**HMIS Iowa PC RHY Entry Additional Questions – for Adults HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***STREET OUTREACH and NBN SHELTERS - Please fill out a Current Living Situation Assessment in unison with the entry assessment***

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| **Client’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ONLY FOR Basic Center Projects (answer for all clients in the household including children):** **Date of BCP Status Determination:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**Client Eligible for RHY Services?** \_\_\_\_\_Yes \_\_\_\_\_No**If yes, Runaway youth?** \_\_\_\_\_Yes \_\_\_\_\_No**If no, reason for not providing services:** \_\_\_\_\_Ward of the State-Immediate Reunification \_\_\_\_\_Ward of the Criminal Justice System-Immediate Reunification\_\_\_\_\_Out of Range \_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pregnant:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If Yes, Projected Date of Birth**: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| **Last Grade Completed:** \_\_\_\_\_ GED\_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree\_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree\_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification\_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know\_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client Prefers not to answers  |
| **School Status:** \_\_\_\_\_Attending school regularly \_\_\_\_\_Obtained GED \_\_\_\_\_Expelled \_\_\_\_\_Attending school irregularly \_\_\_\_\_Dropped Out \_\_\_\_\_Client doesn’t know \_\_\_\_\_Graduated from high school \_\_\_\_\_Suspended \_\_\_\_\_Client prefers not to answer |
| **If YHDP Project: Client Education Status****Current school enrollment and attendance** \_\_\_\_\_ Not currently enrolled in any school or education course \_\_\_\_\_ Currently enrolled but NOT attending regularly (when school or the course is in session)  \_\_\_\_\_ Currently enrolled and attending regularly (when school or the course is in session \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  **If ‘Not currently enrolled’, what is the most recent educational status?**  \_\_\_\_\_K12: graduated from high school \_\_\_\_\_K12: Suspended \_\_\_\_\_Higher Education: Dropped out\_\_\_\_\_K12: Obtained GED \_\_\_\_\_K12: Expelled \_\_\_\_\_Higher Education: Obtained a credential/degree\_\_\_\_\_K12: Dropped Out \_\_\_\_\_Higher Education: Pursuing a credential but not currently attending\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If ‘Currently enrolled’, what is the current educational status?**  \_\_\_\_\_Pursuing a high school diploma or GED \_\_\_\_\_Pursuing Graduate Degree \_\_\_\_\_Pursuing Associate’s Degree \_\_\_\_\_Pursing other post-secondary credential \_\_\_\_\_Pursuing Bachelor’s Degree \_\_\_\_\_Client prefers not to answer \_\_\_\_\_Client doesn’t know  |
| **Employed?** \_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If, Yes:**  \_\_\_\_\_Part Time \_\_\_\_\_Full Time \_\_\_\_\_Seasonal/Sporadic **If, No:** \_\_\_\_\_Looking for Work \_\_\_\_\_Unable to Work \_\_\_\_\_Not Looking for Work |
| **General Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Dental Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Mental Health Status:** \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Formerly a Ward of Child Welfare/Foster Care Agency:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If Yes, Number of Years**: \_\_\_\_\_Less than one \_\_\_\_\_1 to 2 years \_\_\_\_\_3 to 5 years or more  **If Less than one year, Number of Months**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Formerly a Ward of Juvenile Justice System:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_ Client prefers not to answer **If Yes, Number of Years**: \_\_\_\_\_Less than one \_\_\_\_\_1 to 2 years \_\_\_\_\_3 to 5 years or more  **If Less than one year, Number of Months**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Referral Source:**\_\_\_\_\_Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual \_\_\_\_\_Self-Referral \_\_\_\_\_Outreach Project \_\_\_\_\_Temporary Shelter \_\_\_\_\_Residential Project\_\_\_\_\_Hotline \_\_\_\_\_Child Welfare/CPS\_\_\_\_\_Juvenile Justice \_\_\_\_\_Law Enforcement/Police\_\_\_\_\_Mental Hospital \_\_\_\_\_School\_\_\_\_\_Other Organization \_\_\_\_\_Client prefers not to answer\_\_\_\_\_Client Doesn’t Know**If Outreach Project, Number of times approached by outreach prior to entering the project**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Family Critical Issues:** *(Fill out all options below)* | **Yes** | **No** | **Client doesn’t know** | **Client prefers not to answer** |
| Unemployment - Family member |  |  |  |  |
| Mental Health Disorder - Family member |  |  |  |  |
| Physical Disability - Family member |  |  |  |  |
| Alcohol or Substance Use Disorder - Family member |  |  |  |  |
| Insufficient Income to Support Client– Family Member |  |  |  |  |
| Incarcerated Parent of Client |  |  |  |  |

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