



**HHS RHY Emergency Shelter and Street Outreach Assessment (Unaccompanied Youth)**

**Client Name:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_

**SS#:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ROI Signed?** Yes \_\_\_\_ No \_\_\_\_

**Veteran?** Yes \_\_\_\_ No \_\_\_\_

**Race:** \_\_\_\_ American Indian/ Alaska Native  
\_\_\_\_ Asian  
\_\_\_\_ Black/ African American  
\_\_\_\_ Native Hawaiian/ Pacific Islander  
\_\_\_\_ White

**Ethnicity:** \_\_\_\_ Hispanic/ Latino  
\_\_\_\_ Non-Hispanic/ Latino

**Gender:** \_\_\_\_ Female  
\_\_\_\_ Male  
\_\_\_\_ Trans Female (MTF or Male to Female)  
\_\_\_\_ Trans Male (FTM or Female to Male)  
\_\_\_\_ Gender Non-conforming (ie: not exclusively male or female)

**Relationship to Head of Household:**  
\_\_\_\_ Self (Head of Household)  
\_\_\_\_ Head of Household's Child  
\_\_\_\_ Head of Household's Spouse/ Partner  
\_\_\_\_ Head of Household's Other Relative  
\_\_\_\_ Other: Non-Relative

**Residence Prior to Project Entry** (Where did you sleep last night?)

**Homeless Situation:** (Skip to the Homeless Situation Question next)

- \_\_\_\_ Place not meant for human habitation
- \_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- \_\_\_\_ Safe Haven
- \_\_\_\_ Interim Housing

**Institutional Situation:**

- \_\_\_\_ Foster care home/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/detox center

Did you stay less than 90 days? Yes \_\_\_\_ No \_\_\_\_

If yes, prior to Institutional Stay were you living on the streets or in a shelter? Yes \_\_\_\_ No \_\_\_\_

(If yes, answer the Homeless Situation Questions)

**Transitional and Permanent Housing Situation:** (Do not answer Homeless Situation Questions)

- \_\_\_\_ Hotel or motel paid without emergency voucher
- \_\_\_\_ Owned by client, no on-going housing subsidy
- \_\_\_\_ Owned by client, with on-going housing subsidy
- \_\_\_\_ Permanent housing (other than RRH) for formerly homeless persons
- \_\_\_\_ Rental by client, no ongoing housing subsidy
- \_\_\_\_ Rental by client, with VASH Subsidy
- \_\_\_\_ Rental by client, with GPD TIP subsidy
- \_\_\_\_ Rental by client, with other ongoing housing subsidy
- \_\_\_\_ Residential project or halfway house with no homeless criteria
- \_\_\_\_ Staying in family member's room/apartment/house
- \_\_\_\_ Staying in friend's room/apartment/house
- \_\_\_\_ Transitional housing for homeless persons (including homeless youth)



**Homeless Situation Questions:**

**Length of Stay in Previous Place:**

One day or less       Two days to one week       More than one week, less than one month  
 One to three months       More than three months, less than one year       One year or longer

**Approximate Date Homelessness Started:** \_\_\_/\_\_\_/\_\_\_\_\_

**# of times (episodes) on streets or in ES in 3 years:** \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 or more

**Total number of months homeless on the street, in ES in the past 3 years:** \_\_\_\_\_ Months

**Homeless/Housing At Risk Primary Reason:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Conflict in the household  | <input type="checkbox"/> Conflict w/ guardian       | <input type="checkbox"/> Underemployment/ Low Income |
| <input type="checkbox"/> Criminal activity          | <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Eviction                    |
| <input type="checkbox"/> Health/ Safety             | <input type="checkbox"/> Lack of sufficient Housing | <input type="checkbox"/> Loss of Child Care          |
| <input type="checkbox"/> Loss of Job                | <input type="checkbox"/> Loss of Public Assistance  | <input type="checkbox"/> Loss of Transportation      |
| <input type="checkbox"/> Medical Condition          | <input type="checkbox"/> Mental Health              | <input type="checkbox"/> Mortgage Foreclosure        |
| <input type="checkbox"/> Mutual Agreement (Respite) | <input type="checkbox"/> No Affordable Housing      | <input type="checkbox"/> Release from Institution    |
| <input type="checkbox"/> Substance Abuse            | <input type="checkbox"/> Utility Shut Off           | <input type="checkbox"/> Substandard Housing         |

**Income:**

**Do you have income?** \_\_\_ Yes \_\_\_ No      **Total Monthly Income \$** \_\_\_\_\_

Income Source and amount:

- |  |   |
|--|---|
| <input type="checkbox"/> Alimony/ Spousal Support                      | <input type="checkbox"/> Child Support                                |
| <input type="checkbox"/> Earned Income                                 | <input type="checkbox"/> General Assistance                           |
| <input type="checkbox"/> Pension or retirement income from another job | <input type="checkbox"/> Retirement Income from Social Security       |
| <input type="checkbox"/> Private Disability Insurance                  | <input type="checkbox"/> Social Security Income (SSI)                 |
| <input type="checkbox"/> Social Security Disability Income (SSDI)      | <input type="checkbox"/> Unemployment Insurance                       |
| <input type="checkbox"/> Temporary Assist for Needy Families TANF      | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension   |   |
| <input type="checkbox"/> Worker's Compensation                         |   |

**Non-Cash Benefits:**

**Do you have Non-Cash Benefits?** \_\_\_ Yes \_\_\_ No      **Monthly Amount \$** \_\_\_\_\_

Source of Non-Cash Benefits:

- Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)  
 Special supplemental Nutrition Program for (WIC) (HUD)  
 TANF Child Care Services (HUD)  
 TANF Transportation Services (HUD)  
 Other TANF-Funded Services (HUD); If "Other" Specify: \_\_\_\_\_

**Medical Insurance:**

**Do you have Health Insurance/ Medical Assistance?** \_\_\_ Yes \_\_\_ No

Source of Health Insurance/ Medical Assistance:

- Medicaid       Medicare



www.hhccny.org  
housingandhomelesscoalition@gmail.com  
@hhcofcny facebook.com/hhccny  
315-428-2216

- State Children’s Health Insurance Program
- Employer – Provided Health Insurance
- State Health Insurance for Adults
- Indian Health Care
- Other
- Veteran’s Administration (VA) Medical Services
- Health Insurance obtained through COBRA

Medicaid ID# \_\_\_\_\_

Medicaid Insurance Company:  Total Care  Blue Cross Blue Shield  Fidelis  
 United Healthcare  Molina Healthcare

**Disabling Condition:**

- Do you have a **DISABILITY** of long duration?  Yes  No  
 If yes, do you have determination of Disability?  Yes  No  
 If yes, are you currently receiving treatment for Disability?  Yes  No

**Disability Type:**

- Alcohol Abuse ONLY
- Chronic Health Condition
- Mental Health
- BOTH Alcohol & Drug Abuse
- Developmental
- Physical Health
- Drug Abuse ONLY
- HIV/AIDS

**Outreach Sub-assessment:**

Date of Contact: \_\_\_/\_\_\_/\_\_\_ Staying on Street or Emergency Shelter?  Yes  No  
Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

**Date of Engagement:** \_\_\_/\_\_\_/\_\_\_ (Complete upon client entering Service Plan development or fully completed initial assessment)

**Referral Source:**

- Self-Referral
- Outreach Provider
- Temporary Shelter
- Residential Project
- Individual: Parent/ Guardian/ Relative/ Friend/ Foster Parent/ Other Individual
- Hotline
- Child Welfare/ CPS
- Juvenile Justice
- Mental Hospital
- Law Enforcement/ Police
- School
- Other Organization

If Outreach Project is selected, Number of times approached by outreach prior to entering the project: \_\_\_\_\_ times

Date of BCP (Basic Center Program) Status Determination: \_\_\_/\_\_\_/\_\_\_

Youth Eligible for RHY Services:  Yes  No

If no for “Youth Eligible for RHY Services,” Reason why services are not funded by BCP grant:

- Out of Range
- Ward of the State – Immediate Reunification
- Ward of Criminal Justice System – Immediate Reunification
- Other: \_\_\_\_\_

If yes for “Youth Eligible for RHY Services,” runaway youth:  Yes  No

**Sexual Orientation:**

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/ Unsure

**Last Grade Completed:**

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- Grades 12/ HS Diploma
- School Program Doesn’t have grade levels



www.hhccny.org
housingandhomelesscoalition@gmail.com
@hhcofcny facebook.com/hhccny
315-428-2216

GED Some College Associates Degree Bachelor's Degree
Graduate Degree Vocational Certification

School Status:

Attending School Regularly Attending School Irregularly Graduated Already
Obtained GED Dropped out Suspended
Expelled

Employment History:

Employed? Yes No If yes, Type of Enrollment: Full time Part time Seasonal/ sporadic
If no, why not employed? Looking for work Unable to work Not looking for work

General Health Status:

Excellent Very Good Good Fair Poor

Mental Health Status:

Excellent Very Good Good Fair Poor

Dental Health Status:

Excellent Very Good Good Fair Poor

Pregnant? Yes No If yes, Projected Birth Date: / /

Formerly a Ward of the Child Welfare/ Foster Care Agency? Yes No

Number of Years: Less than one year 1 to 2 years 3 to 5 years or more
If less than One year, number of months: months

Formerly a Ward of the Juvenile Justice System? Yes No

Number of Years: Less than one year 1 to 2 years 3 to 5 years or more
If less than One year, number of months: months

Family Critical Issues:

Under Employment - Family member? Yes No
Mental Health Issues - Family member? Yes No
Physical Disability - Family member? Yes No
Alcohol or Substance Abuse - Family member? Yes No
Insufficient Income to support youth - Family member? Yes No
Incarcerated Parent of Youth? Yes No

Are you a Victim/ Survivor of Domestic Violence? Yes No

If yes, when did it last occur: Within the past 3 months 3 to 6 months 6 to 12 months
More than 12 months Refused

Are you currently fleeing? Yes No