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FY2024 HHS RHY Emergency Shelter and Street Outreach Assessment (Parenting Youth or Youth/Child Head of Household)

Client Name: _____

HMIS Client ID#: _____ (optional)

Project Start Date: _____

ROI Signed? Yes ___ No ___

SS#: ___-___-___-___-___-___ **DOB** ___/___/___

Veteran? Yes ___ No ___

Race and Ethnicity: (Select as many as client identifies)

- ___ American Indian/ Alaska Native or Indigenous
- ___ Asian or Asian American
- ___ Black, African American, or African
- ___ Hispanic/Latina/e/o
- ___ Middle Eastern or North African
- ___ Native Hawaiian or Pacific Islander
- ___ White

Additional Race and Ethnicity Detail: _____

Gender: (Select as many as client identifies)

- ___ Woman (Girl, if child)
- ___ Man (Boy, if child)
- ___ Culturally Specific Identity (e.g., Two-Spirit)
- ___ Transgender (clients who live or identify with a transgender history, experience, or identity)
- ___ Non-Binary
- ___ Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this time)
- ___ Different Identity; **Please Specify:** _____

Relationship to Head of Household:

- ___ Self (Head of Household)
- ___ Head of Household's Child
- ___ Head of Household's Spouse/ Partner
- ___ Head of Household's Other Relation Member
- ___ Other: Non-Relation Member

Head of Household Only: Enrollment CoC: ___ NY-505 (Onondaga/ Cayuga/ Oswego counties)
___ NY-510 (Ithaca/ Tompkins County)

Disabling Condition:

Do you have a DISABILITY of long duration? ___ Yes ___ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:

___ Yes ___ LCI Alcohol Use Disorder ___ Yes ___ LCI BOTH Alcohol & Drug Use Disorder ___ Yes ___ LCI Drug Use Disorder
___ Yes ___ LCI Chronic Health Condition ___ Yes ___ LCI Developmental _____ HIV/AIDS



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Yes LCI Mental Health Disorder Yes LCI Physical Health

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? Yes No

Source of Health Insurance/ Medical Assistance:

- Medicaid Medicare
- State Children's Health Insurance Program Veteran's Health Administration (VHA)
- Employer – Provided Health Insurance Health Insurance obtained through COBRA
- State Health Insurance for Adults Indian Health Care
- Other

Medicaid ID# _____

Medicaid Insurance Company: Total Care Blue Cross Blue Shield Fidelis
 United Healthcare Molina Healthcare

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situations:

- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Institutional Situations:

- Foster care home/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/detox center

Temporary Housing Situations:

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid without emergency voucher
- Host Home (non-crisis)
- Staying in family member's room/apartment/house
- Staying in friend's room/apartment/house

Permanent Housing Situations:

- Owned by client, no on-going housing subsidy
- Owned by client, with on-going housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
 - GPD TIP housing subsidy
 - VASH housing subsidy
 - RRH or equivalent
 - HCV voucher (tenant or project based)(not dedicated)
 - Public housing unit
 - Rental by client, with other ongoing housing subsidy
 - Housing Stability Voucher



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- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- other permanent housing dedicated for formerly homeless persons

Homeless Situation Questions:

Length of Stay in Previous Place:

- One day or less Two days to one week More than one week, less than one month
- One to three months More than three months, less than one year One year or longer

Approximate Date Homelessness Started: ____/____/____

Have the client look back to the date of the last time the client had a place to sleep that was not on the streets or ES. Remember that "the streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground). Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client's "literal" homelessness began. The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility). Approximations are permitted.

of times (episodes) on streets or in ES in 3 years: ___1___2___3___4 or more

Including today, count all the different times the client was on the streets, in an emergency shelter in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

Total number of months homeless on the street, in ES in the past 3 years: _____ Months

Count the cumulative number of months in which a person was on the streets or in an ES in the last 3 years, including stays in an institution less than 90 days or in permanent or transitional housing less than 7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.

Zip Code of Last Permanent Address: _____

Income:

Do you have income? ___Yes___ No **Total Monthly Income \$** _____

Income Source and amount:

- | | |
|--|---|
| <input type="checkbox"/> Alimony/ Spousal Support | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Earned Income | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Pension or retirement income from another job | |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Retirement Income from Social Security |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Social Security Income (SSI) |
| <input type="checkbox"/> Temporary Assist for Needy Families TANF | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> Worker's Compensation | |

Non-Cash Benefits:

Do you have Non-Cash Benefits? ___Yes___ No **Monthly Amount \$** _____

Source of Non-Cash Benefits:

- Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)



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- Special supplemental Nutrition Program for (WIC) (HUD)
- TANF Child Care Services (HUD)
- TANF Transportation Services (HUD)
- Other TANF-Funded Services (HUD); If "Other" Specify: _____

Current Living Situation: (Street Outreach ONLY)

Start Date: ___/___/___ End Date: ___/___/___ Information Date: ___/___/___

Current Living Situation:

Homeless Situation (chose only one):

- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

Institutional Situation:

- Foster care home/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/detox center

Transitional and Permanent Housing Situation:

- Hotel or motel paid without emergency voucher
- Owned by client, no on-going housing subsidy
- Owned by client, with on-going housing subsidy
- Rental by client, with ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying in family member's room/apartment/house
- Staying in friend's room/apartment/house
- Transitional housing for homeless persons (including homeless youth)

Other:

- Other
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

If "Rental by client, with ongoing subsidy" was selected, please choose subsidy type:

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent



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- 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.

If "Other," specify: _____

Living Situation Verified By: _____ (CoC Code)

Is client going to have to leave their current living situation within 14 days? Yes No

If 'Yes' to "Is client going to have to leave their current living situation within 14 days?" answer the following questions:

Has a subsequent residence been identified? Yes No

Does individual or family have resources or support networks to obtain other permanent housing? Yes No

Has the client had a lease or ownership interest in permanent housing unit in the last 60 days? Yes No

Has the client moved 2 or more times in the last 60 days? Yes No

Date of Engagement: ___/___/___ (Complete upon client entering Service Plan development or fully completed initial assessment)

Referral Source:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Outreach Provider | <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Residential Project |
| <input type="checkbox"/> Individual: Parent/ Guardian/ Relative/ Friend/ Foster Parent/ Other Individual | | | |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Child Welfare/ CPS | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Mental Hospital |
| <input type="checkbox"/> Law Enforcement/ Police | <input type="checkbox"/> School | <input type="checkbox"/> Other Organization | |

If Outreach Project is selected, Number of times approached by outreach prior to entering the project:

Date of BCP Status: ___/___/___

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 Range Ward of the State – Immediate Reunification

Ward of Criminal Justice System – Immediate Reunification

Other: _____

If yes for "Youth Eligible for RHY Services," runaway youth: Yes No

Sexual Orientation:

Heterosexual Gay Lesbian Bisexual Questioning/ Unsure Other

If Other, please specify: _____

Last Grade Completed:



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Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11
Grades 12/ HS Diploma School Program Doesn't have grade levels
GED Some College Associates Degree Bachelor's Degree
Graduate Degree Vocational Certification

School Status:

Attending School Regularly Attending School Irregularly Graduated Already
Obtained GED Dropped out Suspended
Expelled

Employment History:

Employed? Yes No If yes, Type of Enrollment: Full time Part time Seasonal/ sporadic
If no, why not employed? Looking for work Unable to work Not looking for work

General Health Status:

Excellent Very Good Good Fair Poor

Mental Health Status:

Excellent Very Good Good Fair Poor

Dental Health Status:

Excellent Very Good Good Fair Poor

Pregnant? Yes No If yes, Projected Birth Date: / /

Formerly a Ward of the Child Welfare/ Foster Care Agency?

Yes No

Number of Years: Less than one year 1 to 2 years 3 to 5 years or more
If less than One year, number of months: months

Formerly a Ward of the Juvenile Justice System?

Yes No

Number of Years: Less than one year 1 to 2 years 3 to 5 years or more
If less than One year, number of months: months

Family Critical Issues:

Under Employment - Family member? Yes No
Mental Health Issues - Family member? Yes No
Physical Disability - Family member? Yes No
Alcohol or Substance Abuse - Family member? Yes No
Insufficient Income to support youth - Family member? Yes No
Incarcerated Parent of Youth? Yes No

Are you a Survivor of Domestic Violence? Yes No

If yes, when did it last occur: Within the past 3 months 3 to 6 months 6 to 12 months
More than 12 months Refused



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Are you currently fleeing? ___ Yes ___ No

Reasons for Homelessness (Please answer for each adult in the household)

In the past year (12 months), did you experience any of the following:

1. Doubled up with friends or family for more than 1 week? ___ Yes ___ No
2. Lived in a place where an eviction suit was brought against you or the lease holder? ___ Yes ___ No
3. Lived in a place that was declared unfit for human habitation by city/town code enforcement? ___ Yes ___ No
4. Received public assistance from the county and lost it for any reason? ___ Yes ___ No
5. Went to the emergency room or hospital for mental health reasons? ___ Yes ___ No
6. Had a large medical expense? ___ Yes ___ No
7. Released from state prison or other long-term criminal justice institution? ___ Yes ___ No
8. Had some other involvement with the criminal justice system (including probation/parole) ___ Yes ___ No
9. Had utilities shut off? ___ Yes ___ No

Legal Status:

Are you on Parole: ___ Yes ___ No If yes, Parole Officer: _____

Phone Number: _____ - _____ - _____

Personal Phone Number: _____ - _____ - _____