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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
____ Black, African American, or African
____ Native Hawaiian or Pacific Islander
____ White

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

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: _____

<u>Residence Prior to Project Entry</u> (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:

1. Doubled up with friends of family for more than 1 week? ____Yes ____ No

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2. Lived in a place where an eviction suit was brough 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:

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

Non-Cash Benefits:

Do you have Non-Cash Benefits? ____Yes ____ No **Monthly Amount** $_____

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

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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

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

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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: _____ - _____ - _____