YHDP HMIS Intake Assessment

Use for any YHDP project EXCEPT Joint Component

CLIENT RECORD		
Agency name:		
Name of youth care worker:		
YHDP project:	☐ Housing Navigation ☐ Diversion ☐ Rapid Rehousing (**not** Joint Component project)	
Date of intake/program entry: **(RRH: use date voucher was issued)**		
Is youth already open in HMIS?	☐ Yes *__**Enter HMIS ID # here:**__ _____ **then skip to Disabilities section on pg.2** ☐ No ***Complete the rest of this section** ☐ Unknown ***Complete the rest of this section**	
IF NO OR UNKNOWN FOR ALREADY IN HMIS, CONTINUE WITH SECTION BELOW		
First name:		
Middle name:		
Last name:		
Suffix: *(i.e. Jr. III, etc.)*		
Name data quality:	☐ Full name recorded ☐ Partial, street name, or code name recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you go by any other names?	**If yes, record them here:**	
What is your social security number?		
Social security number data quality: **(Select "client doesn't know" if youth does not have a SSN)**	☐ Full SSN recorded ☐ Approximate or partial SSN recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you a U.S. military veteran? **(Only ask youth who are 18 or older)**	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your date of birth?		
Date of birth quality:	☐ Full DOB recorded ☐ Approximate or partial DOB recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What gender do you identify as?	☐ Female ☐ Male ☐ Transgender female *(male to female)* ☐ Transgender male *(female to male)*	☐ Gender non-conforming *(not exclusively male or female)* ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you identify as transgender? **(If yes: consult youth about whether they want their HMIS record to reflect that they are transgender: only choose "yes" here if they are okay with that.)**	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

What races do you identify as? **(Select up to two; <u>circle whichever the youth identifies first)</u>**	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White	☐ Native Hawaiian or Other Pacific Islander ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you identify as Hispanic or Latino/Latina?	☐ No *(Non-Hispanic/ Non-Latino/ Non-Latina)* ☐ Yes *(Hispanic/ Latino/ Latina)*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your primary language?		

DISABILITIES		
Do you have a disabling condition? **(Documentation is not required; youth's self-report is considered sufficient)**	☐ Yes ***specify below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Alcohol abuse without drug abuse: *(an impairment caused by alcohol abuse)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **alcohol abuse without drug abuse**, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Drug abuse without alcohol abuse: *(an impairment caused by drug abuse)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **drug abuse without alcohol abuse**, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Both alcohol and drug abuse: *(an impairment caused by both alcohol and drug abuse)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **both alcohol and drug abuse**, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Chronic health condition: *(a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation/special assistance)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **chronic health condition,** is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Mental health problem: *(a mental health problem may range from situational depression to serious mental illnesses)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **mental health problem**, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Physical disability: *(physical impairment)*	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
*If yes for **physical disability**, is this expected to be of long-continued and indefinite duration and substantially impairs your ability to live independently?*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
HIV/ AIDS: *(human immunodeficiency virus/ acquired immunodeficiency syndrome)*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Developmental disability: *(severe, chronic disability attributed to a mental and/or physical impairment that occurs before age 22 and limits capacity for independent living and economic self-sufficiency)*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

HEALTH INSURANCE		
Do you have health insurance?	☐ Yes ***specify below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, which of the following types of health insurance do you have? **(Check all that apply)**	☐ Medicaid ☐ Medicare ☐ State children's health ins. *(Dr. Dynasaur)* ☐ VA medical services ☐ Employer-provided *(including TRICARE)*	☐ COBRA ☐ Private pay ☐ State health ins. for adults ☐ Indian health services ☐ Other- **Specify:** _____ ☐ Data not collected

MONTHLY INCOME		
Do you have income from any source?	☐ Yes ***specify below and provide an estimated monthly amount** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
		Monthly Amount
☐ Alimony or other spousal support		$
☐ Child support		$
☐ Earned income *(i.e. employment income)*		$
☐ General Assistance *(GA)*		$
☐ Other - **Specify:** _____		$
☐ Pension or retirement income from a former job		$
☐ Private disability insurance		$
☐ Retirement income from Social Security *(includes Social Security Survivor benefits)*		$
☐ Social Security Disability Insurance *(SSDI)*		$
☐ Supplemental Security Income *(SSI)*		$
☐ TANF *(Reach Up)*		$
☐ Unemployment insurance		$
☐ VA non-service-connected disability pension		$
☐ VA service-connected disability compensation		$
☐ Worker's compensation		$
Total monthly income:		**$**

NON-CASH BENEFITS		
Do you receive non-cash benefits from any source?	☐ Yes ***specify below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, which of the following types of non-cash benefits do you receive? **(Check all that apply)**	☐ SNAP *(3SquaresVT/food stamps)* ☐ WIC ☐ TANF *(Reach Up)* child care services ☐ TANF *(Reach Up)* transportation services	☐ Other TANF *(Reach Up)* services ☐ Other source- **Specify:** _____ ☐ Data not collected

YOUTH LOCATION

Where did you stay last night? **(Response should be where the youth was the NIGHT PRIOR to project entry)**	**1. Homeless Situation *ask follow-up questions in SECTION 1 below (pg. 5)** ☐ Place not meant for habitation *(e.g. vehicle, abandoned building, bus/train/subway station, airport, or anywhere outside)* ☐ Emergency shelter, including hotel or motel paid for WITH an emergency shelter voucher or a BCP shelter/host home bed **2. Institutional Situation *ask follow-up questions in SECTION 2 (pg. 6)** ☐ Foster care home 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 **3. Temporary/ Permanent Housing *ask follow-up questions in SECTION 3 (pg. 6)** ☐ Hotel or motel paid for WITHOUT emergency shelter voucher ☐ Non-crisis host home *(this does **NOT** include BCP or TLP host homes)* ☐ Owned by client, NO ongoing housing subsidy ☐ Owned by client, WITH ongoing housing subsidy ☐ Permanent housing for formerly homeless persons (other than RRH) ☐ Rental by client in public housing of a housing authority ☐ Rental by client, NO ongoing housing subsidy ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with GDP TIP housing subsidy ***(Veterans only)*** ☐ Rental by client, with other ongoing housing subsidy ☐ Rental by client, with Housing Choice (Section 8) voucher *(tenant or project based)* ☐ Rental by client, with VASH housing subsidy ***(Veterans only)*** ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment, or house ☐ Staying or living in a friend's room, apartment, or house ☐ Transitional housing for homeless persons (including youth) **Other *skip to Domestic Violence section on pg. 7** ☐ Client doesn't know ☐ Client refused ☐ Data not collected

SECTION 1. YOUTH IS ENTERING FROM HOMELESS SITUATION

How long have you been staying there?	☐ 1 night or less ☐ 2-6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ More than 90 days, but less than 1 year	☐ 1 year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected
When did you start staying on the streets or in emergency shelter? **(mm/dd/yyyy)**	**Ask the youth to think back to the last time they had a place to sleep that <u>wasn't</u> on the streets/ an emergency shelter, then enter the <u>day after</u> that here:**	
How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?	☐ One time ☐ Two times ☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client refused ☐ Data not collected
How many months were you on the streets/ in emergency shelter in the past 3 years?	☐ One month *(this is the first time)* ☐ 2-12 months - **Specify #:**_____ ☐ More than 12 months	☐ Client doesn't know ☐ Client refused ☐ Data not collected

SECTION 2. YOUTH IS ENTERING FROM INSTITUTIONAL SITUATION		
How long have you been staying there?	☐ 1 night or less ***continue below** ☐ 2-6 nights ***continue below** ☐ 1 week or more, but less than 1 month ***continue below** ☐ 1 month or more, but less than 90 days ***continue below**	☐ More than 90 days, but less than 1 year ☐ 1 year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected
IF LENGTH OF STAY WAS LESS THAN 90 DAYS, CONTINUE BELOW		
On the night before staying there, did you stay on the streets/in emergency shelter?		☐ Yes ***continue below** ☐ No
IF YES, CONTINUE WITH SECTION BELOW		
When did you start staying on the streets or in emergency shelter? **(mm/dd/yyyy)**	**Ask the youth to think back to the last time they had a place to sleep that <u>wasn't</u> on the streets/ an emergency shelter, then enter the <u>day after</u> that here:**	
How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?	☐ One time ☐ Two times ☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client refused ☐ Data not collected
How many months were you on the streets/ in emergency shelter in the past 3 years?	☐ One month *(this is the first time)* ☐ 2-12 months - **Specify #:** _____ ☐ More than 12 months	☐ Client doesn't know ☐ Client refused ☐ Data not collected

SECTION 3. YOUTH IS ENTERING FROM TEMPORARY/PERMANENT HOUSING		
How long have you been staying there?	☐ 1 night or less ***continue below** ☐ 2-6 nights ***continue below** ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days	☐ More than 90 days, but less than 1 year ☐ 1 year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected
IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS, CONTINUE BELOW		
On the night before staying there, did you stay on the streets/ in emergency shelter?		☐ Yes ***continue below** ☐ No
IF YES, CONTINUE WITH SECTION BELOW		
When did you start staying on the streets or in emergency shelter? **(mm/dd/yyyy)**	**Ask the youth to think back to the last time they had a place to sleep that <u>wasn't</u> on the streets/ an emergency shelter, then enter the <u>day after</u> that here:**	
How many times have you been on the streets/ in emergency shelter in the past 3 years (including today)?	☐ One time ☐ Two times ☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client refused ☐ Data not collected
How many months were you on the streets/in emergency shelter in the past 3 years?	☐ One month *(this is the first time)* ☐ 2-12 months - **Specify #:** _____ ☐ More than 12 months	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DOMESTIC VIOLENCE		
Has a partner or someone you were living with ever made you feel afraid for your safety, hurt you, or controlled your choices?	☐ Yes ***continue below** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
When did you have this experience?	☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago ☐ 1 year ago or more	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing, attempting to flee, or afraid to return to where you are staying?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

ADDITIONAL DATA		
What is your sexual orientation?	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure	☐ Other – **Please describe:** _____ ☐ Client doesn't know ☐ Client refused ☐ Data not collected
What was the last grade you completed in school?	☐ 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 ☐ GED	☐ Some college ☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your current school status?	☐ Attending school regularly *(without extended absenteeism)* ☐ Attending school irregularly *(1-3 days/week on average)* ☐ Graduated from high school ☐ Obtained GED	☐ Dropped out ☐ Suspended ☐ Expelled ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you employed?	☐ Yes ***ask follow-up question** ☐ No ***ask follow-up question**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If employed**, what type of employment is it?*	☐ Full-time ☐ Part-time	☐ Seasonal/sporadic *(including day labor)* ☐ Data not collected
***If not employed**, why not?*	☐ Looking for work ☐ Unable to work *(due to a physical/ developmental disability or illness)*	☐ Not looking for work ☐ Data not collected
How would you rate your general health status?	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you had an annual check-up with a doctor within the last year?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

How would you rate your dental health status?	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you been to the dentist in the last year?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
How would you rate your mental health status?	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you pregnant?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, what is your due date?		
Is your partner pregnant?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, what is their due date?		
Do you have any children?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, do you have custody of your children?	☐ Yes ***complete an Addendum for EACH child (pg. 12)** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently involved with DCF?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, what is your current DCF involvement? **(Check all that apply)**	☐ Open DCF investigation ☐ In DCF custody *(foster care)* ☐ Conditional custody order ☐ Open family case with DCF ☐ On juvenile probation	☐ Youthful offender status ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you or your family ever been involved with DCF in the past?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, what was your past DCF involvement? **(Check all that apply)**	☐ DCF investigation ☐ In DCF custody *(foster care)* ☐ Conditional custody order ☐ Family case with DCF ☐ Juvenile probation	☐ Youthful offender status ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently involved with the <u>adult</u> criminal justice system? *(Drug Court, Parole, Community Service, Probation, etc.)*	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been involved with the <u>adult</u> criminal justice system in the past?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Are you currently working with any of the following programs? **(These may be called something else in your community; use actual program names if possible)**	**Check all that apply:** ☐ None ☐ Balanced and Restorative Justice *(BARJ)* ☐ Court Diversion ☐ VCRHYP Basic Center Program *(BCP)* ☐ VCRHYP Transitional Living Program *(TLP)*	☐ Youth in Transition *(YIT)* ☐ Youth Development Program *(YDP)* ☐ Prevention & Stabilization Services for Youth/Families *(PSSYF)* ☐ Client doesn't know ☐ Client refused ☐ Data not collected

HOW WERE YOU REFERRED TO THIS PROGRAM?	
☐ Self-referral ☐ Individual *(parent, guardian, relative, friend, foster parent, or other individual)* ☐ Temporary shelter ☐ Residential project ☐ Outreach project – **Specify # of times youth was approached by outreach prior to entering:_____** ☐ Hotline ☐ Child welfare/CPS *(DCF)*	☐ School ☐ Juvenile justice program ☐ Law enforcement/police ☐ Mental hospital ☐ Other organization **– Specify:** _____ ☐ Client doesn't know ☐ Client refused ☐ Data not collected

YOUTH CONTACT INFORMATION	
What is the address where you can get mail?	
What is your town of residence?	
What is your email address?	
What is your phone number?	
Is it okay to leave a message at this phone number?	☐ Yes ☐ No
Can we say the agency name when we call this phone number?	☐ Yes ☐ No
If you are under 18, what is the name and contact information for your parents/ guardians?	
If you are 18 or older, what is the name and contact information for who we should contact in case of an emergency?	
Are there any other ways to contact you if we lose touch?	

ADDENDUM FOR PARENTING YOUTH HOUSEHOLDS *Complete this page for EACH child in household*		
First name:		
Middle name:		
Last name:		
Suffix: *(i.e. Jr., III, etc.)*		
Name data quality:	☐ Full name recorded ☐ Partial, street name, or code name recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Social security number:		
Social security number data quality: **(Select "client doesn't know" if child does not have a SSN)**	☐ Full SSN recorded ☐ Approximate or partial SSN recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your child's date of birth?		
Date of birth quality:	☐ Full DOB recorded ☐ Approximate or partial DOB recorded	☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your child's gender?	☐ Female ☐ Male ☐ Transgender female ☐ Transgender male	☐ Gender non-conforming ☐ Client doesn't know ☐ Client refused ☐ Data not collected
What is your child's race? **(Select up to two; <u>circle whichever the parent identifies first)</u>**	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White	☐ Native Hawaiian or Other Pacific Islander ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is your child Hispanic or Latino/Latina?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Does your child have any of the following disabilities? **(Check all that apply)**	☐ None ☐ Chronic health condition ☐ Mental health problem ☐ Physical disability ☐ Developmental disability ☐ HIV/ AIDS	☐ Alcohol abuse ☐ Drug abuse ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, which, if any, are expected to be long-continued and substantially impair their ability to live independently? **(Check all that apply)**	☐ None ☐ Chronic health condition ☐ Mental health problem ☐ Physical disability ☐ Developmental disability ☐ HIV/ AIDS	☐ Alcohol abuse ☐ Drug abuse ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Does your child have any of the following types of health insurance? **(Check all that apply)**	☐ None ☐ Medicaid ☐ Medicare ☐ State children's health ins. *(Dr. Dynasaur)* ☐ VA medical services ☐ Employer-provided *(including TRICARE)*	☐ COBRA ☐ Private pay ☐ Indian health services ☐ Other – **Specify:** _____ ☐ Client doesn't know ☐ Client refused ☐ Data not collected