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

Client Name: ____________________________

HMIS Client ID#: ____________________________

(optional)

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 ___Cantonese ___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)
Institutional Situation:

- Foster care home/foster 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:
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 off? ____Yes ____ No

**Income:**

**Do you have income?** ____Yes ____ No

**Total Monthly Income** $________

Income Source and amount:

- _____ Alimony/Spousal Support
- _____ Earned Income
- _____ Pension or retirement income from another job
- _____ Private Disability Insurance
- _____ Social Security Disability Income (SSDI)
- _____ Temporary Assistance for Needy Families TANF
- _____ VA Non-Service-Connected Disability Pension
- _____ Worker’s Compensation
- _____ Child Support
- _____ General Assistance
- _____ Retirement Income from Social Security
- _____ Social Security Disability Income (SSDI)
- _____ Unemployment Insurance
- _____ VA Service-Connected Disability 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
- _____ 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
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

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

Transitional and Permanent Housing Situation:
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___ Rental by client, with VASH Subsidy
___ Rental by client, with GPD TIP subsidy
___ Rental by client, with other ongoing housing 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

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
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

Legal Status:  
Are you on Parole?  ____Yes  ____ No  
If yes, Parole Officer:  ________________________________
Phone Number: ______ - ______ - __________

Personal Phone Number: ______ - ______ - __________