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
Latin(a)(o)(x)
_____ Black, African American, or African
_____ Native Hawaiian or Pacific Islander
_____ White

Ethnicity: _____ Hispanic/ Latin(a)(o)(x)
_____ Non-Hispanic/

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  _____Haitian 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 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:
- **Hotel or motel paid without emergency voucher**
- **Owned by client, no ongoing housing subsidy**
- **Owned by client, with ongoing 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  ____ Child Support
____ Earned Income  ____ General Assistance
____ Pension or retirement income from another job  ____ Retirement Income from Social Security
____ Private Disability Insurance  ____ Social Security Income (SSI)
____ Social Security Disability Income (SSDI)  ____ Unemployment Insurance
____ Temporary Assist for Needy Families TANF  ____ VA Service-Connected Disability Compensation
____ VA Non-Service-Connected Disability Pension  ____ 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
____ 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  ____ Other
____ Indian Health Care

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

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:  ______ - ______ - __________