VCRHYP INTAKE ASSESSMENT

CLIENT RECORD		
First name:		
Middle name:		
Last name:		
Suffix:		
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:	☐ 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
Agency name:		
Agency program:	☐ Basic Center – Prevention ☐ Basic Center – Shelter ☐ State – BCP	☐ Transitional Living Program ☐ State - TLP
Name of youth care worker:		
Date of intake/project entry:		

CLIENT DEMOGRAPHICS		
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?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer
What races do you identify as? ***(select up to two)*** ***Youth care worker:*** *circle whichever the youth identifies first*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ 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?	
Client location:	☐ VT-500 Vermont Balance of State CoC ☐ VT-501 Burlington/Chittenden County CoC

DISABILITIES		
Do you have a disabling condition? ***(documentation is not required, client's self-report is considered sufficient)***	☐ Yes ***specify below** ☐ No ***select "No" for each type below**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Alcohol abuse without drug abuse: *(an impairment caused by alcohol abuse)*	☐ Yes ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
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
Is your condition going to be long term?	☐ Yes	☐ No
Drug abuse without alcohol abuse: *(an impairment caused by drug abuse)*	☐ Yes ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
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
Is your condition going to be long term?	☐ Yes	☐ No
Both alcohol and drug abuse: *(an impairment caused by both alcohol and drug abuse)*	☐ Yes ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
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
Is your condition going to be long term?	☐ Yes	☐ No
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 ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
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
Is your condition going to be long term?	☐ Yes	☐ No

Mental health problem: *(select "Yes" if problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature)*	☐ Yes ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
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
Is your condition going to be long term?	☐ Yes	☐ No
Physical disability: *(physical impairment)*	☐ Yes ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
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
Is your condition going to be long term?	☐ Yes	☐ No
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 ***continue below** ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
IF YES, CONTINUE WITH SECTION BELOW		
Is this expected to substantially impair your ability to live independently?	☐ Yes ☐ No ☐ Client doesn't know	☐ Client refused ☐ Data not collected
Is your condition going to be long term?	☐ Yes	☐ No
Comments/notes:		

HEALTH INSURANCE			
Do you have health insurance?	☐ Yes ***specify below** ☐ No ***select "No" for each type below**		☐ Client doesn't know ☐ Client refused ☐ Data not collected
Medicaid:	☐ Yes	☐ No	☐ Data not collected
Medicare:	☐ Yes	☐ No	☐ Data not collected
State children's ins. program:	☐ Yes	☐ No	☐ Data not collected
VA medical services:	☐ Yes	☐ No	☐ Data not collected
Employer-provided health ins.	☐ Yes	☐ No	☐ Data not collected
COBRA:	☐ Yes	☐ No	☐ Data not collected
Private pay health insurance:	☐ Yes	☐ No	☐ Data not collected
State health ins. for adults:	☐ Yes	☐ No	☐ Data not collected
Indian health services program:	☐ Yes	☐ No	☐ Data not collected
Other:	☐ Yes	☐ No	☐ Data not collected
Medicaid ID number:			

MONTHLY INCOME – *TLP and State TLP only*				
Do you have income from any source?	☐ Yes ***specify below** ☐ No ***select "No" for each type below**			☐ Client doesn't know ☐ Client refused ☐ Data not collected
Alimony or other spousal support:	☐ Yes	Monthly Amount $	☐ No	☐ Data not collected
Child support:	☐ Yes	$	☐ No	☐ Data not collected
Earned income:	☐ Yes	$	☐ No	☐ Data not collected
General Assistance:	☐ Yes	$	☐ No	☐ Data not collected
Other:	☐ Yes	$	☐ No	☐ Data not collected
Pension or retirement income from a former job:	☐ Yes	$	☐ No	☐ Data not collected
Private disability insurance:	☐ Yes	$	☐ No	☐ Data not collected
Retirement income from SS:	☐ Yes	$	☐ No	☐ Data not collected
SSDI:	☐ Yes	$	☐ No	☐ Data not collected
SSI:	☐ Yes	$	☐ No	☐ Data not collected
TANF (Reach Up):	☐ Yes	$	☐ No	☐ Data not collected
Unemployment insurance:	☐ Yes	$	☐ No	☐ Data not collected
VA non-service-connected disability pension:	☐ Yes	$	☐ No	☐ Data not collected
VA service-connected disability compensation:	☐ Yes	$	☐ No	☐ Data not collected
Worker's compensation:	☐ Yes	$	☐ No	☐ Data not collected
Total monthly income:		**$**		

NON-CASH BENEFITS			
Do you receive non-cash benefits from any source?	☐ Yes ***specify below** ☐ No ***select "No" for each type below**		☐ Client doesn't know ☐ Client refused ☐ Data not collected
SNAP (3SquaresVT/food stamps):	☐ Yes	☐ No	☐ Data not collected
WIC:	☐ Yes	☐ No	☐ Data not collected
Reach Up child care services:	☐ Yes	☐ No	☐ Data not collected
Reach Up transportation services:	☐ Yes	☐ No	☐ Data not collected
Other Reach Up services:	☐ Yes	☐ No	☐ Data not collected
Other source:	☐ Yes	☐ No	☐ Data not collected

CLIENT LOCATION	
Where did you stay last night? ***(response should be where the client 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. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)* ☐ Emergency shelter, including hotel or motel paid for WITH an emergency shelter voucher **2. Institutional Situation *ask follow-up questions in section 2 on 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. Transitional and Permanent Housing Situation *ask follow-up questions in section 3 on pg. 6** ☐ Hotel or motel paid for WITHOUT emergency shelter voucher ☐ 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, NO ongoing housing subsidy ☐ Rental by client, with VASH subsidy ***(Veterans only)*** ☐ Rental by client, with GPD TIP subsidy ***(Veterans only)*** ☐ Rental by client, with other ongoing housing subsidy (including RRH) ☐ 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

1. IF CLIENT IS ENTERING FROM HOMELESS SITUATION		
How long have you been staying there?	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ More than three months, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused	
Approximate date your homelessness started:	(mm/dd/yyyy)	
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

2. IF CLIENT IS ENTERING FROM INSTITUTIONAL SITUATION

How long have you been staying there?	☐ One night or less ***continue below** ☐ Two to six nights ***continue below** ☐ One week or more, but less than one month ***continue below** ☐ One month or more, but less than 90 days ***continue below** ☐ More than three months, but less than one year ***BCP Shelter continue below** ☐ One year or longer ***BCP Shelter continue below** ☐ Client doesn't know ***BCP Shelter continue below** ☐ Client refused

IF LENGTH OF STAY WAS LESS THAN 90 DAYS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW

On the night before entering the institutional situation, did you stay on the streets/in emergency shelter?	☐ Yes ***continue below**	☐ No ***BCP Shelter continue below**

IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW

Approximate date your homelessness started:	(mm/dd/yyyy)	
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

3. IF CLIENT IS ENTERING FROM TRANSITIONAL/PERMANENT SITUATION

How long have you been staying there?	☐ One night or less ***continue below** ☐ Two to six nights ***continue below** ☐ One week or more, but less than one month ***BCP Shelter continue below** ☐ One month or more, but less than 90 days ***BCP Shelter continue below** ☐ More than three months, but less than one year ***BCP Shelter continue below** ☐ One year or longer ***BCP Shelter continue below** ☐ Client doesn't know ☐ Client refused

IF LENGTH OF STAY WAS LESS THAN 7 NIGHTS OR YOUTH IS ENTERING BCP SHELTER, CONTINUE BELOW

On the night before entering the transitional/permanent situation, did you stay on the streets/ in emergency shelter?	☐ Yes ***continue below**	☐ No ***BCP Shelter continue below**

IF YES OR YOUTH IS ENTERING BCP SHELTER, CONTINUE WITH SECTION BELOW

Approximate date your homelessness started:	(mm/dd/yyyy)	
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 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 ☐ Three to six months ago ☐ Six months to one year ago	☐ One year ago or more ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing a partner?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RHY SPECIFIC DATA		
Youth care worker: Is youth eligible for federal BCP services?	***(Yes must be checked if youth is served in BCP Prevention or BCP Shelter)*** ☐ Yes ***answer follow-up question** ☐ No ***answer follow-up question**	
Youth care worker: If eligible for federal BCP services, is youth a runaway?	☐ Yes *(youth under 18 years of age who absents themselves from home/place of legal residence without the permission of a parent/legal guardian)*	☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Youth care worker: If not eligible, why not? ***(If any reason is checked here, youth must be served in TLP or State TLP/BCP)***	☐ Out of age range ☐ Ward of the state ☐ Ward of the criminal justice system *(currently under a court order to attend a residential juvenile facility)* ☐ Other	
What is your sexual orientation?	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ 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 ☐ Declined to answer
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 ☐ Declined to answer
How would you rate your mental health status?	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Do you have any current thoughts of harming yourself or others?	☐ Yes to harming yourself ☐ Yes to harming others	☐ No to harming yourself ☐ No to harming others
If so, please explain:		
Have you previously had thoughts of harming yourself or others?	☐ Yes to harming yourself ☐ Yes to harming others	☐ No to harming yourself ☐ No to harming others
If so, please explain:		
Have you had thoughts about killing yourself?	☐ Yes	☐ No
If so, please explain:		
Are you pregnant?	☐ Yes ***answer next question** ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If yes, what is your due date?		
Is your partner pregnant?	☐ Yes ***answer next question** ☐ No	☐ Client doesn't know ☐ Declined to answer
If yes, what is their due date?		

Do you have any children?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Declined to answer
If yes, do you have custody of your children?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer
Are you currently involved with DCF?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Declined to answer
What is your current DCF involvement? ***(Check all that apply)***	☐ Open DCF investigation ☐ In DCF custody ☐ Conditional custody order ☐ Open family case with DCF ☐ On juvenile probation ***ask next question** ☐ Youthful offender status ***ask next question**	☐ Unknown ****if possible, contact DCF district office to determine & provide updated information to VCRHYP***
Are you currently involved with any of the following programs? ***(Check all that apply)***	☐ Community Justice Center ☐ Court Diversion Program ☐ Alternative Restorative Justice Program	☐ Client doesn't know ☐ Declined to answer
Have you ever been in DCF foster care in the past?	☐ Yes ***ask # of years ->** ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected	**If yes, for how long?** ☐ Less than one year **# of months (1-11):___** ☐ 1 to 2 years ☐ 3 to 5 or more years ☐ Data not collected
Have you or your family ever been involved with DCF in the past other than being in foster care?	☐ Yes ***ask next question** ☐ No	☐ Client doesn't know ☐ Declined to answer
What was your past DCF involvement? ***(Check all that apply)***	☐ DCF investigation ☐ Conditional custody order ☐ Family case with DCF ☐ Juvenile probation ***ask next <u>two</u> questions** ☐ Youthful offender status ***ask next <u>two</u> questions**	☐ Unknown ****if possible, contact DCF district office to determine & provide updated information to VCRHYP***
How long were you on juvenile probation or youthful offender status?	☐ Less than one year **# of months (1-11):____** ☐ 1 to 2 years ☐ 3 to 5 or more years	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Have you ever been involved with any of the following programs in the past? ***(Check all that apply)***	☐ Community Justice Center ☐ Court Diversion Program ☐ Alternative Restorative Justice Program	☐ Client doesn't know ☐ Declined to answer

Are you currently involved with the adult criminal justice system? *(Drug Court, Parole, Community Service, Probation, etc.)*	☐ Yes ***ask name of officer ->** ☐ No ☐ Client doesn't know ☐ Declined to answer	***What is the name of your probation/parole/etc. officer?*** ***What is their contact info?***
Have you ever been involved with the adult criminal justice system in the past?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer

Are you subject to or protected by any of the following?		
Relief from abuse order?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer
Stalking or sexual assault protection order?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer
No contact order?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer
Other legal orders?	☐ Yes ☐ No	☐ Client doesn't know ☐ Declined to answer
Comments/notes:		

ARE ANY OF THE FOLLOWING CRITICAL ISSUES FOR YOU? *(as identified by youth or staff)*		
Unemployment – family member	☐ No	☐ Yes
Mental health issues – family member	☐ No	☐ Yes
Physical disability – family member	☐ No	☐ Yes
Alcohol or other substance abuse – family member	☐ No	☐ Yes
Insufficient income to support youth *(parents/guardians have insufficient income to support youth's basic needs)*	☐ No	☐ Yes
Incarcerated parent of youth	☐ No	☐ Yes

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 ☐ Hotline ☐ Child welfare/CPS *(DCF)*	☐ School ☐ Juvenile justice program ☐ Law enforcement/police ☐ Mental hospital ☐ Other organization ☐ Client doesn't know ☐ Client refused ☐ Data not collected

***Youth care worker**: did this client receive brief services or have brief contacts with the agency before coming into the program?*	☐ Yes ☐ No

CLIENT 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
What is the name and contact information for your parents/guardians?		
If you are 18 or over, 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?		

By signing below, I understand that my information will be shared with VCRHYP in order to be entered into the HMIS database:

Youth signature Date

Youth care worker signature Date