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**HHS RHY Emergency Shelter and Street Outreach Assessment (Single Youth or Head of Household)**

**Client Name:** \_\_\_\_\_  
(optional)

**HMIS Client ID#:** \_\_\_\_\_

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

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

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

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

**Race:** (Select as many as client identifies)

- \_\_\_ American Indian/ Alaska Native or Indigenous
- \_\_\_ Asian or Asian American

**Ethnicity:** \_\_\_ Hispanic/ Latin(a)(o)(x)  
\_\_\_ Non-Hispanic/

Latin(a)(o)(x)

- \_\_\_ Black, African American, or African
- \_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_ White

**Gender:** (Select as many as client identifies)

- \_\_\_ Female
- \_\_\_ Male
- \_\_\_ Transgender (clients who live or identify with a transgender history, experience, or identity)

\_\_\_ A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender)

\_\_\_ Questioning (Unsure, ay be exploring, or may not relate to or identify with a gender identity at this time)

**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 Relation Member
- \_\_\_ Other: Non-Relation Member

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

**Client Location:** \_\_\_ NY-505 (Onondaga/ Cayuga/ Oswego counties)

\_\_\_ NY-510 (Ithaca/ Tompkins County)

**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)



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- 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

**Reasons for Homelessness** (Please answer for each adult in the household)

In the past year (12 months), did you experience any of the following:



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1. Doubled up with friends of family for more than 1 week?  Yes  No
2. Lived in a place where an eviction suit was brought against you or the lease holder?  Yes  No
3. Lived in a place that was declared unfit for human habitation by city/town code enforcement?  Yes  No
4. Received county public assistance and lost it for any reason?  Yes  No
5. Went to the emergency room or hospital for mental health reasons?  Yes  No
6. Had a large medical expense?  Yes  No
7. Released from state prison or other long-term criminal justice institution?  Yes  No
8. Had some other involvement with the criminal justice system (including probation/parole)  Yes  No
9. Had utilities shut of?  Yes  No

**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:

- |  |   |
|--|---|
| <input type="checkbox"/> Medicaid                                  | <input type="checkbox"/> Medicare                                       |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> Employer – Provided Health Insurance      | <input type="checkbox"/> Health Insurance obtained through COBRA        |
| <input type="checkbox"/> State Health Insurance for Adults         |   |
| <input type="checkbox"/> Indian Health Care                        | <input type="checkbox"/> Other  |

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

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



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**Disabling Condition:**

Do you have a **DISABILITY** of long duration? \_\_\_ Yes \_\_\_ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

**Disability Type:**

\_\_\_ Yes \_\_\_ LCI Alcohol Use Disorder    \_\_\_ Yes \_\_\_ LCI BOTH Alcohol & Drug Use Disorder    \_\_\_ Yes \_\_\_ LCI Drug Use Disorder  
\_\_\_ Yes \_\_\_ LCI Chronic Health Condition    \_\_\_ Yes \_\_\_ LCI Developmental    \_\_\_\_\_ HIV/AIDS  
\_\_\_ Yes \_\_\_ LCI Mental Health Disorder    \_\_\_ Yes \_\_\_ LCI 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

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Other:



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- 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

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

\_\_\_\_\_

Date of BCP Status: \_\_\_/\_\_\_/\_\_\_

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



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School Status:

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

Employment History:

Employed? Yes No, Type of Enrollment: Full time, Part time, Seasonal/ sporadic, 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, 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?, Mental Health Issues - Family member?, Physical Disability - Family member?, Alcohol or Substance Abuse - Family member?, Insufficient Income to support youth - Family member?, Incarcerated Parent of Youth?

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

Legal Status:

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



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

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