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

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Services Client ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_

**Name Type**:  Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**SSN**: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN Type:**  Full

 Approximate/Partial

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**U.S. Military Veteran? (clients 18 and older)**:

Yes No Client Doesn’t Know Client Prefers Not to answer Data Not Collected

**DOB**(mm/dd/yyyy) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Prefers Not to Answer

 Data Not Collected

**Race and Ethnicity (Select up to 5):**

American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander

 Asian or Asian American White

 Black, African American, or African Client Doesn’t know

 Hispanic/Latina/o Client Prefers Not to Answer

 Middle Eastern or North African Data Not Collected

**Additional Race and Ethnicity Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex:**

Female Client Prefers Not to Answer

Male Data Not Collected

Client Doesn’t Know

**Do you have a disabling condition?**  Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Relationship to Head of Household:**  Self (Head of Household)

 Head of Household’s Child

 Head of Household’s Spouse or Partner

 Head of Household’s other relation member (other relation to head of household)

 Other non-relation member

 Data Not Collected

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ ES Voucher or 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 HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATION-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

* GPD TIP Housing Subsidy
* VASH Housing Subsidy
* RRH or Equivalent Subsidy
* HCV Voucher (Tenant or Project Based) (Not Dedicated)
* Public Housing Unit
* Rental By Client, With Other Ongoing Housing Subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other Permanent Housing Dedicated for Formerly Homeless Persons

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

 Subsidized Housing

**Length of stay in previous place:**  One night or less  One year or longer

  Two to six nights  Client Doesn’t Know

  One week or more but less than one month  Client Prefers Not to Answer

  One month or more but less than 90 days  Data Not Collected

  90 days or more but less than one year

**Approximate Date Current Episode of 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:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

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

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (Food Stamps)  | $ |
| Yes  No | Special Supplemental Nutrition Program for WIC | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Non- Cash Benefit Start Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Non-Cash Benefit End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Covered by Health Insurance?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | Veteran’s Health Administration (VHA) Medical Services  |
| Yes  No | State Children’s Health Insurance Program  |
| Yes  No | Employer-Provided Health Insurance  |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance  |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program  |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Alcohol Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Both Alcohol and Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Chronic Health Condition**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Developmental**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **HIV/AIDS**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Mental Health Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Physical**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Physical/Medical**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |

**Health, Substance Use, and Disabilities**

**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 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 HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATION-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

* GPD TIP Housing Subsidy
* VASH Housing Subsidy
* RRH or Equivalent Subsidy
* HCV Voucher (Tenant or Project Based) (Not Dedicated)
* Public Housing Unit
* Rental By Client, With Other Ongoing Housing Subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other Permanent Housing Dedicated for Formerly Homeless Persons

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

 Other

 Worker unable to determine

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**Living Situation Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Client Going to Have to Leave Their Current Living Situation Within 14 Days?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to answer  Data Not Collected

**If ‘Yes’ to ‘Is Clients Going to Have to Leave Their Current Living Situation Within 14 Days?’ Answer the Following Questions.**

**Has a Subsequent Residence Been Identified?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**Has The Client Had a Lease or Ownership Interest In a Permanent Housing Unit In the Last 60 Days?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**Has The Client Moved 2 or More Time In the Last 60 Days?**

 Yes  No  Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**Location Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Engagement (for Street Outreach Only): \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source:**

 Self-Referral  Child Welfare/CPS  Hotline

 Outreach Project  Juvenile Justice  Other Organization

 Temporary Shelter  Law Enforcement/Police  Client Doesn’t Know

 Residential Project  Mental Hospital  Client Prefers Not to Answer

 Individual: Parent/Guardian/Relative/Friend/  School  Data Not Collected

Foster Parent/Other Individual

**If Outreach Project is Selected, Number of Times Approached By Outreach Prior to Entering the Project: \_\_\_\_\_\_\_\_\_\_\_\_**

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

**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 Age Range  Ward of the Criminal Justice System – Immediate Reunification

 Other  Ward of the State – Immediate Reunification

**If Yes for “Youth Eligible for RHY Services”, Runaway Youth?:**

 Yes  Client Doesn’t Know  Data Not Collected

 No  Client Prefers Not to Answer

**Last Grade Completed:**

 Less than Grade 5  School Program does not have grade levels  Graduate Degree

 Grades 5-6  Some College  Vocational Certification

 Grades 7-8  Associate’s Degree  Client Doesn’t Know

 Grades 9-11  Bachelor’s Degree  Client Prefers Not to Answer

 Grade 12/High School Diploma  Data Not Collected

**School Status:**

 Attending School Regularly  Suspended 

 Attending School Irregularly  Expelled

 Graduated High School  Client Doesn’t Know

 Obtained GED  Client Prefers Not to Answer

 Dropped Out  Data Not Collected

**Employed:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**If Yes, Type of Employment:**

 Full Time

 Part Time

  Seasonal/Sporadic (Including Day Labor)

 Data Not Collected

**If No, Why not employed?**

 Looking for work

 Unable to work

  Not looking for work

 Data Not Collected

**General Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Dental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Mental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Pregnancy Status:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**If Yes, Projected Birth Date?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formerly a Ward of Child Welfare/Foster Care Agency:**

Yes No Client Doesn’t Know Client Prefers Not to Answer 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 Prefers Not to Answer 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

**Mental Health Disorder – Family Member:** Yes No

**Physical Disability – Family Member:** Yes No

**Alcohol or Substance Use – Family Member:** Yes No

**Insufficient Income to Support Youth – Family Member:** Yes No

**Incarcerated Parent of Youth:** Yes No

**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 Prefers Not to Answer

**Release of Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Type of Release:** None Signed by Client Verbal