

CT HMIS Statewide YHDP Individual 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: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client prefers not to answer

Cell Phone: _____ Work Phone: _____ Email: _____

Client Location (Program): _____

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

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)

Client Served Location (Program/CAN): _____

Type of Residence (Residence Prior to Program entry):

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

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

- ☐ 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

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

(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? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

If "YES" When experience occurred?

- | | | |
|---|---|---|
| ☐ Within the past three months | ☐ From six months to one year ago (excluding one year exactly) | ☐ Client doesn't know |
| ☐ Three to six months ago (excluding six months exactly) | ☐ One year ago, or more | ☐ 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 Transportation services |
| | ☐ TANF Child Care 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

Education:

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: Pursuing 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

Substance Use Disorder: ☐ No ☐ Alcohol Use Disorder ☐ Drug Use Disorder ☐ Both Alcohol and Drug Use Disorder ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Mental Health Disorder: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Developmental Disability: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Chronic Health Condition: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

HIV/AIDS: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Physical Disability: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

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

Income Type	Monthly Amount	Income Type	Monthly Amount
Unemployment Insurance	☐ N ☐ Y \$	VA Non-Service-Connected Disability Pension	☐ N ☐ Y \$
Earned/Employed Income	☐ N ☐ Y \$	Pension or Retirement income from a former job	☐ N ☐ Y \$
Supplemental Security Income (SSI)	☐ N ☐ Y \$	Child Support	☐ N ☐ Y \$
Social Security Disability Insurance (SSDI)	☐ N ☐ Y \$	Alimony or other spousal support	☐ N ☐ Y \$
VA Service-Connected Disability Compensation	☐ N ☐ Y \$	Worker's Compensation	☐ N ☐ Y \$
Private Disability Insurance	☐ N ☐ Y \$	Other Source Specify:	☐ N ☐ Y \$
Retirement Income from Social Security	☐ N ☐ Y \$		
General Assistance (GA)	☐ N ☐ Y \$		

Last Grade Completed:

☐ Less than Grade 5

☐ Grades 9-11

☐ Graduate Degree

☐ Grades 5-6

☐ Grade 12 / High School diploma

☐ GED

☐ Grades 7-8

☐ School Program does not have grade levels

☐ Some College

☐ Associate's Degree

☐ Graduate Degree

☐ Client doesn't know

☐ Bachelor's Degree

☐ Vocational Certification

☐ 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 (select which applies):

☐ MEDICAID

☐ Employer-Provided Health Insurance

☐ Indian Health Services Program

☐ MEDICARE

☐ Health Insurance obtained through COBRA

☐ Other

☐ State Children's Health Insurance Program

☐ State Health Insurance for Adults

If Other, Specify: _____

☐ Veteran's Health Administration (VHA)

☐ Private Pay Health Insurance

YHDP Questions:

Project Completion Status:

☐ Completed Project

☐ Involuntarily left – Reached maximum time allowed by program

☐ Youth voluntarily left early

☐ Involuntarily left – Project terminated

☐ Voluntarily left early for other opportunities - Education

☐ Involuntarily left – Unknown/disappeared

☐ Voluntarily left early for other opportunities - Military

☐ Involuntarily left – Non-compliance with program rules

☐ Voluntarily left early for other opportunities - Other

☐ Ongoing

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

☐ Dropped Out

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

☐ Referred

☐ Involuntarily left – Non-compliance with program rules

☐ No Further Contact

☐ Youth was expelled or otherwise involuntarily discharged from project

☐ Other

Last Grade Completed:

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

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

General Health Status:

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

Mental Health Status:

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

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 3 – Homeless only under other federal statutes | ☐ Stably housed |
| ☐ Category 2 – At imminent risk of losing housing | ☐ Category 4 – Fleeing domestic violence | ☐ Client Doesn't Know |
| | ☐ At risk of homelessness | ☐ 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)