

MSHMIS Youth Basic Intake Form (3.917B)

HYR Services Only, Basic Center Prevention, TLP, MGH, & Graduated Housing Projects

Entrance Date: _____

Client ID#: _____

Case Manager: _____

First Name: _____

Middle Name: _____

Last Name: _____

Name Data Quality

- Full name reported
- Partial, street name or code name reported
- Client doesn't know
- Client refused

SSN#: _____

SSN Data Quality

- Full SSN Reported
- Approximate or partial SSN Reported
- Client doesn't know
- Client refused

U.S. Military Veteran (Active Duty) – *Answer for youth 18 and older*

- Yes
- No
- Client doesn't know
- Client refused

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household

(Head of Household = Primary Client)

- Self (head of household)
- Head of household's spouse or partner
- Other: non-relation member
- Head of household's child
- Head of household's other relation member

Date of Birth _____ (mm/dd/yyyy)

Date of Birth Type

- Full DOB Reported
- Approximate or partial DOB Reported
- Client doesn't know
- Client refused

Gender

- Female
- Transgender – female to male
- Client doesn't know
- Male
- Doesn't identify as male, female or transgender
- Client refused
- Transgender – male to female

Race (Select All)

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Black or African American | | |

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> Non-Hispanic/Non-Latino | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Client refused |

Sexual Orientation

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Lesbian | | |

Parental Engagement in Care

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> No involvement | <input type="checkbox"/> Moderate | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Limited | <input type="checkbox"/> Strong | |

DOMESTIC VIOLENCE

*Domestic Violence Victim/Survivor should be indicated as "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 taken place **within the individual's or family's primary nighttime residence.***

Domestic Violence Victim/Survivor?

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

(If yes) When Experience Occurred

- | | | |
|---|--|--|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Six months to one year ago (excluding one year exactly) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three to six months ago (excluding six months exactly) | <input type="checkbox"/> One year ago or more | <input type="checkbox"/> Client refused |

*Currently fleeing should be indicated as "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.*

(If yes) Are you currently fleeing?

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

Overview of domestic violence

FOSTER CARE INFORMATION

Formerly a Ward of Child Welfare/Foster Care Agency

- Yes
 No

- Client doesn't know
 Client refused

(If yes) Number of Years (in Child Welfare/Foster Care)

- Less than one year
 1 to 2 years
 3 to 5 or more years

If Less than one year, Number of Months (in Child Welfare/Foster Care): _____

Formerly a Ward of Juvenile Justice System

- Yes
 No

- Client doesn't know
 Client refused

(If yes) Number of Years (in Juvenile Justice System)

- Less than one year
 1 to 2 years
 3 to 5 or more years

If Less than one year, Number of Months (in Juvenile Justice System): _____

The state HYR Contract requires that 25% of all youth served in Transitional Living Programs are "aged out or aging out" of Foster Care, or were previously in foster care and experiencing homelessness as a result of a dissolved guardianship or adoption.

Transitioned from foster care at the age of 17 or older?

- Yes
 No

Was in foster care at age of 14 or older?

- Yes
 No

Adopted youth where adoption is at risk of failing or has dissolved?

- Yes
 No

In a legal guardianship as a result of foster care and the guardianship ended at age 18 or older and youth is homeless?

- Yes
 No

Foster Care Youth who voluntarily remained in or returned to Foster Care after 18th birthday who is homeless, at risk of becoming homeless, or at risk of becoming ineligible for the Young Adult Voluntary Foster Care (YAVFC) program?

- Yes
 No

Temporary or Permanent Ward of the Court over the age of 16 (under DHHS jurisdiction) and no other placement can be secured?

- Yes
 No

HOMELESS HISTORY INTERVIEW

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's living situation (immediately) prior to project entry?

(Select one Living Situation and answer the corresponding questions in the order in which they appear)

	Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/Refused
SECTION I	<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher. <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC Project) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

SECTION II	Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO- End Homeless History Interview)	Length of Stay in Prior Living Situation (i.e. the housing situation identified above) <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	SECTION III <p style="text-align: center;">N/A Complete SECTION IV Below</p>	On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO- End Homeless History Interview)	On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".
 If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.

What Counts as a Break in Homelessness?

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- 7 or more consecutive nights in a Housing Situation (see Section III above).
- 90 or more consecutive days in an Institutional Situation (see Section II above)

Follow-up questions:

1. "Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights" (if not an institution). or
2. "Were you in jail/hospital/other Institution less 90 days" (if break is an institution).

If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

SECTION IV	Approximate date homelessness started: _____(M/D/YYYY)	
	Regardless of where they stayed last night -- Number of <u>times</u> the client has been on the streets, in ES, or SH in the <u>past three years, including today</u> <input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more Times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	Total number of <u>months</u> homeless (on the street, in emergency shelter or safe haven) in the <u>past 3 years?</u> (e.g. # of cumulative, but not necessarily consecutive months spent homeless) <input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 – 12 months → Must specify # months _____ <input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Housing Status

- | | | |
|--|--|--|
| <input type="checkbox"/> Category 1 - Homeless | <input type="checkbox"/> Category 3 – Homeless only under other federal statutes | <input type="checkbox"/> Stably Housed |
| <input type="checkbox"/> Category 2 – At imminent risk of losing housing | <input type="checkbox"/> Category 4 – Fleeing domestic violence | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> At-risk of homelessness | <input type="checkbox"/> Client refused |

Client Location (CoC Code): _____

Zip Code of Last Permanent Address: _____

City of Residence: _____

County of Residence: _____

HEALTH AND DISABILITY INFORMATION

Does the client have a disabling condition?

- Yes
- No

- Client doesn't know
- Client refused

Disability Sub-assessment

Disability Type	Disability Determination				If Yes, to be of long-continued and indefinite duration and substantially impairs ability to live independently?				Documentation of disability and severity on File? Y/N	Currently receiving services/treatment for this disability			
	Yes	No	Client doesn't know	Client Refused	Yes	No	Client doesn't know	Client Refused		Yes	No	Client doesn't know	Client Refused
Physical													
Developmental													
Chronic Health Condition													
HIV/AIDS													
Mental Health Problem													
Alcohol Abuse													
Drug Abuse													
Both Alcohol & Drug Abuse													

Notes on Disability: _____

General Health Status

- Excellent
- Fair
- Client doesn't know
- Very Good
- Poor
- Client refused
- Good

Dental Health Status

- Excellent
- Fair
- Client doesn't know
- Very Good
- Poor
- Client refused
- Good

Mental Health Status

- Excellent
- Fair
- Client doesn't know
- Very Good
- Poor
- Client refused
- Good

Pregnant?

- Yes
- No

- Client doesn't know
- Client refused

If Yes, Projected Birth Date: _____

Covered by Health Insurance?

- Yes
- No

- Client doesn't know
- Client refused

HEALTH INSURANCE sub-assessment

Insurance Type	Yes	No
MEDICAID		
MEDICARE		
State Children's Health Insurance Program		
Veteran Administration (VA) Medical Services		
Employer-Provided Health Insurance		
Health Insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (Please Specify: _____)		

EDUCATION INFORMATION

Last Grade Completed

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grade 12/High School Diploma
- School program doesn't have grade levels

- GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Vocational Certification

- Client does know
- Client refused

School Status

- Attending School Regularly
- Attending School Irregularly
- Graduated High School
- Obtained GED

- Dropped Out
- Suspended
- Expelled

- Client doesn't know
- Client refused

EMPLOYMENT INFORMATION

Employed?

- Yes
 No
 Client doesn't know
 Client refused

If Yes, Type of Employment

- Full-time
 Seasonal/sporadic (including day labor)
 Part-time

If No, Why not Employed

- Looking for work
 Not looking for work
 Unable to work

INCOME & NON-CASH BENEFITS

Currently receiving income from any source? (*Youth Income Only – Do not include parents' income*)

- Yes
 Client doesn't know
 No
 Client refused

X	Source of Income (Monthly)	Family Member	Amount from Source
	Alimony or Other Spousal Support		\$.00
	Child Support		\$.00
	Earned Income (<i>Employment</i>)		\$.00
	General Assistance		\$.00
	Pension or Retirement Income from a Former Job		\$.00
	Private Disability Insurance		\$.00
	Retirement Income from Social Security		\$.00
	SSDI (<i>Social Security Disability Income</i>)		\$.00
	SSI (<i>Supplemental Security Income</i>)		\$.00
	TANF (<i>Temporary Assistance for Needy Families or FIP grant</i>)		\$.00
	Unemployment Insurance		\$.00
	VA Service-Connected Disability Compensation		\$.00
	VA Non-Service-Connected Disability Pension		\$.00
	Workers Compensation		\$.00
	Other (<i>Including Gifts from Friends and Family</i>)		\$.00
	No Financial Resources		N/A

(If Other Source) Specify: _____

Total Monthly Income \$ _____

Currently receiving any non-cash benefits? *(Youth Benefits Only – Do not include parents' benefits)*

- Yes
- No

- Client doesn't know
- Client refused

X	Source of Non-Cash Benefit (Monthly)	Family Member	Amount (If applicable)
	Supplemental Nutrition Assistance Program <i>(Food Stamps)</i>		\$.00
	Special Supplemental Nutrition Program for WIC		\$.00
	TANF Child Care Services		\$.00
	TANF Transportation Services		\$.00
	Other TANF Funded Services		\$.00
	Section 8, Public Housing or rental assistance		\$.00
	Temporary Rental Assistance		\$.00
	Other Source – Specify: _____		\$.00

YOUNG PERSON'S CRITICAL ISSUES

Issue	Yes	No
Household Dynamics		
Sexual Orientation /Gender Identity (YOUTH)		
Sexual Orientation/Gender Identity <i>(FAMILY MEMBER)</i>		
Housing Issues (YOUTH)		
Housing Issues <i>(FAMILY MEMBER)</i>		
School or Educational Issues (YOUTH)		
School or Educational Issues <i>(FAMILY MEMBER)</i>		
Unemployment (YOUTH)		
Unemployment <i>(FAMILY MEMBER)</i>		
Mental Health Issues (YOUTH)		
Mental Health Issues <i>(FAMILY MEMBER)</i>		
Health Issues (YOUTH)		
Health Issues <i>(FAMILY MEMBER)</i>		
Physical Disability (YOUTH)		
Physical Disability <i>(FAMILY MEMBER)</i>		
Mental Disability (YOUTH)		
Mental Disability <i>(FAMILY MEMBER)</i>		
Abuse and Neglect (YOUTH)		
Abuse and Neglect <i>(FAMILY MEMBER)</i>		
Alcohol or other drug abuse (YOUTH)		
Alcohol or other drug abuse <i>(FAMILY MEMBER)</i>		
Insufficient Income to Support Youth		
Active Military Parent <i>(FAMILY MEMBER)</i>		
Incarcerated Parent of Youth		
<i>If Yes for Incarcerated Parent of Youth, Please specify:</i>		
<input type="checkbox"/> One parent/legal guardian is incarcerated <input type="checkbox"/> Both parents/legal guardians are incarcerated <input type="checkbox"/> The only parent/legal guardian is incarcerated		

COMMERCIAL SEXUAL EXPLOITATION

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?

**This includes any form of sexual relations*

- Yes
- No

- Client doesn't know
- Client refused

If Yes, In the last three months?

- Yes
- No

- Client doesn't know
- Client refused

If Yes, How many times?

- 1-3
- 4-7
- 8-11
- 12 or more

- Client doesn't know
- Client refused

If Yes, Ever made/persuaded to have sex in exchange for something

**Did someone ever make or persuade you to have sex with anyone else in exchange for something such as money, food, drugs or shelter?*

- Yes
- No

- Client doesn't know
- Client refused

If Yes, In the last three months?

- Yes
- No

- Client doesn't know
- Client refused

COMMERCIAL LABOR EXPLOITATION

Ever afraid to quit/leave a work situation due to threats of violence to yourself, family or friends?

- Yes
- No

- Client doesn't know
- Client refused

Ever promised work where the work or payment was different than what you expected?

- Yes
- No

- Client doesn't know
- Client refused

If Yes (to either of the above), did you feel forced, pressured or tricked into continuing this job?

- Yes
- No

- Client doesn't know
- Client refused

If Yes (to either of the above), have you had any jobs like these in the last 3 months?

- Yes
- No

- Client doesn't know
- Client refused

REFERRAL INFORMATION

1. _____ **Self-Referral:** *The youth came to the agency without any direction from another person or organization.*

2. _____ **Individual**

Parent/Legal Guardian	<i>The youth's biological parent(s), adoptive parent(s), legal guardian (s), or parent(s) who is not the youth's legal guardian.</i>
Relative or Friend	<i>A relative other than the youth's parent or guardian or a friend of the young person.</i>
Other Adult or Youth	<i>An adult or youth other than a relative or friend.</i>
Partner/Spouse	<i>The young person's partner or spouse.</i>
Foster Parent:	<i>A foster parent of the youth.</i>

3. _____ **Outreach Project**

FYSB	<i>A FYSB-funded Street Outreach project.</i>
Other	<i>A street outreach project not funded by FYSB.</i>

4. _____ **Temporary Shelter**

FYSB Basic Center Project	<i>FYSB-funded project providing core services (shelter, food, clothing, counseling) to runaway and homeless youth. Basic Center services may be provided in one central location, such as a group home residence, or in decentralized locations, such as host homes. Federal guidelines dictate that youth may stay at Basic Centers for up to 2 weeks using FYSB funding.</i>
Other Youth Only Emergency Shelter	<i>Non-FYSB-funded project providing core services (shelter, food, clothing, counseling) to runaway and homeless youth. Shelter services may be provided in one central location, such as a group home residence, or in decentralized locations, such as host homes.</i>
Emergency Shelter for Families	<i>A project designed to provide shelter and services to homeless families.</i>
Emergency Shelter for Individuals	<i>A project designed to provide shelter and services to homeless individuals.</i>
Safe Place	<i>An organization designated as a Safe Place as part of the national Project Safe Place program. Safe Places are business and community buildings that display the diamond-shaped yellow and black Safe Place logo identifying them as Safe Place sites and are places in neighborhoods where youth can get immediate help. Safe Place sites include fast-food restaurants, convenience stores, movie theaters, and other community facilities such as fire departments, libraries, YMCAs, and Boys & Girls Clubs. In some cases, buses are designated as mobile Safe Place sites.</i>
Domestic Violence Shelter	<i>A place of temporary protection and support for individuals escaping domestic violence or intimate partner violence of all forms.</i>
Other	<i>A shelter other than those described above that provides a temporary place to sleep.</i>

5. _____ **Residential Project (Operated by Your Agency or Another Agency)**

FYSB Transitional Living Project	<i>FYSB-funded project for older homeless youth ages 16-21 for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.</i>
Other Transitional Living Project	<i>Residential project that provides older homeless youth who have no other safe alternative living arrangement with the skills they will need to move to independent living.</i>
Group Home	<i>A structured residential project that provides a homelike environment for those youth unable to return home, generally a minimum of 3 months and a maximum of 2 years stay.</i>
Independent Living Project	<i>Project funded by the Children's Bureau (U.S. Department of Health and Human Services) designed to prepare youth in the foster care system to live on their own, independently from that system.</i>
Job Corps	<i>Residential structured educational/vocational training program aimed at developing skills that will lead to self-sufficiency.</i>
Drug Treatment Center	<i>Drug treatment centers focus on detoxification and substance abuse treatment.</i>
Treatment Center	<i>Treatment centers are highly structured, intensive 24-hour treatment programs that address the full range of needs of young people, including social, educational, mental health, and psychological.</i>
Educational Institute	<i>A residence at a school, such as a boarding school or college dormitory.</i>
Other Agency Project	<i>Another project that is run by your agency.</i>
Other Project	<i>Residential project other than those listed above.</i>

6. _____ **Hotline**

	National Runaway Switchboard	<i>The National Runaway Switchboard.</i>
	Other Hotline	<i>A hotline other than any of the above.</i>

7. _____ **Other Agency or Project (Operated by Your Agency or Another Agency)**

	Child Welfare/CPS	<i>Child Welfare or Child Protective Services.</i>
	Non-residential Independent Living Project	<i>Project funded by the Children's Bureau (U.S. Department of Health and Human Services) designed to prepare youth in the foster care system to live on their own, independently from that system.</i>
	Other Project Operated by Your Agency	<i>Another nonresidential project that is run by your agency.</i>
	Other Youth Services Agency	<i>Another agency that provides nonresidential services to youth.</i>

8. _____ **Juvenile Justice:** *Juvenile courts, correctional institutions, and detention facilities, or probation and parole workers*

9. _____ **Law Enforcement/Police:** *A legally recognized law enforcement body for a town, city, or county*

10. _____ **Religious Organization:** *Church, temple, or other organized group focused on spiritual or religious teaching.*

11. _____ **Mental Hospital:** *Facility providing treatment for psychiatric illness.*

12. _____ **School:** *A school.*

13. _____ **Other Organization:** *Another organization not described above.*

14. _____ **Client Doesn't Know**

15. _____ **Client Refused**

If Referred by FYSB Outreach, Number of times approached prior to entering the project: _____

FUNDER SPECIFIC QUESTIONS

FEDERAL HHS ONLY

FYSB Youth

Yes No

If no, reason for not providing services:

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

Date of BCP Status Determination: _____/_____/_____

STATE DHS HYR ONLY

DHS-956 Referral Form Received

Yes No N/A

HUD/ESG ONLY (Michigan Specific Questions)

Connection With SOAR?

- Yes
 No

- Client doesn't know
 Client refused

(Only Answer for Rapid Rehousing Projects)

This question differentiates between clients who are awaiting placement and those who have moved into permanent housing via the Rapid-Rehousing project. Edit information via the **Interim Assessment** when the client's move-in date is **AFTER** the project entry. If client is **not** in housing leave this question blank.

Residential Move-In Date: ____/____/____

DHS-ESP ONLY

Only answer questions in this box if your agency receives ESP-TANF funding from DHS or through The Salvation Army (Required for ALL clients)

Referred from HARA? Yes No

→ If No, Date Client Referred to HARA: ____/____/____

TANF Eligible Family? Yes No

ESP Billing Status:

- Bill ESP for this Client
 Do Not Bill ESP for this Client
 Health Care for Homeless Vets Qualified
 Not Applicable

in Household _____

Adults _____

Children _____

McKinney-Vento (Optional)

McKinney-Vento

- Yes
 No

Unaccompanied Youth

- Yes
 No

REMEMBER TO COMPLETE APPROPRIATE MATRIX

CONTACT INFORMATION

Contact Type: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____

Contact Type: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____