

# MSHMIS Youth Shelter Intake Form (3.917A)

## Basic Center – Emergency Shelters

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 18<sup>th</sup> 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?

Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/Refused
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).	<input type="checkbox"/> Foster care home or foster group home	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher.	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<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"/> Long-term care facility or nursing home	<input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC Project)	
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
	<input type="checkbox"/> Substance abuse treatment facility or detox center	<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 of 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)	

### Length of Stay in Prior Living Situation?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> One night or less                        | <input type="checkbox"/> One month or more but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights                        | <input type="checkbox"/> 90 days or more but less than one year  | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> One week or more but less than one month | <input type="checkbox"/> One year or longer                      |  |

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.**

Approximate date homelessness started: \_\_\_\_\_(M/D/YYYY)

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**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> One Time  | <input type="checkbox"/> Three Times        | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Four or more Times | <input type="checkbox"/> Client refused      |

**Total number of months** homeless (on the street, in emergency shelter or safe haven) in the **past 3 years?**  
**(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"/> More than 12 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 2 – 12 months → Must specify # months _____ |  | <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?

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

- |                                    |                               |  |
|------------------------------------|-------------------------------|--|
| <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      |                               |  |

**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      |                               |  |

**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      |                               |  |

**Pregnant?**

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

If Yes, Projected Birth Date: \_\_\_\_\_

**Covered by Health Insurance?**

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than Grade 5                        | <input type="checkbox"/> GED                      | <input type="checkbox"/> Client does know |
| <input type="checkbox"/> Grades 5-6                               | <input type="checkbox"/> Some College             | <input type="checkbox"/> Client refused   |
| <input type="checkbox"/> Grades 7-8                               | <input type="checkbox"/> Associate's Degree       |   |
| <input type="checkbox"/> Grades 9-11                              | <input type="checkbox"/> Bachelor's Degree        |   |
| <input type="checkbox"/> Grade 12/High School Diploma             | <input type="checkbox"/> Graduate Degree          |   |
| <input type="checkbox"/> School program doesn't have grade levels | <input type="checkbox"/> Vocational Certification |   |

### 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 High School        | <input type="checkbox"/> Expelled    |  |
| <input type="checkbox"/> Obtained GED                 |                                      |  |

## EMPLOYMENT INFORMATION

### Employed?

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

### If Yes, Type of Employment

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Seasonal/sporadic (including day labor) |
| <input type="checkbox"/> Part-time |  |

### If No, Why not Employed

- |   |   |
|---|---|
| <input type="checkbox"/> Looking for work | <input type="checkbox"/> Not looking for work |
| <input type="checkbox"/> Unable to work   |   |

## INCOME & NON-CASH BENEFITS

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

- Yes  
 No

- Client doesn't know  
 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
	<b>No Financial Resources</b>		<b>N/A</b>

(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 – <b>Specify:</b> _____		\$ .00



## YOUNG PERSON'S CRITICAL ISSUES

Issue	Yes	No
Household Dynamics		
Sexual Orientation /Gender Identity (YOUTH)		
Sexual Orientation/Gender Identity (FAMILY MEMBER)		
Housing Issues (YOUTH)		
Housing Issues (FAMILY MEMBER)		
School or Educational Issues (YOUTH)		
School or Educational Issues (FAMILY MEMBER)		
Unemployment (YOUTH)		
Unemployment (FAMILY MEMBER)		
Mental Health Issues (YOUTH)		
Mental Health Issues (FAMILY MEMBER)		
Health Issues (YOUTH)		
Health Issues (FAMILY MEMBER)		
Physical Disability (YOUTH)		
Physical Disability (FAMILY MEMBER)		
Mental Disability (YOUTH)		
Mental Disability (FAMILY MEMBER)		
Abuse and Neglect (YOUTH)		
Abuse and Neglect (FAMILY MEMBER)		
Alcohol or other drug abuse (YOUTH)		
Alcohol or other drug abuse (FAMILY MEMBER)		
Insufficient Income to Support Youth		
Active Military Parent (FAMILY MEMBER)		
Incarcerated Parent of Youth		

*If Yes for Incarcerated Parent of Youth, Please specify:*

- One parent/legal guardian is incarcerated     
  Both parents/legal guardians are incarcerated     
 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



3. **Outreach Project**

FYSB	A FYSB-funded Street Outreach project.
Other	A street outreach project not funded by FYSB.

4. **Temporary Shelter**

FYSB Basic Center Project	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.
Other Youth Only Emergency Shelter	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.
Emergency Shelter for Families	A project designed to provide shelter and services to homeless families.
Emergency Shelter for Individuals	A project designed to provide shelter and services to homeless individuals.
Safe Place	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.
Domestic Violence Shelter	A place of temporary protection and support for individuals escaping domestic violence or intimate partner violence of all forms.
Other	A shelter other than those described above that provides a temporary place to sleep.

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

FYSB Transitional Living Project	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.
Other Transitional Living Project	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.
Group Home	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.
Independent Living Project	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.
Job Corps	Residential structured educational/vocational training program aimed at developing skills that will lead to self-sufficiency.
Drug Treatment Center	Drug treatment centers focus on detoxification and substance abuse treatment.
Treatment Center	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.
Educational Institute	A residence at a school, such as a boarding school or college dormitory.
Other Agency Project	Another project that is run by your agency.
Other Project	Residential project other than those listed above.

6. **Hotline**

National Runaway Switchboard	The National Runaway Switchboard.
Other Hotline	A hotline other than any of the above.

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

Child Welfare/CPS	Child Welfare or Child Protective Services.
Non-residential Independent Living Project	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.
Other Project Operated by Your Agency	Another nonresidential project that is run by your agency.
Other Youth Services Agency	Another agency that provides nonresidential services to youth.

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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Out of age range                            | <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification |
| <input type="checkbox"/> Ward of the State – Immediate Reunification | <input type="checkbox"/> 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?**

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