☐ Client doesn’t know | | | | |
| ☐ Hotel or motel paid for without emergency shelter voucher | | | | ☐ Client refused | | | | |
| ☐ Owned by client, no ongoing housing subsidy | | | | ☐ Data not collected | | | | |
|  | | **Length of Stay in the Prior Living Situation\*** | | | | | |
| **Approximate date** | | ☐ One night or less | | | | | ☐ One year or longer |
| **homelessness started\*** | | ☐ Two to six nights | | | | | ☐ Client doesn’t know |
|  | | ☐ One week or more, but less than one month | | | | | ☐ Client refused |
|  | | ☐ One month or more, but less than 90 days | | | | | ☐ Data not collected |
| (Regardless of where they stayed last night) | | ☐ 90 days or more, but less than one year | | | | |  |
| **Number of times** the client has been on the streets,  in ES, or SH in the past three years including today\* | | | Total **number of months** homeless on the streets, in ES, or SH in the past three years\*  ☐ One month (This is the 1st month) | | | | |
| ☐ Never in 3 years | ☐ Four or more times | |
| ☐ One time | ☐ Client doesn’t know | | | ☐ 2 | ☐ 6 | ☐ 10 |  |
| ☐ Two times | ☐ Client refused | | | ☐ 3 | ☐ 7 | ☐ 11 | ☐ Client doesn’t know |
| ☐ Three times | ☐ Data not collected | | | ☐ 4 | ☐ 8 | ☐ 12 | ☐ Client refused |
|  | | | | ☐ 5 | ☐ 9 | ☐ More than 12 | ☐ Data not collected |

**Chronically Homeless**

* *(Self-Populates in HMIS when client meets HUD’s criteria for* ***disabling condition*** *and* ***length of homelessness****)*
* *See Hawaii HMIS website and supplemental training material for more information about the definition of chronic homelessness and how to determine length of homelessness.*

**HUD Program Data**

**Domestic violence – Domestic violence victim/survivor\***

☐ No ☐ Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**Domestic violence victim/survivor – If yes, when experience occurred\***

|  |  |
| --- | --- |
| ☐ Within the past three months | ☐ Client doesn’t know |
| ☐ Three to six months (excluding six months exactly) | ☐ Client refused |
| ☐ From six months to one year (excluding one year exactly) | ☐ Data not collected |
| ☐ One year ago or more |  |

**Are your currently fleeing?\***

☐ No ☐ Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**HUD Program Data (Continued)**

**Health Insurance\*** *Are you covered by health insurance?*

☐ No ☐ Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Education: Last Grade Completed (4.24)** | | | | | |  | |  |
| ☐ Less than Grade 5 | | ☐ Grade 12 / High school diploma | | | | ☐ Associate’s degree | | ☐ Client doesn’t know |
| ☐ Grades 5-6 | | ☐ School program does not have grade levels | | | | ☐ Bachelor’s degree | | ☐ Client refused |
| ☐ Grades 7-8 | | ☐ GED | | | | ☐ Graduate degree | | ☐ Data not collected |
| ☐ Grades 9-11 | | ☐ Some college | | | | ☐ Vocational certification | | |
| **Employment Information:** | | | | | | | | |
| **Employed\*** | | | ☐ Client doesn’t know | | **If yes, type of employment:\*** | | | |
| ☐ No | | | ☐ Client refused | | ☐ Full-Time | | | |
| ☐ Yes | | | ☐ Data not collected | | ☐ Part-Time | | | |
| **If no, why not employed:\*** | | | | | ☐ Seasonal / Sporadic (including day labor) | | | |
| ☐ Looking for Work | | | ☐ Not Looking for Work | |  | | | |
| ☐ Unable to Work | | |  | |  | | | |
| **General Health Status\*** | | | |  | **Pregnancy Status\*** | | | |
| ☐ Excellent | ☐ Fair | | | ☐ Client doesn’t know | ☐ No | | ☐ Client doesn’t know | |
| ☐ Very Good | ☐ Poor | | | ☐ Client refused | ☐ Yes | | ☐ Client refused | |
| ☐ Good |  | | | ☐ Data not collected |  | | ☐ Data not collected | |
|  |  | | | | **If Yes, Due Date\*** | | | |

**Disabling Condition**

**Substance Abuse\*** (If “NO” selected, skip to Mental Health)

☐ No ☐ Alcohol Abuse ☐ Drug Abuse

☐ Both Alcohol and Drug Abuse ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

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

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

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

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**HUD Program Data (Continued)**

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

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**HIV / AIDS\*** (If “NO” selected, skip to Physical Disability)

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the disability and severity on File:** ☐ No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

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

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**Health Insurance Assessment** (*if yes to health insurance)*

|  |  |
| --- | --- |
| ☐ Medicaid | ☐ Health Insurance through Cobra |
| ☐ Medicare | ☐ State Health Insurance for Adults |
| ☐ State Children’s Health Insurance | ☐ Private Insurance |
| ☐ VA-Veteran’s Administration Medical Services | ☐ Indian Health Services Program |
| ☐ Employer-Provided Health Insurance | ☐ Other |

**HUD Financial Assessment**

**Area Median Income\*** ☐ US 2012 ☐ Big Island ☐ Kauai ☐ Maui ☐ Oahu

**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** |
| ☐ Unemployment $ | | ☐ Retirement from Social Security: $ | |
| ☐ Earned Income (employment): $ | | ☐ VA Non-Service Disability Pension $ | |
| ☐ SSI: $ | | ☐ Pension or Retirement Income (job): $ | |
| ☐ SSDI: $ | | ☐ Child Support: $ | |
| ☐ VA Service Disability Compensation: $ | | ☐ Alimony or Other Spousal Support: $ | |
| ☐ Private Disability Insurance: $ | | ☐ Worker’s Compensation: $ | |
| ☐ TANF $ | | ☐ Other: $ | |
| ☐ 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 Data Quality:** ☐ Full or Partial ☐ client D.K ☐ 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?\*** | | | |

**Medical Information*\**** *(Do you have any of the following medical problems – check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Asthma | ☐ Emphysema | ☐ Liver disease, cirrhosis, Hep C | |
| ☐ Back/Spinal impairment | ☐ Heart disease, high BP, Stroke history | ☐ Other medical problems | |
| ☐ Cancer | ☐ Kidney, renal disease | | ☐ None |
| ☐ Diabetes | 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Status Determination** | | | |  | | | | | | | | |  | | | | | |
| FSB Youth | ☐ No | | | ☐ Yes | | |  | | | | | |  | | | | | |
| If “No”, reason for not providing Services | | | | | | | ☐ Out of age range | | | | | | ☐ Other | | | | | |
|  | | | | | | | ☐ Ward of the State – Immediate Reunification | | | | | | | | | | | |
|  | | | | | | | ☐ Ward of the Criminal Justice System – Immediate Reunification | | | | | | | | | | | |
| **Sexual Orientation\*** | | | ☐ Heterosexual | | | | ☐ Lesbian | | | ☐ Questioning / Unsure | | | | | | ☐ Client refused | | | |
|  | | | ☐ Gay | | | | ☐ Bisexual | | | ☐ Client doesn’t know | | | | | | ☐ Data not collected | | | |
| **School Status\*** | | | | | |  | | |  | | | | | | | |  | | | |
| ☐ Attending school regularly | | | | | | ☐ Dropped out | | | ☐ Client doesn’t know | | | | | | | |  | | | |
| ☐ Attending school irregularly | | | | | | ☐ Suspended | | | ☐ Client refused | | | | | | | |  | | | |
| ☐ Graduated from high school | | | | | | ☐ Expelled | | | ☐ Data not collected | | | | | | | |  | | | |
| ☐ Obtained GED | | | | | |  | | |  | | | | | | | | | | | |
| **Dental Health Status\*** | | | | |  | | | | | | | **Mental Health Status\*** | | | | | | | | | |
| ☐ Excellent | | ☐ Fair | | | ☐ Client doesn’t know | | | | | | | ☐ Excellent | | | ☐ Fair | | | ☐ Client doesn’t know | | | |
| ☐ Very Good | | ☐ Poor | | | ☐ Client refused | | | | | | | ☐ Very Good | | | ☐ Poor | | | ☐ Client refused | | | |
| ☐ Good | |  | | | ☐ Data not collected | | | | | | | ☐ Good | | |  | | | ☐ Data not collected | | | |
| **Formerly a Ward of Child Welfare/Foster Care Agency\*** | | | | | | | |  | | | | | | | | | | | | | |
| ☐ No | | ☐ Client doesn’t know | | | | | | **If yes, Number of Years:** | | | | | | | | | | | | | |
| ☐ Yes | | ☐ Client refused | | | | | | ☐ Less than one year | | | | | |  | | | | | | | |
|  | | ☐ Data not collected | | | | | | ☐ 1 to 2 Years | | | | | | ☐ 3 to 5 Years | | | | | | | |
| **Formerly a Ward of the Juvenile Justice System\*** | | | | | | | |  | | | | | | | | | | | | | |
| ☐ No | | ☐ Client doesn’t know | | | | | | **If yes, Number of Years:** | | | | | | | | | | | | | |
| ☐ Yes | | ☐ Client refused | | | | | | ☐ Less than one year | | | | | |  | | | | | | | |
|  | | ☐ Data not collected | | | | | | ☐ 1 to 2 Years | | | | | | ☐ 3 to 5 Years | | | | | | | |
| **Referral Source\*** | | | | | | | |  | | | | | |  | | | | | | | |
| ☐ Self-Referral | | | | | | | | | | | ☐ Residential Project: Drug Treatment Center | | | | | | | | | | |
| ☐ Individual: Parent/Guardian | | | | | | | | | | | ☐ Residential Project: Treatment Center | | | | | | | | | | |
| ☐ Individual: Relative or Friend | | | | | | | | | | | ☐ Residential Project: Educational Institute | | | | | | | | | | |
| ☐ Individual: Other Adult or Youth | | | | | | | | | | | ☐ Residential Project: Other Agency project | | | | | | | | | | |
| ☐ Individual: Partner/Spouse | | | | | | | | | | | ☐ Residential Project: Other Project | | | | | | | | | | |
| ☐ Individual: Foster Parent | | | | | | | | | | | ☐ Hotline: National Runaway Switchboard | | | | | | | | | | |
| ☐ Outreach Project: FYSB | | | | | | | | | | | ☐ Hotline: Other | | | | | | | | | | |
| ☐ Outreach Project: Other | | | | | | | | | | | ☐ Other Agency: Child Welfare/CPS | | | | | | | | | | |
| ☐ Temporary Shelter: FYSB Basic Center Project | | | | | | | | | | | ☐ Other Agency: Non-Residential Independent Living Project | | | | | | | | | | |
| ☐ Temporary Shelter: Other Youth Only Emergency Shelter | | | | | | | | | | | ☐ Other Project Operated by your Agency | | | | | | | | | | |
| ☐ Temporary Shelter: Emergency Shelter for Families | | | | | | | | | | | ☐ Other Youth Services Agency | | | | | | | | | | |
| ☐ Temporary Shelter: Emergency Shelter for Individuals | | | | | | | | | | | ☐ Juvenile Justice | | | | | | | | | | |
| ☐ Temporary Shelter: Domestic Violence Shelter | | | | | | | | | | | ☐ Law Enforcement/ Police | | | | | | | | | | |
| ☐ Temporary Shelter: Safe Place | | | | | | | | | | | ☐ Religious Organization | | | | | | | | | | |
| ☐ Temporary Shelter: Other | | | | | | | | | | | ☐ Mental Hospital | | | | | | | | | | |
| ☐ Residential Project: FYSB Transitional Living Project | | | | | | | | | | | ☐ School | | | | | | | | | | |
| ☐ Residential Project: Other Transitional Living Project | | | | | | | | | | | ☐ Other Organization | | | | | | | | | | |
| ☐ Residential Project: Group Home | | | | | | | | | | | ☐ Client doesn’t know | | | | | | | | | | |
| ☐ Residential Project: Independent Living Project | | | | | | | | | | | ☐ Client refused | | | | | | | | | | |
| ☐ Residential Project: Job Corps | | | | | | | | | | | ☐ Data not collected | | | | | | | | | | |

**HUD RHY Data (Continued)**

**Sexual Exploitation** *(If no selected, skip to Labor Exploitation)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) \*** | | | | | | | |
| ☐ No | ☐ Client doesn’t know | | | *If Yes,* **In the last three months\*** | | | |
| ☐ Yes | ☐ Client refused | | | ☐ No | | ☐ Client doesn’t know | |
|  | ☐ Data not collected | | | ☐ Yes | | ☐ Client refused | |
|  |  | | |  | | ☐ Data not collected | |
| *If Yes, to Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)*  **How many time**s?\* | | | | | | | |
| ☐ 1-3 | ☐ Client doesn’t know | | | *If Yes,* ***Ever made/persuaded to have sex in exchange for something***\* | | | |
| ☐ 4-7 | ☐ Client refused | | | ☐ No | | ☐ Client doesn’t know | |
| ☐ 8-11 | ☐ Data not collected | | | ☐ Yes | | ☐ Client refused | |
| ☐ 12 or more |  | | |  | | ☐ Data not collected | |
| *If Yes for “Ever pressured (made/persuaded) to have sex in exchange for something?”*  **In the last three months?** | | | | | | | |
| ☐ No ☐ Yes | | ☐ Client doesn’t know | | ☐ Client refused | | ☐ Data not collected | |
| **Labor Exploitation** | | | |  | | | |
| **1) Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?\*** | | | | | | | |
| ☐ No | ☐ Yes | | ☐ Client doesn’t know | | ☐ Client Refused | | ☐ Data not collected |
| **2) Ever promised work where work or payment was different than you expected?\*** | | | | | | | |
| ☐ No | ☐ Yes | | ☐ Client doesn’t know | | ☐ Client Refused | | ☐ Data not collected |
| *If Yes to either question 1 OR 2 above,*  **Felt forced, pressured or tricked into continuing the job?\*** | | | | | | | |
| ☐ No | ☐ Yes | | ☐ Client doesn’t know | | ☐ Client Refused | | ☐ Data not collected |
| *If Yes to either question 1 OR 2 above,*  **In the last 3 months?\*** | | | | | | | |
| ☐ No | ☐ Yes | | ☐ Client doesn’t know | | ☐ Client Refused | | ☐ Data not collected |

**Young Person’s Critical Issues** (Select all that apply)

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