

Youth Homelessness Demonstration Project Intake Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

CLARITY HMIS: YHDP INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

	-			-					
Month		Da	у			Y	ear	1	_
OCIAL S	ECUF	RITY N	UMB	ER [All C	lients	'		
		-			-				
DATE O	F BIR	тн							
ľ	-			•					Age:

QI	QUALITY OF DATE OF BIRTH							
0	Full DOB reported	0	Client doesn't know					
	Amount in the control DOD was arted	0	Client refused					
0	Approximate or partial DOB reported	0	Data not collected					

CURRENT NAME [All Clients]										N/A									
Las	Last																		
Firs	First									0									
Middle											0								
Sut	Suffix												0						
QI	JALITY	OF C	URR	ENT	NA	ME		•			•		•						
0	Full na	ame r	eporte	ed								0	Client doesn't know						
	David day of a second s						0	Client refused											
Partial, street name, or code name reported						0	Data not collected												

GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused



0	A gender other than singularly female or male (e.g. genderfluid, agender, culturally specific gender)	, 11011-011	nary,	Data not collected				
0			'					
0	Questioning							
RA	CE (Select all applicable) [All Clients]							
0		0	White					
0	Asian or Asian American Client does not know							
0	Black, African American, or African	0	Client refus	sed				
0	Native Hawaiian or Pacific Islander	0	Data Not C	ollected				
ΕT	HNICITY [All Clients]							
		0	Client does	not know				
0	Non-Hispanic/ Non-Latin(a)(o)(x)	0	Client refus	sed				
			Data Not Collected					
	Hisponia/Latin/a\/a\/a\/a\	0	Data Not C	ollected				
0	Hispanic/Latin(a)(o)(x) RELATIONSHIP TO HEAD OF HOUSEHOLD Self	O [All Cl	Other ient Househol					
0	RELATIONSHIP TO HEAD OF HOUSEHOLD	0	Other					
D	RELATIONSHIP TO HEAD OF HOUSEHOLD	0	Other ient Househol	lds]				
D	RELATIONSHIP TO HEAD OF HOUSEHOLD	O [All Cl	Other ient Househol	ds] ehold - other relation to				
0 0	Self Head of household's child Head of household's spouse or partner IS CLIENT AN ADULT OR HEAD OF HOUSE Yes	O [All Cl	Other ient Househol Head of house member Other: nonre	ehold - other relation to				
0 0 0	RELATIONSHIP TO HEAD OF HOUSEHOLE Self Head of household's child Head of household's spouse or partner IS CLIENT AN ADULT OR HEAD OF HOUSE	O [All Cl	Other ient Househol Head of house member Other: nonre	ehold - other relation to lation member				
0 0	RELATIONSHIP TO HEAD OF HOUSEHOLD Self Head of household's child Head of household's spouse or partner IS CLIENT AN ADULT OR HEAD OF HOUSE Yes No	O [All Cl	Other ient Househol Head of house member Other: nonre	ehold - other relation to lation member				
0 0 0	RELATIONSHIP TO HEAD OF HOUSEHOLD Self Head of household's child Head of household's spouse or partner IS CLIENT AN ADULT OR HEAD OF HOUSE Yes No PERMANENT HOUSING [Permanent Housing Pro	EHOLD	Other ient Househol Head of house member Other: nonre ? [All Client H	ehold - other relation to lation member				



WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged – Street Outreach Projects, for Adults & Head of Households]

Date of Engagement:	
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PRIOR LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults Only]

_ <u>L</u>	7.3		
0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	Staying or living in a family member's room, apartment or house
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	0	Rental by client, with GPD TIP housing subsidy
0	Safe Haven	0	Rental by client, with VASH housing subsidy
0	Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
0	Long-term care facility or nursing home	0	Rental by client in a public housing unit
0	Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
0	Substance abuse treatment facility or detox center	0	Rental by client, with other ongoing housing subsidy
0	Residential project or halfway house with no homeless criteria	0	Owned by client, with ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, no on-going housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Host Home (non-crisis)	0	Client refused
0	Staying or living in a friend's room, apartment or house	0	Data not collected



0	One night or less		0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights		0	90 days or more, but less than one year	0	Client refused
0	One week or more, but less than one month		0	One year or longer	0	Data not collected
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O	GTH OF STAY LESS THAN 7 N	o O	Ye			
	<u> </u>					
	GTH OF STAY LESS THAN 90 itutional Housing Situations	DA	YS			
	No		V	es		
0	INU	0	1 (-		
	THE NIGHT BEFORE - STAYED Adults] Yes		N I I	HE STREETS, ES, SAFE H	IAVE	N [Head of Household
App	roximate Date Homelessness Sta	arte	k k	//		
Nun	nber of times the client has been	on t	he	streets, ES, or Safe Haven ir	n the	last 3 years
0	One Time				0	Client doesn't know
0	Two Times				0	Client refused
<u> </u>	Thurs Times				0	Data not collected
0	Three Times					
_	Four or More Times					
0		n th	e st	reets, ES, or Safe Haven in t	the la	st 3 years
0	Four or More Times			reets, ES, or Safe Haven in t	the la	st 3 years Client doesn't know
o o Tota	Four or More Times Al Number of <i>Months</i> homeless o	onth	1)			-
O Tota	Four or More Times Al Number of Months homeless o One month (this time is the first m	onth	1)		0	Client doesn't know
O Tota	Four or More Times al Number of Months homeless of One month (this time is the first months (specify number of months) More than 12 months Disabling Condition ABLING CONDITION [All Clients]	onth nont	n) ns):		0	Client doesn't know Client refused Data not collected
O Tota	Four or More Times Al Number of Months homeless of One month (this time is the first months (specify number of more than 12 months Disabling Conditions	onth nont	n) ns):		0	Client doesn't know Client refused Data not collected Client doesn't know
Tota	Four or More Times al Number of Months homeless of One month (this time is the first months (specify number of months) More than 12 months Disabling Condition ABLING CONDITION [All Clients]	onth nont	n) ns):		0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused
Tota	Four or More Times Al Number of Months homeless of One month (this time is the first most 2-12 months (specify number of more than 12 months Disabling Condition ABLING CONDITION [All Clients]	onth nont	n) ns):		0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused
O Tota	Four or More Times al Number of Months homeless of One month (this time is the first months (specify number of month) More than 12 months Disabling Condition ABLING CONDITION [All Clients] No Yes	onth nonth	n) ns):		0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused
OISA	Four or More Times al Number of Months homeless of One month (this time is the first most 2-12 months (specify number of most More than 12 months Disabling Condition ABLING CONDITION [All Clients] No Yes	onth nonth	n) ns):		0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected
O O O O O O O O O O O O O O O O O O O	Four or More Times al Number of Months homeless of One month (this time is the first months (specify number of month) More than 12 months Disabling Condition ABLING CONDITION [All Clients] No Yes	onth nonth	n) ns):		0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused Client doesn't know
O Tota	Four or More Times al Number of Months homeless of One month (this time is the first most 2-12 months (specify number of most More than 12 months Disabling Condition ABLING CONDITION [All Clients] No Yes	onth nonth	n) ns):			Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused



	spected to be of long-continued and indefinite duration and	0	Yes	0	Client refused			
su	bstantially impairs ability to live independently?	O	165	0	Data not collected			
DEV	ELOPMENTAL DISABILITY [All Clients]							
0	No		0	Client doesn't know				
0	Yes			 Client refused 				
U	165			0	Data not collected			
HF	CONIC HEALTH CONDITION [All Clients]							
0	No			0	Client doesn't know			
	Vaa			0	Client refused			
0	Yes			0	Data not collected			
IF	"YES" TO CHRONIC HEALTH CONDITION – SPECIFY			•				
г.		0	No	0	Client doesn't know			
	spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently?	0	Yes	0	Client refused			
	botaniany impano abinty to iivo indopondonay.	O	163	0	Data not collected			
ΛΕΝ	ITAL HEALTH DISORDER [All Clients]							
0	No			0	Client doesn't know			
	V			0	Client refused			
0	Yes			0	Data not collected			
IF	"YES" TO MENTAL HEALTH DISORDER- SPECIFY			•				
_		0	No	0	Client doesn't know			
	spected to be of long-continued and indefinite duration and bstantially impairs ability to live independently?	0	Yes	0	Client refused			
	botantially impairs ability to into independently.	O	163	0	Data not collected			
SUE	STANCE USE DISORDER [All Clients]							
0	No	0	Both ald	Both alcohol and drug use disorders				
		0	Client d	loesn't	know			
0	Alcohol use disorder	0	Client re	efused	l			
0	Drug use disorder	0	Data no	t colle	cted			
	"ALCOHOL USE DISORDERS" "DRUG USE DISORDER SORDERS" – SPECIFY	" OR	"BOTH A	LCOF	IOL AND DRUG USE			
		0	o No o CI		Client doesn't know			
	pected to be of long-continued and indefinite duration and		\/ -	0	Client refused			
Sul	ostantially impairs ability to live independently?	0	Yes	0	Data not collected			
		1			·			



MONTHLY INCOME AND SOURCES INCOME FROM ANY SOURCE [Head of Household and Adult]

0	No			0	Client does	n't know
)	Vac			0	Client refus	ed
0	Yes	0	Data not collected			
IF	"YES" TO INCOME FROM ANY SOURCE - IND	ICATE AL	L S	DURCES THAT	APPLY	
Inc	come Source	ome Source		Amount		
0	Earned Income		0	TANF (Tempo Needy Familie		
0	Unemployment Insurance		0	General Assist		
0	Supplemental Security Income (SSI)		0	Retirement Inc		
0	Social Security Disability Insurance (SSDI)		0	Pension or reti		
0	VA Service-Connected Disability Compensation		0	Child Support		
0	VA Non-Service Connected Disability Pension		0	Alimony and o support		
0	Private disability insurance		0	Other income	source	
0	Worker's Compensation			(specify):		
Tota	al monthly income for Individual:					

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know					
	Yes				Client refused			
0	165	0	Data not collected					
IF "Y	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY							
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Ch	Childcare Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services					
0	Other (specify): Other TANF-funded services				unded services			

COVERED BY HEALTH INSURANCE [All Clients]

0	No			0	Client doesn't know				
	Vac			0	Client refused				
0	Yes			0	Data not collected				
IF	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS								
0	MEDICAID	0	Employ	ployer Provided Health Insurance					
0	MEDICARE	0	Insuran	ance Obtained through COBRA					
0	State Children's Health Insurance (SCHIP) O Private Pay Health Insurance								
0	Veteran's Administration (VA) Medical Services	0	State H	ealth	Insurance for Adults				



0	Other (specify)	0	Indian Health Services Program
\cup	Circl (Specify)	\circ	indian ricalin oct viocs i rogiam

SEXUAL ORIENTATION [Adults and Head of Households]

0	Heterosexual	0	Other	
0	Gay	If Other, please specify:		
0	Lesbian	0	Client doesn't know	
0	Bisexual	0	Client refused	
0	Questioning/Unsure	0	Data not collected	

SCHOOL STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduate from high school	0	Client doesn't know
0	Obtained GED	0	Client refused
0	Dropped out	0	Data not collected

LAST GRADE COMPLETED [Adults and Head of Households, All program types except Street Outreach]

0	Less than Grade 5	0	Associate Degree
0	Grades 5-6	0	Bachelor's Degree
0	Grades 7-8	0	Graduate Degree
0	Grades 9-11	0	Vocational certification
0	Grade 12	0	Client doesn't know
0	School does not have grade levels	0	Client refused
0	GED	0	Data not collected
0	Some college		

GENERAL HEALTH STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

DENTAL HEALTH STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

MENTAL HEALTH STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Excellent	0	Poor



0	Very good	0	Client doesn't know	
0	Good	0	Client refused	
0	Fair	0	Data not collected	
PREGNANCY STATUS [Adults and Head of Households]				

0	No		0	Client doesn't know
	o Yes		0	Client refused
0			0	Data not collected
IF "YI	IF "YES" for Pregnancy Status			
Due Date//				

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

[Adults and Head of Households, All program types except Street Outreach]

0	No			0	Client doesn't know
V.			0	Client refused	
0	○ Yes		0	Data not collected	
If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency					
0	Less than one year	0	3 to 5 y	ears o	r more
0	1 to 2 years				
If "Le	ss than one year" – Number of months				

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

[Adults and Head of Households, All program types except Street Outreach

0	No	0	Client doesn't know			
	o Yes		Client refused			
O			Data not collected			
If "Ye	If "Yes" for Formerly a Ward of Juvenile Justice System					
0	Less than one year	0	3 to 5 years or more			
0	1 to 2 years					
If "Le	ess than one year" – Number of months					

YOUTH EDUCATION STATUS

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE

0	Not currently enrolled in any school or educational course	0	Client refused
0	Currently enrolled but NOT attending regularly (when school or the course is in session)	0	Data not collected
0	Currently enrolled and attending regularly (when school or the course is in session)		
0	Client doesn't know		



MOST RECENT EDUCATIONAL STATUS

0	K12: Graduated from high school	0	Higher Education: Dropped out
0	K12: Obtained GED	0	Higher Education: Obtained a credential/degree
0	K12: Dropped out	0	Client doesn't know
0	K12: Suspended	0	Client refused
0	K12: Expelled	0	Data not collected
0	Higher Education: Pursuing a credential but not currently attending		

Current Educational Status

0	K12: Graduated from high school	0	Higher Education: Dropped out
0	K12: Obtained GED	0	Higher Education: Obtained a credential/degree
0	K12: Dropped out	0	Client doesn't know
0	K12: Suspended	0	Client refused
0	K12: Expelled	0	Data not collected
0	Higher Education: Pursuing a credential but not currently attending		

Signature of applicant stating all information is true and correct

Date