**HMIS Iowa PC YHDP Entry Form HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_ Full name \_\_\_\_\_Partial, street or code name \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Social Security Number (SSN)**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full SSN \_\_\_\_\_Approx. or partial SSN \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **U.S. Military Veteran:** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Project Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Use for Back Date) |
| **Number of people in household:** \_\_\_\_\_1 (single client) \_\_\_\_\_More than 1 (family or household)  **If more than 1: Client’s relationship in the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Total number of clients in the household**: \_\_\_\_\_\_\_\_\_\_ Fill out a separate form for each person (4 page form for each adult, 1 page form for each child) |
| **ROI Page 1** (Overall Record Sharing): \_\_\_\_\_Yes \_\_\_\_\_No **(IF NO, CLOSE MAIN RECORD PADLOCK)** |
| **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Entry Type: \_\_\_\_\_HUD \_\_\_\_\_RHY \_\_\_\_\_VA \_\_\_\_\_PATH |
| **ROI Page 2** (Disability Sharing): \_\_\_\_\_Yes \_\_\_\_No **(IF NO, CLOSE DISABILITY ASSESSMENT PADLOCK)** |
| **Does client have a disability of long duration:** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Circle below for each disability type: Y=Yes N=No DK=Doesn’t Know PNA= Prefers not to answer** |
| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently |
| **Alcohol use disorder** |  Y N DK PNA  |  Y N DK PNA  |
| **Drug use disorder** |  Y N DK PNA  |  Y N DK PNA  |
| **Both alcohol and drug use disorders** |  Y N DK PNA  |  Y N DK PNA  |
| **Chronic health condition** |  Y N DK PNA  |  Y N DK PNA  |
| **Developmental disability** |  Y N DK PNA  |  Y N DK PNA  |
| **HIV/AIDS** |  Y N DK PNA  |  Y N DK PNA  |
| **Mental health disorder** |  Y N DK PNA  |  Y N DK PNA  |
| **Physical disability** |  Y N DK PNA  |  Y N DK PNA  |
| **Most Recent Event Leading to Homelessness:**The “Most Recent Event” element identifies the most recent event that led to homelessness; the ‘straw that broke the camel’s back’. Pick the event that most closely matches what happened right before someone lost their housing.    \_\_\_\_\_ Received a formal eviction or foreclosure (ex: searchable in Iowa Courts Online)             \_\_\_\_\_ Left housing to avoid an eviction/foreclosure OR was illegally evicted    \_\_\_\_\_ Discharged from a medical institution without housing    \_\_\_\_\_ Discharged from a corrections institution without housing    \_\_\_\_\_ Fleeing a domestic violence situation    \_\_\_\_\_ Fleeing a human trafficking situation    \_\_\_\_\_ Natural disaster/ Fire    \_\_\_\_\_ Relocation    \_\_\_\_\_ Sexual assault / other crimes (i.e. stalking, arson, etc.)    \_\_\_\_\_ Divorced / Separated / Family breakup / Death in the family (includes chosen family)   **Primary Cause of the Most Recent Event:** The ‘Primary Cause’ is the ‘why’ behind the most recent event. Since there can be many different causes of an event, select the one the client feels had the most impact on the most recent event, or most resonates with a client.    \_\_\_\_\_ Unemployment    \_\_\_\_\_ Reduced wages or a loss of income (while still maintaining employment or cash benefits)    \_\_\_\_\_ Unable to pay rent/mortgage due to bill increase or a large expense    \_\_\_\_\_ Physical / Mental disability    \_\_\_\_\_ Family / Personal illness (includes chosen family)    \_\_\_\_\_ Domestic Violence   \_\_\_\_\_ Human trafficking    \_\_\_\_\_ Natural disaster / Fire   \_\_\_\_\_ Sexual assault / other crimes (i.e. stalking, arson, etc.)    \_\_\_\_\_ Divorced / Separated / Family breakup / Death of a family member (includes chosen family)    \_\_\_\_\_ Loss of transportation  |
|  |
| **HUD Relationship to Head of Household**:\_\_\_\_\_Self (head of household) \_\_\_\_\_Head of Household’s spouse or partner\_\_\_\_\_Head of Household’s other relation member \_\_\_\_\_Other: Non-relation member\_\_\_\_\_Head of Household’s Child \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   \_\_\_\_\_\_ Full DOB \_\_\_\_\_\_ Approx.DOB \_\_\_\_\_\_ Client doesn’t know \_\_\_\_\_\_ Client prefers not to answer |
| **Race and Ethnicity:** (check as many as applicable):\_\_\_\_\_ American Indian, Alaska Native, or Indigenous \_\_\_\_\_ Asian or Asian American \_\_\_\_\_ Black, African American, or African \_\_\_\_\_ Hispanic/Latina/o \_\_\_\_\_ Middle Eastern or North African \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ White Additional Detail (if desired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
|  **Sex:** \_\_\_\_\_\_ Male \_\_\_\_\_\_ Female         \_\_\_\_\_\_ Client Doesn’t Know          \_\_\_\_\_\_ Client Prefers Not to Answer     |
| ­**Gender** (check as many as applicable):\_\_\_\_\_ Woman (Girl if child) \_\_\_\_\_ Man (Boy if child) \_\_\_\_\_ Culturally Specific Identity (e.g., Two Spirit) \_\_\_\_\_ Transgender \_\_\_\_\_ Non-binary \_\_\_\_\_ Questioning \_\_\_\_\_ Different Identity \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer If different identity, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **Covered by health insurance**:\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| Type: | Yes | No | Type: | Yes | No |
| MEDICAID |  |  | Employer-provided insurance |  |  |
| MEDICARE |  |  | Health insurance through COBRA |  |  |
| State children’s health insurance |  |  | Private pay health insurance |  |  |
| Veteran’s Health Administration |  |  | State health insurance for adults |  |  |
| Indian Health Services Program |  |  | Other: |  |  |
| **Enrollment CoC: \_\_\_\_\_IA-502 (Polk County)** \_\_\_\_\_IA-501 (IA Balance of State) |
| **Zip Code of Last Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_ Full or Partial Zip Code \_\_\_\_\_ Client prefers not to answer \_\_\_\_\_ Client Doesn’t Know (Apartment, Room, or House where the client last lived for **90 days or more in private housing**.) |
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| **Residence Prior to Project Entry -** Where did the client stay on the night before entering the project? **(*Choose one location from 1 of the following 3 categories*** *continued on next page***):****How to determine Approximate Date Homelessness Started**: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. |
| **Type of Living Situation on Night Before Entry (CHOOSE *ONE* OF THE FOLLOWING THREE CATEGORIES):** |
| ***Category 1: Homeless Situation*** \_\_\_\_\_ Place not meant for habitation \_\_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter \_\_\_\_\_ Safe Haven \_\_\_\_\_ Interim Housing\_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer**Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days\_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **Approximate Date this episode of homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How to determine Approximate Date Homelessness Started**: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. |
| ***Category 2: Institutional Situation***\_\_\_\_\_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 **Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days\_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N****If Yes, Approximate Date this episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** |
| ***Category 3: Temporary and Permanent Housing Situation*** \_\_\_\_\_ Hotel or motel paid for without emergency shelter voucher \_\_\_\_\_ Host Home (non-crisis) \_\_\_\_\_ Residential project or halfway house with no homeless criteria  \_\_\_\_\_ Staying or living in a family member's room, apartment or house  \_\_\_\_\_ Staying or living in a friend's room, apartment or house  \_\_\_\_\_ Transitional housing for homeless persons (including homeless youth)  \_\_\_\_\_ Owned by client, no ongoing housing subsidy  \_\_\_\_\_ Owned by client, with ongoing housing subsidy  \_\_\_\_\_ Rental by client, with no ongoing housing subsidy \_\_\_\_\_ Rental by client, with ongoing housing subsidy **(please select subsidy type below)**  **Subsidy Types (Please Complete if “yes” to Rental by client, with ongoing housing subsidy)**  \_\_\_\_\_ GPD TIP housing subsidy     \_\_\_\_\_ Housing Stability Voucher     \_\_\_\_\_ Public housing unit \_\_\_\_\_ RRH or equivalent subsidy  \_\_\_\_\_ VASH housing subsidy            \_\_\_\_\_Permanent Supportive Housing \_\_\_\_\_ Family Unification Program Voucher (FUP)              \_\_\_\_\_ Foster Youth to Independence Initiative (FYI)  \_\_\_\_\_ Rental by client, with other ongoing housing subsidy   \_\_\_\_\_ HCV voucher (tenant or project based) (not dedicated)           \_\_\_\_\_ Other permanent housing dedicated for formerly homeless persons  \_\_\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of Stay at Prior Night Living Situation:** \_\_\_\_\_ One night or less      \_\_\_\_\_ One month or more, but less than 90 days \_\_\_\_\_ Two to six nights      \_\_\_\_\_ 90 days or more, but less than one year \_\_\_\_\_ One week or more, but less than one month      \_\_\_\_\_ One year or longer \_\_\_\_\_ Client doesn’t know         \_\_\_\_\_ Client prefers not to answer  **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N** **If Yes, Approximate Date this Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)**  |
| ***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):\_\_\_\_\_ Never in 3 years \_\_\_\_\_One Time \_\_\_\_\_Two Times \_\_\_\_\_Three Times \_\_\_\_\_Four or more times \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **Total number of months homeless on the street or in Emergency Shelter in past 3 years:** \_\_\_\_\_1 month \_\_\_\_\_2 months \_\_\_\_\_3 months \_\_\_\_\_4 months \_\_\_\_\_5 months \_\_\_\_\_6 months \_\_\_\_\_7 months \_\_\_\_\_8 months \_\_\_\_\_9 months \_\_\_\_\_10 months \_\_\_\_\_11 months \_\_\_\_\_12 months \_\_\_\_\_More than 12 months \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Last Grade Completed:** \_\_\_\_\_Less than grade 5 \_\_\_\_\_School program does not have grade levels \_\_\_\_\_Graduate Degree\_\_\_\_\_Grades 5 – 6 \_\_\_\_\_GED \_\_\_\_\_Vocational Certification\_\_\_\_\_Grades 7 – 8 \_\_\_\_\_Some College \_\_\_\_\_Client doesn’t know\_\_\_\_\_Grades 9 – 11 \_\_\_\_\_Associate’s Degree \_\_\_\_\_Client prefers not to answer\_\_\_\_\_Grade 12 / High School Diploma \_\_\_\_\_Bachelor’s Degree |
| **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 |
| **Current School Enrollment and Attendance:** \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer\_\_\_\_\_Not currently enrolled in any school or educational course**If checked, please select the client’s Most Recent Educational Status:** \_\_\_\_\_K12: Graduated from high school \_\_\_\_\_Higher education: Pursuing a credential but not currently attending\_\_\_\_\_K12: Obtained GED \_\_\_\_\_Higher education: Dropped Out\_\_\_\_\_K12: Dropped out \_\_\_\_\_Higher education: Obtained a credential/degree\_\_\_\_\_K12: Suspended \_\_\_\_\_Client doesn’t know\_\_\_\_\_K12: Expelled \_\_\_\_\_Client prefers not to answer\_\_\_\_\_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)**If either of the ‘Currently enrolled’ options are checked, please select the client’s Current Educational Status:**\_\_\_\_\_Pursuing a high school diploma or GED \_\_\_\_\_ Pursuing other post-secondary credential\_\_\_\_\_Pursuing Associate’s Degree \_\_\_\_\_ Client doesn’t know\_\_\_\_\_Pursing Bachelor’s Degree \_\_\_\_\_ Client prefers not to answer\_\_\_\_\_Pursuing Graduate Degree |
|  |
| **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 |
| **Has Income from any source?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Total Monthly CASH income:** (write in total $ amount hereand complete individual amounts below): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL** |
| **Receives Income Sources:** | **Yes** | **Monthly $ Amount** | **No** | **Not Collected** |
| Alimony or other spousal support |  |  |  |  |
| Child support |  |  |  |  |
| Earned income |  |  |  |  |
| General assistance |  |  |  |  |
| Pension or retirement income from a job |  |  |  |  |
| Private disability insurance |  |  |  |  |
| Retirement income from social security |  |  |  |  |
| SSDI |  |  |  |  |
| SSI |  |  |  |  |
| TANF (FIP) |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| VA Non-service connected disability pension |  |  |  |  |
| VA service-connected disability compensation |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| Other (specify): |  |  |  |  |
|  |
| **Receives non-cash benefits?**  \_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| Non-cash benefit types: | **Yes** | **No** | **Not Collected** |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) |  |  |  |
| Special Supplemental Nutrition for Women, infants, children (WIC) |  |  |  |
| TANF Child Care services  |  |  |  |
| TANF transportation services  |  |  |  |
| Other TANF-funded services |  |  |  |
| Section 8, public housing, or other ongoing rent assistance  |  |  |  |
| Temporary rental assistance |  |  |  |
| Other (specify): |  |  |  |
|  |
| **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 |
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| **Pregnant:** \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer **If Yes, Projected Date of Birth**:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| **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 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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Domestic Violence Victim/Survivor:** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **If yes, when DV experience occurred:** \_\_\_\_\_Within the past three months \_\_\_\_\_Three to six months ago\_\_\_\_\_From six to twelve months ago \_\_\_\_\_More than a year ago \_\_\_\_\_Client Doesn’t know \_\_\_\_\_Client Prefers not to answer |
| **If yes, are you currently fleeing?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
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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 doesn’t know\_\_\_\_\_Client prefers not to answer**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 prefers not to answer** | **Client doesn’t know** |
| Unemployment - Family member |  |  |  |  |
| Mental Health Issues - Family member |  |  |  |  |
| Physical Disability - Family member |  |  |  |  |
| Alcohol or other drug abuse - Family member |  |  |  |  |
| Insufficient Income to Support Youth – Family Member |  |  |  |  |
| Incarcerated Parent of Youth |  |  |  |  |