



**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

**Primary Language:** \_\_\_\_ Arabic \_\_\_\_ Armenian \_\_\_\_ Bangali \_\_\_\_ Cantonese \_\_\_\_ Chinese \_\_\_\_ English  
\_\_\_\_ French \_\_\_\_ French Creole \_\_\_\_ German \_\_\_\_ Greek \_\_\_\_ Gujarati \_\_\_\_ Haitian Creole \_\_\_\_ Hebrew  
\_\_\_\_ Hindi \_\_\_\_ Hmong \_\_\_\_ Italian \_\_\_\_ Japanese \_\_\_\_ Korean \_\_\_\_ Mandarin \_\_\_\_ Panjabi \_\_\_\_ Persian  
\_\_\_\_ Polish \_\_\_\_ Portuguese \_\_\_\_ Russian \_\_\_\_ Spanish \_\_\_\_ Tagalog \_\_\_\_ Telugu \_\_\_\_ Urdu  
\_\_\_\_ Vietnamese \_\_\_\_ Yiddish

**Housing Move In Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Complete if moving into PERMANENT HOUSING)

**Zip Code of Last Permanent Address:** \_\_\_\_\_

**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)



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**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 \$** \_\_\_\_\_



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

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

**Current Living Situation: (Street Outreach ONLY)**

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Information Date: \_\_\_/\_\_\_/\_\_\_

**Current Living Situation:**

Homeless Situation (chose only one):

- 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
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\_\_\_ Substance abuse treatment facility/detox center

**Transitional and Permanent Housing Situation:**

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- \_\_\_ Rental by client, with GPD TIP subsidy
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- \_\_\_ Staying in friend's room/apartment/house
- \_\_\_ Transitional housing for homeless persons (including homeless youth)

**Other:**

- \_\_\_ Other
- \_\_\_ Worker unable to determine
- \_\_\_ Client Doesn't Know
- \_\_\_ Client Refused
- \_\_\_ Data Not Collected

If "Other," specify: \_\_\_\_\_

Living Situation Verified By: \_\_\_\_\_ (CoC Code)

Is client going to have to leave their current living situation within 14 days? \_\_\_ Yes \_\_\_ No

If 'Yes' to "Is client going to have to leave their current living situation within 14 days?" answer the following questions:

Has a subsequent residence been identified? \_\_\_ Yes \_\_\_ No

Does individual or family have resources or support networks to obtain other permanent housing? \_\_\_ Yes \_\_\_ No

Has the client had a lease or ownership interest in permanent housing unit in the last 60 days? \_\_\_ Yes \_\_\_ No

Has the client moved 2 or more times in the last 60 days? \_\_\_ Yes \_\_\_ No

**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  |

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  
 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



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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

**Legal Status:**

Are you on Parole: \_\_\_ Yes \_\_\_ No If yes, Parole Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If you left the program today, where would you go?**

- \_\_\_ Place not meant for human habitation
- \_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- \_\_\_ Foster care home/foster care group home
- \_\_\_ Hospital or other residential non-psychiatric medical facility
- \_\_\_ Jail, prison, or juvenile detention facility
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- \_\_\_ Residential project or halfway house with no homeless criteria
- \_\_\_ Staying in family member's room/apartment/house, temporary tenure
- \_\_\_ Staying in family member's room/apartment/house, permanent tenure
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- \_\_\_ Staying in friend's room/apartment/house, permanent tenure
- \_\_\_ Transitional housing for homeless persons (including homeless youth)

Personal Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_