**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  |