

# San Francisco ONE System: Youth Program Intake Use block letters for text and bubble in the appropriate circles.

				Plea	se co	mple	te a	sepai	rate f	orm fo	or eac	ch	household	d mei	nber.			
PI	ROJE	CT ST	TAR <sup>-</sup>	T DA	TE	[All	Clie	nts]										
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o Full D	OB rep	orted									0	(	Client doe	sn't l	know			
<ul><li>Appro</li></ul>	ximate	or pa	rtial [	DOB	repo	rted					0	_	Client pret			answ	er	
											0		Data not c	ollec	ted			
GENDER	[All Cl	ients	7															
	an (Girl		•								0	(	Questionii	ng				
	Boy, if										0	Different Identity (specify):						
	ally Sp			tity (e	e.g.,	Two-	Spir	it)			0	_	Client doe			/		
o Trans	gender										0	(	Client pre	fers r	not to	answ	er	
o Non-E	Binary										0		Data not c	ollec	ted			



#### WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

0	She/her	0	Questioning			
0	He/him	Different Identity (specify):				
0	They/Them	0	Client doesn't know			
0		0	Client prefers not to answer			
0		0	Data not collected			

WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY [All Clients over age 11]

0	Straight / Heterosexual	0	Questioning
0	Bisexual	0	Different Identity (specify):
0	Gay / Lesbian / Same-Gender Loving	0	Client doesn't know
0		0	Client prefers not to answer
0		0	Data not collected

RACE AND ETHNICITY (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
0	Asian or Asian American	0	White
0	Black, African American, or African	0	Client doesn't know
0	Hispanic/Latina/o	0	Client prefers not to answer
0	Middle Eastern or North African	0	Data not collected

#### **PRIMARY LANGUAGE**

0	English	0	Korean
0	Spanish	0	Russian
0	Chinese (Cantonese)	0	Samoan
0	Chinese (Mandarin)	0	Tigrinya
0	Filipino (Tagalog)	0	Vietnamese
0	Amharic	0	American Sign Language (ASL)
0	Arabic	0	Insert language option
0	French	0	Insert language option
0	Hindi	0	Insert language option
0	Japanese	0	Insert language option
0	Different Preferred Language ( <i>specify</i> ):	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

#### **SECONDARY LANGUAGE**

0	English	0	Korean
0	Spanish	0	Russian
0	Chinese (Cantonese)	0	Samoan
0	Chinese (Mandarin)	0	Tigrinya
0	Filipino (Tagalog)	0	Vietnamese



0	Amharic	0	American Sign Language (ASL)
0	Arabic	0	Insert language option
0	French	0	Insert language option
0	Hindi	0	Insert language option
0	Japanese	0	Insert language option
0	Different Preferred Language (specify):	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

**VETERAN STATUS** [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

### **IF "YES" TO VETERAN STATUS**

Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
o No	Client doesn't know
○ Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Korean War	
o No	Client doesn't know
o Yes	Client prefers not to answer
•	Data not collected
Theater of Operations: Vietnam War	•
o No	Client doesn't know
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Persian Gulf War (Desert	Storm)
o No	<ul> <li>Client doesn't know</li> </ul>
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Afghanistan (Operation E	nduring Freedom)
o No	<ul> <li>Client doesn't know</li> </ul>
o Yes	<ul> <li>Client prefers not to answer</li> </ul>
	Data not collected
Theater of Operations: Iraq (Operation Iraqi Free	dom)
o No	<ul> <li>Client doesn't know</li> </ul>
o Yes	<ul> <li>Client prefers not to answer</li> </ul>
	Data not collected
Theater of Operations: Iraq (Operation New Dawr	1)
o No	Client doesn't know
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Other peace-keeping oper Lebanon, Panama, Somalia, Bosnia, Kosovo)	rations or military interventions (such as
• No	○ Client doesn't know
o Yes	Client prefers not to answer
1 * * * *	1 0



						5	Data	not	coll	octo	.d				
Branch of the Military	2 F1/					Data not collected									
Army					С	)	Spac	ce F	orce	<u> </u>					
Air Force					С		Client doesn't know								
Navy					0	)	Client prefers not to answer								
Marines					0		Data not collected								
Coast Guard							Date								
					<u> </u>										
Discharge Status															
Honorable					С	)	Unch	nara	cteri	zed					
General under honorable con	ditior	าร			С	)	Clier	nt do	esn	't kn	ow				
Other than honorable condition					С	)	Clier	nt pr	efer	s no	t to a	ansv	ver		
Bad Conduct					С	)	Data								
Dishonorable															
<b>RELATIONSHIP TO HEAD</b>	OF I	HOUSEHOLD	ΓΑΙΙ Ο	Client	Hous	seł	nold1								
o Self		•	0				useho	old -	othe	er re	latio	n to	me	mbe	r
o Head of household's child			0	Oth	er: no	on-	relation	on n	nem	ber					
<ul> <li>Head of household's spou</li> </ul>	se o	r partner													
<b>ENROLLMENT CoC</b> [only if	mul	tiple CoC's]							_						
									•						
CLIENT CONTACT INFORM	ΙΑΤ	ION													
PHONE NUMBER															
PHONE NUMBER															
SECONDARY NUMBER															
EMERGENCY CONTACT:															
EMERGENCY CONTACT	РНО	NE NUMBER													
0445/14 11 0 1/						_									
CAAP/ Medi-Cal/	0	No			0	'	Yes								
Calfresh:															
CAAP Active Date:		//_													
CAAP Eligibility Status:	0	FI – Fail/Ineligil	ble		То	,	Clien	t Do	esn'	t Kn	ow				
l anglowity status.	0	PS – Pass/Elig				$\rightarrow$						ncu	or		
	0	F3 - Fass/Elly	inie			$\rightarrow$	Client prefers not to answer								
					0		Data	Not	Coll	ecte	ed ——				
CAAP Housing Status:															
CAAP Verification Date:															
CAAP Eligibility Date:															
CAAP Case ID:															
CAAP Program:															
·	I														



#### WHEN CLIENT WAS ENGAGED

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

Adults & Head of Household]							
Date of Engagement:			/				
IN PERMANENT HOUSING [Per	manent	Housin	g Proje	cts, for Hea	d of Housel	hold]	
○ No	○ Ye	S					
IF "YES" TO PERMANENT HOUS	SING						
Housing Move-In Date: [Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]				_			
Unit Number:							
Address:							
City:				Zi	p Code:		

### **PRIOR LIVING SITUATION**

**TYPE OF RESIDENCE** [Head of Household and Adults Only]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox center	0	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer
0	Residential project or halfway house with no homeless criteria	0	Data not collected
IF	"RENTAL BY CLIENT, WITH ONGOING HOU	SIN	G SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)



Client doesn't know

Client prefers not to answer

0

0

)	RRH or equivalent subsidy			0	Foster Yo	uth to I	ndep	endence Initiative (FYI)
)	HCV voucher (tenant or project dedicated)	t ba	sed) (not	0	Permaner	nt Supp	ortiv	e Housing
0	Public Housing Unit				Other per	Other permanent housing dedicated for former		
Э	Rental by client, with other ong subsidy	join	g housing	0	homeless			sing dedicated for formerly
ΕN	NGTH OF STAY IN PRIOR LI	IVII	NG SITUATI	ON				
Э	One night or less	0	One month of than 90 days		nore, but les	SS	0	Client doesn't know
0	Two to six nights	0	90 days or n one year	nore	e, but less th	nan	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or	lon	ger		0	Data not collected
ith ie ie ub	mber's room, apartment or hon to the	ouse mar ıbsi ntal	e, rental by a nent housing dy, rental by I by client, no	a clie (ot clie o on	ent, with G ther than R ent, with H ngoing subs	PD TIII PRH) fo CV vou sidy, re	hoor for forecast	merly homeless persons r (tenant or project base by client, with other ong
vith elie sub •	n VASH housing subsidy, pering the new thick the new t	nuse mai ibsid ntal ngoi	e, rental by a nent housing dy, rental by by client, no ing housing s DAYS [Insti (Hospital or ity, long-term	a clie o (ot clie o on sub o itutio oth	ent, with G ther than R ent, with HO going subs sidy, owne Yes onal Housin er resident are facility o	PD TIP PRH) for CV vou sidy, re d by co g Situa tial nor	Photor for for for for for for for for for f	using subsidy, rental by merly homeless persons r (tenant or project base by client, with other ong no ongoing housing sub s] (Conditional – Only as ychiatric medical facility, home, psychiatric hospit
ith lie lie o EN esp	n VASH housing subsidy, perint, with RRH or equivalent sunt in a public housing unit, reposidy, owned by client, with on No  NGTH OF STAY LESS THAN ponse to Prior Living Situation prison or juvenile detention for	nuse mai ibsid ntal ngoi	e, rental by a nent housing dy, rental by by client, no ing housing s DAYS [Insti (Hospital or ity, long-term	a clie o (ot clie o on sub o itutio oth	ent, with G ther than R ent, with HO going subs sidy, owne Yes onal Housin er resident are facility o	PD TIP PRH) for CV vou sidy, re d by co g Situa tial nor	Photor for for for for for for for for for f	using subsidy, rental by merly homeless persons r (tenant or project base by client, with other ong no ongoing housing sub s] (Conditional – Only as ychiatric medical facility, home, psychiatric hospit
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LEN CONTRACTOR CONTRAC	nt VASH housing subsidy, perint, with RRH or equivalent sunt in a public housing unit, repositly, owned by client, with on No  NGTH OF STAY LESS THAN ponse to Prior Living Situation prison or juvenile detention for their psychiatric facility, substituted and Adults] (Condition y less than 90 days equals yet yes  Oproximate Date This Episode	ntal ngoi n is iacill yes.)	e, rental by a nent housing dy, rental by by client, no ing housing so DAYS [Instited (Hospital or costabuse trees abuse trees	a clie of clie	ent, with G ther than R ent, with HO agoing subs sidy, owne Yes  onal Housin er resident are facility yes  EETS, EME sponse to l	PD TIFERH) for CV vousidy, red by contact or nurself or definition or nurself or definition or nurself or definition or definiti	tions of st	using subsidy, rental by merly homeless persons (tenant or project base by client, with other ong no ongoing housing substantic medical facility, home, psychiatric hospit center)  SHELTER, SAFE HAVEN tay less than 7 nights or
LEN ON	nt VASH housing subsidy, perint, with RRH or equivalent sunt in a public housing unit, repositly, owned by client, with on No  NGTH OF STAY LESS THAN ponse to Prior Living Situation prison or juvenile detention for their psychiatric facility, substituted and Adults (Condition y less than 90 days equals year Yes  Oproximate Date This Episode umber of times the client has the client has the control of times the client has th	ntal ngoi n is iacill yes.)	e, rental by a nent housing dy, rental by by client, no ing housing so DAYS [Instited (Hospital or costabuse trees abuse trees	a clie of clie	ent, with G ther than R ent, with H ent, with G ent, with G ent, with H ent, w	PD TIP PRH) for CV vou sidy, re d by cl g Situatial nor or nurs y or de RGENG length No Le Have Clier	cy Sof st	using subsidy, rental by merly homeless persons (tenant or project base by client, with other ong no ongoing housing substance (Conditional – Only as vehiatric medical facility, home, psychiatric hospit center)  SHELTER, SAFE HAVEN ay less than 7 nights or the last 3 years

One month (this time is the first month)

2-12 months (specify number of months):



							1	
o More than 12 months					0	Data not co	llected	
LIFETIME LENGTH OF HOMELESSNESS IN SE					SF.			
	E YOU EVER BE					icisco	>	
	ad of Household o	_			1100		•	
0	No		<u> </u>	<u> </u>			0	Client doesn't know
0	Yes						0	Client prefers not to
							0	Data not collected
If Ye	s:							
How	many years:		Months:					
	TIME LENGTH O							
	E YOU EVER BE	_		TSID	E OF	SAN FR	ANCISCO?	
[Hea	nd of Household or	Over the a	age of 17]					
0	No						0	Client doesn't know
0	Yes						0	Client prefers not to answer
							0	Data not collected
How	many years:	1	Months:					
LAS	T PERMANENT Z	IP CODE						
<b>~</b> !!	V ITV OF ZIDOOD	_						
QUA o	ALITY OF ZIPCOD							
	Full or Partial Zip		rted					
0	Client Doesn't Kno	DW						
0	Client prefers not	to answer						
RHY	' BCP STATUS [A	dults and I	Head of Ho	ouse	hold, i	All progra	am types exc	cept Street Outreach]
Da	te of Status Detern	nination		0	/_	/_		
Yo	uth Eligible for RI	HY Servic	es					
	No			0	Yes			
	'No" for Youth Elig							
-	Out of age range	0					system – im	mediate reunification
	Ward of the State					Other		
	Yes" for Youth Elig	ible for RF	IY Services	s – R				
	No				0	1	doesn't know	
0	Yes				0	Client	orefers not to	answei

Data not collected



## **DISABLING CONDITION** [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

## PHYSICAL DISABILITY [All Clients]

o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPECIF	ŦΥ			
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

## **DEVELOPMENTAL DISABILITY** [All Clients]

0	No			0	Client doesn't know
0	○ Yes			0	Client prefers not to answer
				0	Data not collected
IF '	YES" TO DEVELOPMENTAL DISABILITY -	- SF	ECIFY		
Exp	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
dur	ation and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ind	ependently?			0	Data not collected

## **CHRONIC HEALTH CONDITION** [All Clients]

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF	"YES" TO CHRONIC HEALTH CONDITION -	- SF	PECIFY		
Ех	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ind	dependently?			0	Data not collected

# MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER -	SPE	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

## **SUBSTANCE USE DISORDER** [All Clients]

0	No	0	Client doesn't know
0	Alcohol use disorder	0	Client prefers not to answer
0	Drug use disorder	0	Data not collected
0	Both alcohol and drug use disorders		



	pected to be of long-continued and inde		0	No	0	Client doesn't know	
	ration and substantially impairs ability to	o live	0	Yes	0	Client prefers not to answer	
	independently?					Data not collected	
<u>50</u>	SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]						
0	No				0	Client doesn't know	
0	Yes				0	Client prefers not to answer	
					0	Data not collected	
IF	"YES" TO SURVIVOR OF DOMESTIC	VIOL	ENC	E – SPE	CIFY	WHEN EXPERIENCE OCCU	RRED
0	Within the past three months				0	Client doesn't know	
0	Three to six months ago (excluding six	x month	hs ex	actly)	0	Client prefers not to answer	
0	Six months to one year ago (excluding	g one y	ear e	xactly)	0	Data not collected	
0	One year ago or more						
			0	No	0	Client doesn't know	
Ar	e you currently fleeing?		0	Yes	0	Client prefers not to answer	
					0	Data not collected	
					1		
	ONTHLY INCOME AND SOURCES COME FROM ANY SOURCE [Head	of Hou	ıseh	old and	Aduli	ts]	
0	No		0	Client	does	n't know	
0	Yes		0	Client prefers not to answer			
			0	Data r	not collected		
IF	"YES" TO INCOME FROM ANY SOU	RCE -	INDI	CATE A	LL SO	OURCES THAT APPLY	
In	come Source	Amoun	t In	come So	urce		Amount
0	Earned Income			CalW	שרכ		
			0	Carve	JINNO		
0	Unemployment Insurance		0	CAAP	JING		
0	Unemployment Insurance Supplemental Security Income (SSI)			CAAP		income from Social Security	
			0	CAAP Retire	ment on or		
0	Supplemental Security Income (SSI) Social Security Disability Insurance		0	CAAP Retire	ment on or job	income from Social Security retirement income from a	
0	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability		0	CAAP Retire Pensic former Child	ment on or job suppo	income from Social Security retirement income from a	
0	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension		0	CAAP Retire Pensic former Child	ment on or job suppo	income from Social Security retirement income from a	
0 0	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension		0	CAAP Retire Pensic former Child	ment on or job suppo	income from Social Security retirement income from a ort d other spousal support	
0 0 0	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation		0	CAAP Retire Pensic former Child	ment on or job suppo	income from Social Security retirement income from a ort d other spousal support	
0 0 0	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance		0	CAAP Retire Pensic former Child	ment on or job suppo	income from Social Security retirement income from a ort d other spousal support	
<ul><li>0</li><li>0</li><li>0</li><li>0</li><li>Tc</li></ul>	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation otal Monthly Income for Individual:		0	CAAP Retire Pensic former Child	ment on or job suppo	income from Social Security retirement income from a ort d other spousal support	
<ul><li>0</li><li>0</li><li>0</li><li>0</li><li>0</li><li>To</li><li>NO</li></ul>	Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation otal Monthly Income for Individual: N-CASH BENEFITS	Head o		CAAP Retire Pensic former Child s Alimor	ment on or job suppo ny and incon	income from Social Security retirement income from a ort dother spousal support the source (specify):	
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。 。 。 To NO RE	Supplemental Security Income (SSI)  Social Security Disability Insurance (SSDI)  VA Service-Connected Disability Compensation  VA Non-Service-Connected Disability Pension  Private disability insurance  Worker's Compensation  otal Monthly Income for Individual:  N-CASH BENEFITS  CEIVING NON-CASH BENEFITS [FINA]	Head o		CAAP Retire Pensic former Child s Alimor	ment on or job supporting and o	income from Social Security retirement income from a ort d other spousal support ne source (specify):  Adults] Client doesn't know	
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。 。 。 To NO RE	Supplemental Security Income (SSI)  Social Security Disability Insurance (SSDI)  VA Service-Connected Disability Compensation  VA Non-Service-Connected Disability Pension  Private disability insurance  Worker's Compensation  otal Monthly Income for Individual:  N-CASH BENEFITS  CEIVING NON-CASH BENEFITS [FINA]		o o	CAAP Retire Pensid former Child s Alimor Other	ment on or job suppositions in consider and one of the constant of the constan	income from Social Security retirement income from a  ort d other spousal support ne source (specify):  Adults] Client doesn't know Client prefers not to answer Data not collected	

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE



0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	Temporary Rental Assistance
0	CalWORKs Childcare Services	0	Other (specify):
0	CalWORKs		

## **HEALTH INSURANCE**

# COVERED BY HEALTH INSURANCE [All Clients]

	<b>L</b>		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE - HEALTH II	NSU	RANCE COVERAGE DETAILS
0	Medi-Cal	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

#### RHY SPECIFIC YOUTH INFORMATION

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

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0	Less than Grade 5	0	Associate's 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/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

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

	<b></b>		, , , , , , , , , , , , , , , , , , , ,
0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

### EMPLOYMENT STATUS [Adults and Head of Household, All program types except Street Outreach]

Employed							
0	No Olient doesn't know						
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
If "Yes" for employed – Type of employment							
0	Full-time	0	Seasonal/sporadic (including day labor)				
0	Part-time						
If "No" for employed – Why not employed							
0	Looking for work	0	Not looking for work				
0	Unable to work						



Good Fair  ENTAL HEAL Excellent Very good Good Fair	TH STATUS [Adults and He	0	Poor Client doesn't know Client prefers not to answer Data not collected sehold, All program types except Street Outre
Good Fair  ENTAL HEAL Excellent Very good Good Fair	TH STATUS [Adults and He	ead of Hou	Client prefers not to answer  Data not collected  sehold, All program types except Street Outre
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Excellent Very good Good Fair	TH STATUS [Adults and He	0	
Excellent Very good Good Fair	TH STATUS [Adults and He	ead of Hou	Poor Client doesn't know Client prefers not to answer Data not collected  sehold, All program types except Street Outre Poor Client doesn't know Client prefers not to answer Data not collected
	STATUS [Adults and Head	of House	<b>-</b>
No		0	Client doesn't know
Yes		0	Client prefers not to answer
		0	Data not collected
f "Yes" for Pre	gnancy Status		
Due Date			
_	WARD OF CHILD WELFA I of Household, All program ty		Client doesn't know Client prefers not to answer
		_	Data not collected
f "Voc" for Ear	morly a Ward of Child Malf	oro/Eosto	Data not collected
	merly a Ward of Child Welf	are/Foste	r Care Agency
Less than or			
Less than or 1 to 2 years		are/Foste	r Care Agency

FAMILY CRITICAL ISSUES [Adults and Head of Household, All program types except Street Outreach]

Unemployment – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer



	-			
			0	Data not
				collected
Mental Health Disorder – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Physical Disability – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Alcohol or Substance Use Disorder – Family Member	0	No	0	Client doesn't
·				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Insufficient income to support youth – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Incarcerated parent of youth	0	No	0	Client doesn't
. ,				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected

# REFERRAL SOURCE [Adults and Head of Household, All program types except Street Outreach]

0	Self -referral	0	Law Enforcement/Police
		0	Law Lindicemental dice
0	Individual: Parent/Guardian/Relative/Friend/ Foster	0	Mental Hospital
0	Parent/Other Individual		ivientai riospitai
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client prefers not to answer
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
	Referral Source is "Outreach Project" – Number of times		
ар	proached by Outreach prior to entering project		