

HHS RHY Entry for TH and HP 2020

Please complete one sheet for each person served, whether they are an individual or a family member

Project Start Date: ____/____/____ Project Name: _____

ServicePointClient ID _____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

- Name Type:
- Full Name Reported
 - Partial, Street Name, or Code Name Reported
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

- SSN: _____ - _____ - _____ SSN Type:
- Full
 - Approximate/Partial
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

U.S. Military Veteran? (Clients 18 and older): Yes No Client Doesn't Know Client Refused Data Not Collected

- DOB (mm/dd/yyyy) ____/____/____ DOB Type:
- Full DOB
 - Approximate or Partial DOB
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

- Primary Race:
- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Client Doesn't know |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Data Not Collected |

- Secondary Race:
- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Client Doesn't know |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Data Not Collected |

- Ethnicity:
- Hispanic/Latino
 - Non-Hispanic /Non-Latino
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

- Gender:
- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender non-conforming {i.e. not exclusively Male or Female} |
| <input type="checkbox"/> Male | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Trans Male {FTM or Female to Male} | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Trans Female {MTF Male to Female} | <input type="checkbox"/> Data Not Collected |

Do you have a disabling condition? Yes No Client Doesn't Know Client Refused Data Not Collected

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- Relationship to Head of Household:**
- Self
 - Head of Household's Child
 - Head of Household's Spouse or Partner
 - Head of Household's other relation member
 - Other Non-Relation Member
 - Data Not Collected

Prior Living Situation:

-HOMELESS SITUATIONS-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel or motel paid for with ES voucher, or RHY-funded Host Home Shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- Foster Care Home or 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 or Detox Center

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential Project or Halfway House with no Homeless Criteria
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Transitional Housing for Homeless Persons (includes homeless youth)
- Host Home (non-crisis)
- Staying or Living in a Friend's Room, Apartment or House
- Staying or Living in a Family Member's Room, Apartment or House
- Rental by Client, with GPD TIP Housing Subsidy
- Rental by Client, with VASH Housing Subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- Rental by Client, with RRH or Equivalent Subsidy
- Rental by Client, with HCV voucher (tenant or project based)
- Rental by Client in a Public Housing Unit
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

-OTHER-

- Client Doesn't Know
- Client Refused
- Data Not Collected

If Literally Homeless, then:

Length of stay in prior living situation:

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

Approximate Date Homelessness Started: _____/_____/_____

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Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

If Institutional Setting, then:

Length of stay in prior living situation:

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

Did you stay less than 90 days: Yes No

If less than 90 days, on the night before did you stay on the streets, ES, or SH? Yes No

If Yes to "on the night before, did you stay on the streets, ES or SH":

Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

If Transitional or Permanent Housing Situation:

Length of stay in prior living situation:

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

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Did you stay less than 7 nights? Yes No

If less than 7 nights, on the night before, did you stay on the streets, ES, or SH? Yes No

If Yes to “on the night before, did you stay on the streets, ES or SH”:

Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

Income from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Monthly Income

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$
	Total Monthly Income	\$

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Non-Cash Benefit from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Non-Cash Benefits

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$

Covered by Health Insurance? Yes No Client Doesn't Know Client Refused Data Not Collected

Health Insurance

Covered	Health Insurance Type <i>(Check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAID
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Children's Health Insurance Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer-Provided Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance obtained through COBRA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pay Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Health Insurance for Adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify: _____

Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Physical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Developmental <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	Not Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	Not Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

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Mental Health Problem <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Alcohol Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Both Alcohol and Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

Current Living Situation Sub-Assessment (for Street Outreach Only):

Start Date: _____/_____/_____

End Date: _____/_____/_____

Information Date: _____/_____/_____

Current Living Situation:

-HOMELESS SITUATIONS-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- Foster Care Home or 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 or Detox Center

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential Project or Halfway House with no Homeless Criteria
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Transitional Housing for Homeless Persons (includes homeless youth)
- Host Home (non-crisis)
- Staying or Living in a Friend's Room, Apartment or House
- Staying or Living in a Family Member's Room, Apartment or House
- Rental by Client, with GPD TIP Subsidy
- Rental by Client, with VASH Subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- Rental by Client, with RRH or Equivalent Subsidy
- Rental by Client, with HCV voucher (tenant or project based)
- Rental by Client in a Public Housing Unit
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

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-OTHER-

- Other, Specify: _____
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

Referral Source:

- | | | |
|---|---|--|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Child Welfare/CPS | <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Outreach Project | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Law Enforcement/Police | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Residential Project | <input type="checkbox"/> Mental Hospital | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/
Foster Parent/Other Individual | <input type="checkbox"/> School | <input type="checkbox"/> Data Not Collected |

Youth Eligible for RHY Services: Yes No

If No for "Youth Eligible for RHY Services", reason why services are not funded by BCP Grant:

- | | |
|---|--|
| <input type="checkbox"/> Out of Age Range | <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification |
| <input type="checkbox"/> Other | <input type="checkbox"/> Ward of the State – Immediate Reunification |

If Yes for "Youth Eligible for RHY Services", Runaway Youth?:

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> No | <input type="checkbox"/> Client Refused | |

Sexual Orientation:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Other, Describe: _____ |

Last Grade Completed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> School Program does not have grade levels | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Some College | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Grade 12/High School Diploma | | <input type="checkbox"/> Data Not Collected |

School Status:

- | | |
|---|--|
| <input type="checkbox"/> Attending School Regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated High School | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Dropped Out | <input type="checkbox"/> Data Not Collected |

Employed?: Yes No Client Doesn't Know Client Refused Data Not Collected

If Yes, Type of Employment:

- Full Time
- Part Time
- Seasonal/Sporadic (Including Day Labor)
- Data Not Collected

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If No, Why not employed?

- Looking for work
- Unable to work
- Not looking for work
- Data Not Collected

General Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Dental Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Mental Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Pregnancy Status: Yes No Client Doesn't Know Client Refused Data Not Collected

If Yes, Projected Birth Date?: _____

Formerly a Ward of Child Welfare/Foster Care Agency:

Yes No Client Doesn't Know Client Refused Data Not Collected

Number of Years: Less than 1 Year 1-2 Years 3-5 or more Years Data Not Collected

If less than 1 year, number of months: _____

Formerly a Ward of Juvenile Justice System: Yes No Client Doesn't Know Client Refused Data Not Collected

Number of Years: Less than 1 Year 1-2 Years 3-5 or more Years Data Not Collected

If less than 1 year, number of months: _____

Family Critical Issues:

Unemployment – Family Member: Yes No Data Not Collected

Mental Health Issues – Family Member: Yes No Data Not Collected

Physical Disability – Family Member: Yes No Data Not Collected

Alcohol or Substance Abuse – Family Member: Yes No Data Not Collected

Insufficient Income to Support Youth – Family Member: Yes No Data Not Collected

Incarcerated Parent of Youth: Yes No Data Not Collected

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Maine Required Data Elements Assessment:

Zip Code of Last Permanent Address: _____

Zip data quality for last permanent address: Full or Partial Zip Code Report Client Doesn't know Client Refused

Release of Information Date: _____/_____/_____

Type of Release: None Signed by Client Verbal