CT HMIS Statewide YHDP Family Intake

(For RRH, SSO, and TH program types)

Project Start Date: _____ **Project Exit Date:** _____

Applicant (Head of Household) Information:

First Name: _____ **Last Name**: _____

Middle Name: _____ **Suffix**: _____

Name Data Quality: □ Full Name Reported □ Partial, Street Name, or Code Name reported □ Client Doesn't Know □ Client prefers not to answer

Date of Birth: _____/_____/_____ □ Full DOB Reported □ Approximate or Partial DOB Reported □ Client Doesn't Know □ Client prefers not to answer

Social Security Number: _____-_____-_____
□ Full SSN Reported □ Approximate or Partial SSN Reported □ Client Doesn't Know □ Client prefers not to answer

Sex: □ Male □ Female □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

Primary Language: □ English □ Spanish □ French □ Portuguese □ Other □ Client Doesn't Know If Other, please specify: _____

Relationship to HOH: □ Self □ Spouse □ Child □ Step-Child □ Grandparent □ Guardian □ Other Relative □ Other Non-Relative □ Grandchild □ Foster-Child

Race & Ethnicity: □ White □ Black, African American or African □ Asian or Asian American □ American Indian, Alaska Native, or Indigenous □ Native Hawaiian or Pacific Islander □ Middle Eastern or North African □ Non-Hispanic/Latina/o □ Hispanic/Latina/o □ Client Doesn't Know □ Client prefers not to answer

Additional Race and Ethnicity Detail: _____

Veteran Status: Have you ever been on active duty in the U.S. Military? □ Yes □ No □ Client doesn't know □ Client prefers not to answer
If **"YES"** QUESTIONS with an ***** are **required** to be answered, located at the end of this form. **If "NO" was Veteran Status Verified?** □ Yes □ No

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Name and Phone #: _____

Assessment Location:

□ Emergency Shelter including hotel or motel paid for with emergency shelter voucher or RHY Funded Host Home Shelter □ Substance Abuse treatment facility or detox
□ Hospital or other residential non-psychiatric medical facility □ Jail, prison, or juvenile detention facility □ Place not meant for human habitation
□ Other □ Long-term care facility or Nursing Home □ Staying or living with friends or family
□ Other – Library □ Other – Soup Kitchen

Assessment Type: □ Phone □ Virtual □ In Person

Assessment Level: □ Crisis Needs Assessment □ Housing Needs Assessment

Location of Crisis Housing or Permanent Housing Referral: _____

Prioritization Status: □ Placed on Prioritization List □ Not Placed on Prioritization List □ Not yet determined (assessment in progress)

Additional Household Member Demographics:

Last Name	First Name	Middle Name	Suffix	Date of Birth	See codes below		Social Security Number	Relationship to Head of Household*	Veteran (Y/N)	Disabling Condition (Y/N)
					Gender*	Race*				

Race: **W**- White; **B**- Black or African American; **A**- Asian; **AI/AN**- American Indian and Alaska Native; **NH/PI**- Native Hawaiian/ Pacific Islander; **ME/NA**- Middle Eastern or North African; **NH/NL**- Non-Hispanic/Latina/o □ **H/L**- Hispanic/Latina/o **DK**- Client Doesn't Know; **CR**- Client prefers not to answer **Additional Race and Ethnicity Detail:**_____

*** Sex**: M - Male F - Female DK - Client Doesn't Know CR - Client prefers not to answer DC - Data Not Collected

***Head of Household's: C** - Child; SP - Spouse or Partner; ORM - Other Relation Member; ONR - Other Non-Relation Member

Client Location (Program): _____

Disabling Condition: □ No □ Yes □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

Type of Residence (Residence Prior to Program entry):

Type of Residence: Identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households.

HOMELESS SITUATION

□ Emergency shelter, including hotel or motel paid fo with emergency shelter voucher, Host Home shelter
□ Place not meant for habitation
□ Safe Haven

INSTITUTIONAL SITUATION

□ Foster care or foster care group Home
□ Hospital or other residential non-psychiatric medical facility
□ Jail, prison, or juvenile detention facility
□ Long-term care facility or Nursing Home
□ Psychiatric Hospital or other psychiatric facility
□ Substance Abuse treatment facility or detox center

TRANSITIONAL HOUSING SITUATION

□ Hotel / Motel paid without ES voucher
□ Staying or living in a family, member's room, apartment, or house
□ Staying or living in a family member's room, apartment, or house
□ Transitional housing for homeless persons (includin youth)

PERMANENT HOUSING SITUATION

□ Rental by client no ongoing housing subsidy
□ Rental by client, with ongoing housing Subsidy

IF *Rental by client, with ongoing housing Subsidy is Checked*, Please select Subsidy from List:

□ GPD TIP housing subsidy
□ VASH housing subsidy
□ RRH or equivalent subsidy
□ HCV voucher (tenant or project based) (not dedicated)
□ Public housing unit
□ Rental by client, with other ongoing housing subsidy
□ Emergency Housing Voucher
□ Family Unification Program Voucher (FUP)
□ Foster Youth to Independence Initiative (FYI)
□ Permanent Supportive Housing
□ Other permanent housing dedicated for formerly homeless persons
□ Owned by client, no ongoing housing subsidy
□ Owned by client, with ongoing housing subsidy

OTHER

□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

If Type of Residence is a ***HOMELESS SITUATION*:**

Approximate Date Homeless Started: *~3.917 - Record the actual or approximate date this homeless situation began (i.e., the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places).*

Approximate Date Homelessness Started: _____/_____/_____

Length of Stay in the Prior Living Situation:

□ One night or less
□ Two days to six nights
□ One week or more, but less than one month
□ One month or more, but less than 90 days
□ 90 days or more, but less than one year
□ One year or longer
□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:

□ Never in 3 Years □ One Time □ Two Times □ Three Times □ Four or More Times □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years:

□ One Month (this time is the first month)
□ 2-12 Months (Specify # of Months: _____)
□ More than 12 months
□ Client Doesn't Know
□ Data Not Collected

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**
Did you stay less than 90 days? □ Yes □ No
If *Yes*, On the night before did you stay on the streets, ES or SH: □ Yes □ No

Length of stay in the prior living situation:

□ 90 days or more, but less than one year
□ One year or longer
□ Client Doesn't Know
□ Client prefers not to answer
□ Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**
Did you stay less than 7 nights? □ Yes □ No
If Yes, **On the night before did you stay on the streets, ES or SH:** □ Yes □ No

Length of Stay in the Prior Living Situation:
□ One week or more, but less than one month
□ One month or more, but less than 90 days
□ 90 days or more, but less than one year
□ One year or longer
□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

Domestic Violence Survivor? *(Head of Household and All Adults):* □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected
If "YES" When experience occurred?

□ Within the past three months
□ Three to six months ago (excluding six months exactly)

□ From six months to one year ago (excluding one year exactly)
□ One year ago, or more

□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

If "YES" Are you currently fleeing? □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Add **Translation Assistance Needed** □ Yes □ No □ Don't Know □ Refused

If 'Yes', Preferred Language? _____

Non-Cash Benefit from any source? □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If "YES" Check those that apply:

□ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)
□ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
□ TANF Child Care Services
□ TANF Transportation services
□ Other TANF-funded services
□ Other Source

Covered by Health Insurance: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

<u>Education:</u>

Current school enrollment and attendance:

□ Not currently in school or educational course □ Currently enrolled but NOT attending school regularly (when school or the course is in session) □ Currently enrolled and attending regularly (when school or course is in session) □ Client doesn't know □ Client prefers not to answer

Most recent educational status:

□ K12: Graduated from high school □ k12: Obtained GED □ K12: Dropped Out □ K12: Suspended □ K12: Expelled □ Higher education: Pursing a credential but not currently attending □ Higher education: Dropped out □ Higher Education: Obtained a credential/degree □ Client Doesn't Know □ Client prefers not to answer

Current educational status:
□ Pursuing a high school diploma or GED □ Pursuing Associate's Degree □ Pursuing Bachelor's Degree □ Pursuing Graduate Degree □ Pursuing other post-secondary credential □ Client Doesn't Know □ Client prefers not to answer

General Health Status: □ Excellent □ Very Good □ Good □ Fair □ Poor □ Client Doesn't Know □ Client prefers not to answer

Disabling Conditions (All Clients):

	Head of Household	HH Member 1	HH Member 2	HH Member 3	HH Member 4
Physical Disability: *Yes, No, Client Doesn't Know, Client prefers not to answer*					
If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn't Know, Client prefers not to answer*					
Developmental Disability: *Yes, No, Client Doesn't Know, Client prefers not to answer*					
If yes, expected to substantially impair ability to live independently? *Yes, No, Client Doesn't Know, Client prefers not to answer*					
Chronic Health Condition: *Yes, No, Client Doesn't Know, Client prefers not to answer*					
If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, DK, Refused*					
HIV/AIDS: *Yes, No, Client Doesn't Know, Client prefers not to answer*					
If yes, expected to substantially impair ability to live independently? *Yes, No, Client Doesn't Know, Client prefers not to answer*					
Mental Health Problem: *Yes, No, Client Doesn't Know, Client prefers not to answer*					
If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn't Know, Client prefers not to answer*					

Substance Use Disorder: *No, Alcohol Use Disorder, Drug Use, Both Alcohol and Drug Use Disorder, Client Doesn't Know, Client prefers not to answer*					
If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn't Know, Client prefers not to answer*					

Prior Zip code: _____

Is the individual willing to share their current zip code and town?: _____

Zip Code of Current Location (NUMBERS ONLY): _____

City/Town of current location: _____

Income received from any source? □ Yes □ No □ Client doesn't know □ Client prefers not to answer

	Head of Household	HH Member 1	HH Member 2	HH Member 3
Income Type	**Monthly Amount**	**Monthly Amount**	**Monthly Amount**	**Monthly Amount**
Unemployment Insurance	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Earned/Employed Income	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Supplemental Security Income (SSI)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Social Security Disability Insurance (SSDI)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
VA Service-Connected Disability Compensation	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Private Disability Insurance	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Retirement Income from Social Security	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
General Assistance (GA)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Temporary Assistance for Needy Families (TANF)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
VA Non-Service-Connected Disability Pension	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $

Pension or Retirement income from a former job	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Child Support	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Alimony or other spousal support	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Worker's Compensation	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Other Source Specify:	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
CLIENT INCOME TOTAL:	$	$	$	$

Last

Grade Completed:

□ Less than Grade 5
□ Grades 5-6
□ Grades 7-8
□ Grades 9-11
□ Grade 12 / High School diploma
□ School Program does not have grade levels
□ Graduate Degree
□ GED
□ Some College
□ Associate's Degree
□ Bachelor's Degree
□ Graduate Degree
□ Vocational Certification
□ Client doesn't know
□ Client prefers not to answer

Employed: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If "YES" Type of Employment: □ Full Time □ Part Time □ Seasonal / sporadic (including day labor)

If "NO:" Why Not Employed: □ Looking for work □ Unable to work □ Not looking for work

General Health Status: □ Excellent □ Very Good □ Good □ Fair □ Poor □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Pregnancy Status: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected (If Yes) **Due Date: _____ / _____ / _____**

Health Insurance:

Type of Insurance	Head of Household YES / NO	HH Member 1 YES / NO	HH Member 2 YES / NO	HH Member 3 YES /NO	HH Member 4 YES / NO
Medicaid / HUSKY A, C, D					
Medicare					
State Children's Health Insurance Program – HUSKY B					
Veteran's Health Administration (VHA)					
Employer-Provided Health Insurance					
Health Insurance Obtained through COBRA					
Private Pay Health Insurance					
Indian Health Services Program					
State Health Insurance for Adults					
Other (specify): _____					

YHDP Questions:

Project Completion Status:

□ Completed Project

□ Youth voluntarily left early

□ Voluntarily left early for other opportunities - Education

□ Voluntarily left early for other opportunities - Military

□ Voluntarily left early for other opportunities - Other

□ Voluntarily left early – Needs could not be met by project

□ Involuntarily left – Criminal activity/destruction of property/violence

□ Involuntarily left – Non-compliance with program rules

□ Youth was expelled or otherwise involuntarily discharged from project

□ Involuntarily left – Reached maximum time allowed by program

□ Involuntarily left – Project terminated

□ Involuntarily left – Unknown/disappeared

□ Involuntarily left – Non-compliance with program rules

□ Ongoing

□ Dropped Out

□ Referred

□ No Further Contact

□ Other

Last Grade Completed:

□ No Schooling Completed
□ Nursery school to 4th grade
□ 5th grade or 6th grade
□ 7th grade or 8th grade
□ 9th grade
□ 10th grade
□ 11th grade
□ 12th grade, No diploma
□ Refused
□ High School Diploma
□ GED
□ Post-secondary school
□ Unknown

Employment Status: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If "YES" Type of Employment: □ Full Time □ Part Time

If "NO:" Why Not Employed: □ Looking for work □ Unable to work □ Not looking for work

School Status:

□ Attending school regularly
□ Attending school irregularly
□ Graduated from high school
□ Obtained GED
□ Dropped out
□ Suspended
□ Expelled
□ Client doesn't know
□ Client prefers not to answer
□ Data not collected

General Health Status:

□ Excellent
□ Very Good
□ Good
□ Fair
□ Poor
□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

Mental Health Status:

□ Excellent
□ Very Good
□ Good
□ Fair
□ Poor
□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

Formerly a Ward of Child Welfare/Foster Care Agency? □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Housing Status:
□ Category 1 – Homeless
□ Category 2 – At imminent risk of losing housing
□ Category 3 – Homeless only under other federal statutes
□ Category 4 – Fleeing domestic violence
□ At risk of homelessness
□ Stably housed
□ Client Doesn't Know
□ Client prefers not to answer
□ Data Not Collected

Veteran Information: **(Required of ONLY if Veteran Status is YES.)**

DD214 Order Date: _____ **DD214 Receive Date:** _____

Service-Connected Disability: _____

***Branch of military:** □ Air Force □ Army □ Marines □ Navy □ Coast Guard □Space Force □ Client Doesn't Know □ Client prefers not to answer □ Other
Reserves: □ Yes □ No

***Discharge status:** □ Honorable □ General under Honorable Conditions □ Under Other than Honorable Conditions □ Bad Conduct □ Dishonorable □ Uncharacterized □ Don't Know □ Refused

***Date Entered Service:** _____ ***Date Separated Service** _____

Months of Active Duty: _____ **Campaign Badge Veteran:** □ Yes □ No

Stand Down Event: □ Yes □ No

Serve in a War Zone: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer

If YES, please select the **War Zone Name**: □ Afghanistan □ China, Burma, India □ Don't Know □ Europe □ Iraq □ Korea □ Laos and Cambodia □ North Africa □ Other □ Persian Gulf □ Refused □ South China Sea □ South Pacific □ Vietnam

***Months Served in a Warzone: _____** ***If Yes, Received Friendly or Hostile Fire: _____**

***Theatre of Operations:** □ World War II □ Korean War □ Vietnam War □ Persian Gulf War (Operation Desert Storm) □ Afghanistan (Operation Enduring Freedom) □ Iraq (Operation Iraqi Freedom) □ Iraq (Operation New Dawn) □ Other Peace-keeping Operations or Military Intervention

Current Living Situation:

Information Date: _____

Project: _____

Current Living Situation: If client's Current Living Situation is in a temporary, permanent, or other situation from the Living Situation Options, record additional housing status information to support the determination of imminent and at-risk of homelessness housing statuses based on HUD's definition of homelessness.

HOMELESS SITUATION
□ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
□ Place not meant for habitation
□ Safe Haven
INSTITUTIONAL SITUATION
□ Foster care or foster care group Home
□ Hospital or other residential non-psychiatric medical facility
□ Jail, prison, or juvenile detention facility
□ Long-term care facility or Nursing Home
□ Psychiatric Hospital or other psychiatric facility
□ Substance Abuse treatment facility or detox center
TRANSITIONAL HOUSING SITUATION
□ Hotel / Motel paid without ES voucher
□ Staying or living in a family, member's room, apartment, or house
□ Staying or living in a family member's room, apartment, or house
□ Transitional housing for homeless persons (including youth)
PERMANENT HOUSING SITUATION
□ Rental by client no ongoing housing subsidy
□ Rental by client, with ongoing housing Subsidy
IF *Rental by client, with ongoing housing Subsidy is Checked*, Please select Subsidy from List:
□ *GPD TIP housing subsidy*
□ *VASH housing subsidy*
□ *RRH or equivalent subsidy*
□ *HCV voucher (tenant or project based) (not dedicated)*
□ *Public housing unit*
□ *Rental by client, with other ongoing housing subsidy*
□ *Emergency Housing Voucher*
□ *Family Unification Program Voucher (FUP)*
□ *Foster Youth to Independence Initiative (FYI)*
□ *Permanent Supportive Housing*
□ *Other permanent housing dedicated for formerly homeless persons*
□ Owned by client, no ongoing housing subsidy
□ Owned by client, with ongoing housing subsidy
OTHER
□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

Is Client going to have to leave their current living situation within 14 days?

□ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If Yes:

Has a subsequent residence been identified? □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Does the individual or family have resources or support networks to obtain other permanent housing?□ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Has the client moved two or more times in the last 60 days? □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Location Details: _____

Service Type:

□ Adult Day Care
□ Alcohol or Drug Abuse Services
□ Application Fees
□ Case Management
□ Child Care Assistance
□ Education (RHY)
□ Employment Assistance
□ Employment Skills Training
□ Health care
□ Housing Search and Info
□ Legal Services
□ Life Skills (Outside of CM)
□ Meals (Breakfast/Lunch/Dinner/Sack Lunch)
□ Mental Health Services
□ Mortgage Assistance
□ Moving Costs
□ Outreach
□ Rental Assistance
□ Rental/Security Deposit
□ Transportation
□ Utility Assistance
□ HUD: CoC- Youth Homeless Demonstration Program (YHDP)