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

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

S**ervicePointClient 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

**Race (Select up to 5 choices):** American Indian, Alaska Native, or Indigenous  White

 Asian or Asian American  Client Doesn’t know

 Black, African American, or African  Client Refused

  Native Hawaiian or Pacific Islander  Data Not Collected

**Ethnicity**:  Hispanic/Latin(a)(o)(x)

 Non-Hispanic/Latin(a)(o)(x)

 Client Doesn’t Know

  Client Refused

 Data Not Collected

**Gender (Select all that Apply)**:

 Female  Male

 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)  Transgender  Questioning

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

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

**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/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 Use 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’sRoom, 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

**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 Refused

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

  90 days or more but less than one year

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Refused

 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 Refused

 Data Not Collected

**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** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (SNAP – Food Stamps)  | $ |
| Yes  No | Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  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** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | State Children’s Health Insurance Program  |
| Yes  No | Veteran’s Administration (VA) Medical Services  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Health, Substance Use, and Disabilities**

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

**-OTHER-**

 Other, Specify: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Worker unable to determine

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**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 Refused

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

Foster Parent/Other Individual

**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 Refused

**Sexual Orientation:**

 Heterosexual  Bisexual  Client Refused

 Gay  Questioning/Unsure  Data Not Collected

 Lesbian  Client Doesn’t Know  Other, Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Refused

 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 Refused

 Dropped Out  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

**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 Refused

 Fair  Data Not Collected

**Dental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Refused

 Fair  Data Not Collected

**Mental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Refused

 Fair  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 Disorder – Family Member:** Yes No Data Not Collected

**Physical Disability – Family Member:** Yes No Data Not Collected

**Alcohol or Substance Use – 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

**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