

HHS:RHY Assessment Form

Updated: 2016 October 2



Client first name:		Client last name:		MAACLink Client ID:	
Assessment date:			Assessment type: <input type="radio"/> Entry <input type="radio"/> Interval <input type="radio"/> Exit		
Veteran status: <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> No <input type="radio"/> Client refused		Disabling condition: <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> No <input type="radio"/> Client refused			
Housing status: <input type="radio"/> Category 1 – Homeless <input type="radio"/> Category 2 – At imminent risk of losing housing <input type="radio"/> Category 3 – Homeless only under other federal statutes <input type="radio"/> Category 4 – Fleeing domestic violence <input type="radio"/> Stably housed – rent <input type="radio"/> Stably housed – own <input type="radio"/> At risk of homelessness <input type="radio"/> Client doesn't know <input type="radio"/> Client refused					
Prior type of residence: <input type="radio"/> Emergency shelter (inc. hotel/motel voucher) <input type="radio"/> Transitional housing for homeless persons <input type="radio"/> Permanent housing for formerly homeless persons <input type="radio"/> Psychiatric hospital/facility <input type="radio"/> Substance abuse treatment facility or detox center <input type="radio"/> Hospital or other residential non-psych. med. facility <input type="radio"/> Jail, prison, or juvenile detention facility <input type="radio"/> Staying/living in a family member's room/apt/house <input type="radio"/> Staying/living in a friend's room/apt/house <input type="radio"/> Hotel/motel paid w/o emergency shelter voucher <input type="radio"/> Foster care home or foster care group home <input type="radio"/> Place not meant for habitation <input type="radio"/> Safe Haven <input type="radio"/> Rental by client with VASH subsidy <input type="radio"/> Rental by client with GPD TIP subsidy <input type="radio"/> Rental by client with other ongoing subsidy <input type="radio"/> Rental by client (no ongoing subsidy) <input type="radio"/> Residential project/halfway house (no homeless criteria) <input type="radio"/> Owned by client with ongoing subsidy <input type="radio"/> Owned by client (no ongoing subsidy) <input type="radio"/> Long-term care facility/nursing home <input type="radio"/> Interim housing <input type="radio"/> Client doesn't know <input type="radio"/> Client refused					
Length of stay in prior residence: <input type="radio"/> One night or less <input type="radio"/> Two to six nights <input type="radio"/> One week or more but less than one month <input type="radio"/> One month or more but less than 90 days <input type="radio"/> 90 days or more but less than one year <input type="radio"/> One year or longer <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			Approximate date homelessness started:		
Number of times client has been on the streets, in emergency shelter, or in safe haven in the past three years including today: <input type="radio"/> One time <input type="radio"/> Two times <input type="radio"/> Three times <input type="radio"/> Four or more times <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			(Cumulative) Number of months on the streets, in emergency shelter, or in safe haven in the past three years:		
Client has special needs: <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, complete one or more of the following special need detail sections. If No, skip to next section.</i>			Physical disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>		
Mental health problem: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>			HIV/AIDS: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>		

<p>Developmental disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/></p>	<p>Chronic health condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/></p>	
<p>Substance abuse: <input type="radio"/> No <input type="radio"/> Alcohol abuse <input type="radio"/> Drug abuse <input type="radio"/> Both alcohol and drug abuse <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/></p>	<p>Domestic violence experience: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused (If Yes) When experience occurred: <input type="radio"/> In the past three months <input type="radio"/> Three to six months ago <input type="radio"/> Six to twelve months ago <input type="radio"/> More than one year ago <input type="radio"/> Client doesn't know <input type="radio"/> Client refused (If Yes) Currently fleeing domestic violence: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused</p>	
<p>Date of (initial) contact:</p>	<p>Location of contact: <input type="radio"/> Place not meant for human habitation <input type="radio"/> Non-residential service setting <input type="radio"/> Residential service setting</p>	
<p>Date of engagement (i.e. beginning of a case plan):</p>		
<p>Client moved in to permanent housing (interval/exit assessment only)? <input type="radio"/> Yes</p>	<p>(If in permanent housing) Date of move-in:</p>	
<p>Client is currently receiving income: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused</p>		
<p>Earned income: _____ SSI (Supplemental Security Income): _____ VA Service Connected Disability Compensation: _____ Worker's compensation: _____ General assistance: _____ VA Non-Service Connected Disability Compensation: _____ Child support: _____ Other (1): _____</p>	<p>Unemployment insurance: _____ SSDI (Social Security Disability Income): _____ Private disability insurance: _____ TANF (Temporary Assistance for Needy Families): _____ Retirement income from Social Security: _____ Pension from a former job: _____ Alimony or other spousal support: _____ Other (2): _____</p>	
<p>Client is currently receiving benefits: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused</p>		
<p>SNAP/Food stamps or food benefit card: _____ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) : _____ TANF child care services: _____ TANF transportation services: _____ Other TANF-funded services: _____ Section 8, public housing, or other rental assistance: _____ Child support: _____ Temporary rental assistance: _____ Other: _____</p>		
<p>Client expenses:</p>		
<p>Bus pass: _____ Child care: _____ Clothing: _____ Electricity (utility) : _____ Garnishments (on wage/salary): _____ Health insurance: _____ Legal: _____ Miscellaneous: _____ Personal hygiene: _____ Rent deposit: _____ Sewage/trash (utility) : _____ Telephone (utility) : _____ Unpaid utilities: _____ Other (1) : _____</p>	<p>Car payment: _____ Child support: _____ Credit accounts: _____ Entertainment: _____ Gas/heating oil (utility) : _____ Other insurance: _____ Medical: _____ Mortgage: _____ Personal luxuries: _____ Retirement plan: _____ Storage: _____ Transportation (general) : _____ Water (utility) : _____ Other (2) : _____</p>	<p>Car repair: _____ Church tithe: _____ Education: _____ Food: _____ Gasoline (car) : _____ Laundry: _____ Med prescription: _____ Payday loans: _____ Rent: _____ Savings: _____ Taxes: _____ Unpaid rent: _____ Withholding tax: _____</p>

Insurance coverage assessment date:	Client has health insurance: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
(If Yes) Health insurance type: <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> SCHIP (State Child Health Insurance Program) <input type="radio"/> State Health Insurance for Adults <input type="radio"/> VA health insurance <input type="radio"/> COBRA <input type="radio"/> Employer insurance <input type="radio"/> Private pay insurance <input type="radio"/> Indian Health Services Program	
BCP status date:	Sexual orientation: <input type="radio"/> Heterosexual <input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Questioning/Unsure <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused
FYSB Youth: <input type="radio"/> Yes <input type="radio"/> No	(If no) Reason for not providing services: <input type="radio"/> Out of age range <input type="radio"/> Other <input type="radio"/> Ward of the State - Immediate Reunification <input type="radio"/> Ward of the Criminal Justice System - Imm. Reunification
Last Grade Completed: <input type="radio"/> Less than Grade 5 <input type="radio"/> Grades 5-6 <input type="radio"/> Grades 7-8 <input type="radio"/> Grades 9-11 <input type="radio"/> Grade 12 <input type="radio"/> GED <input type="radio"/> Some college <input type="radio"/> School program does not have grade levels <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	School Status: <input type="radio"/> Attending regularly <input type="radio"/> Attending irregularly <input type="radio"/> Graduated from HS <input type="radio"/> Obtained GED <input type="radio"/> Dropped out <input type="radio"/> Suspended <input type="radio"/> Expelled <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused
Information date:	Employment Status: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
(If yes), Type of employment: <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal/sporadic (including day labor)	(If no), Why not employed: <input type="radio"/> Looking for work <input type="radio"/> Unable to work <input type="radio"/> Not looking for work
General health status: <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused	Dental health status: <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused
Mental health status: <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused	Pregnancy Status: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Formerly a Ward of Child Welfare or Foster Care: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	(If yes) Number of years: <input type="radio"/> Less than 1 year <input type="radio"/> 1-2 years <input type="radio"/> 3-5 or more years (If less than 1 year) Number of months:
Formerly a Ward of the Juvenile Justice System: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	(If yes), Number of years <input type="radio"/> Less than 1 year <input type="radio"/> 1-2 years <input type="radio"/> 3-5 or more years (If less than 1 year) Number of months:
Young persons critical issues:	
Household Dynamics <input type="radio"/> Yes <input type="radio"/> No	Health Issues-Family Member <input type="radio"/> Yes <input type="radio"/> No
Sexual Orientation/Gender Identity-Youth <input type="radio"/> Yes <input type="radio"/> No	Physical Disability-Youth <input type="radio"/> Yes <input type="radio"/> No
Sexual Orientation/Gender Identity-Family Member <input type="radio"/> Yes <input type="radio"/> No	Physical Disability-Family Member <input type="radio"/> Yes <input type="radio"/> No
Housing Issues-Youth <input type="radio"/> Yes <input type="radio"/> No	Mental Disability-Youth <input type="radio"/> Yes <input type="radio"/> No
Housing Issues-Family Member <input type="radio"/> Yes <input type="radio"/> No	Mental Disability-Family Member <input type="radio"/> Yes <input type="radio"/> No
School or Educational Issues-Youth <input type="radio"/> Yes <input type="radio"/> No	Abuse and Neglect-Youth <input type="radio"/> Yes <input type="radio"/> No
School or Educational Issues-Family Member <input type="radio"/> Yes <input type="radio"/> No	Abuse and Neglect-Family Member <input type="radio"/> Yes <input type="radio"/> No
Unemployment-Youth <input type="radio"/> Yes <input type="radio"/> No	Alcohol or other drug abuse-Youth <input type="radio"/> Yes <input type="radio"/> No
Unemployment-Family Member <input type="radio"/> Yes <input type="radio"/> No	Alcohol or other drug use-Family Member <input type="radio"/> Yes <input type="radio"/> No
Mental Health Issues-Youth <input type="radio"/> Yes <input type="radio"/> No	Insuff. income to support youth-Fam Mem <input type="radio"/> Yes <input type="radio"/> No
Mental Health Issues-Family Member <input type="radio"/> Yes <input type="radio"/> No	Active Military Parent-Family Member <input type="radio"/> Yes <input type="radio"/> No
Health Issues-Youth <input type="radio"/> Yes <input type="radio"/> No	Incarcerated Parent of Youth <input type="radio"/> Yes <input type="radio"/> No
(If yes, to 'Incarcerated Parent of Youth'), please specify: <input type="radio"/> One parent/legal guardian is incarcerated <input type="radio"/> Both parents/legal guardians are incarcerated <input type="radio"/> The only parent/legal guardian is incarcerated	

Referral Source (choose one):

- | | | |
|---|--|--|
| <input type="radio"/> Self-Referral | <input type="radio"/> Individual: Parent/Guardian | <input type="radio"/> Individual: Relative/Friend |
| <input type="radio"/> Individual: Other Adult/Youth | <input type="radio"/> Individual: Partner/Spouse | <input type="radio"/> Individual: Foster Parent |
| <input type="radio"/> Outreach Project: FYSB | <input type="radio"/> Outreach Project: Other | <input type="radio"/> Temp Shelter: FYSB BCP |
| <input type="radio"/> Temp Shelter: Other Youth Only ES | <input type="radio"/> Temp Shelter: ES for Families | <input type="radio"/> Temp Shelter: ES for Individuals |
| <input type="radio"/> Temp Shelter: DV Shelter | <input type="radio"/> Temp Shelter: Safe Place | <input type="radio"/> Temp Shelter: Other |
| <input type="radio"/> Res Project: FYSB TLP | <input type="radio"/> Res Project: Other TLP | <input type="radio"/> Res Project: Group Home |
| <input type="radio"/> Res Project: Independent Living Project | <input type="radio"/> Res Project: Job Corps | <input type="radio"/> Res Project: Drug Treatment Center |
| <input type="radio"/> Res Project: Other Project | <input type="radio"/> Res Project: Treatment Center | <input type="radio"/> Res Project: Educational Inst |
| <input type="radio"/> Res Project: Other Agency Project | <input type="radio"/> Hotline: Other | <input type="radio"/> Hotline: Nat'l Runaway Switchboard |
| <input type="radio"/> Other Agency: Child Welfare/CPS | <input type="radio"/> Other Agency: Non-residential Independent Living Project | <input type="radio"/> Juvenile System |
| <input type="radio"/> Other Project Operated by your Agency | <input type="radio"/> Other Youth Svcs Agency | <input type="radio"/> Religious Org |
| <input type="radio"/> School | <input type="radio"/> Law Enforcement/Police | |
| <input type="radio"/> Mental Hospital | <input type="radio"/> Other Org | |
| <input type="radio"/> Client Doesn't Know | <input type="radio"/> Client Refused | |

(If Outreach Project: FYSB was selected), Number of times approached by outreach prior to project entry:	Ever received anything in exchange for sex: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
(If yes), In the last 3 months: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	(If yes), How many times: <input type="radio"/> 1-3 <input type="radio"/> 4-7 <input type="radio"/> 8-11 <input type="radio"/> 12+ <input type="radio"/> Client Doesn't Know <input type="radio"/> Client Refused
(If yes), Ever made/persuaded to have sex in exchange: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	(If yes to made/persuaded), In the last 3 months: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Ever promised work where work or payment was different than you expected: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
(If yes to either of prior 2) Felt forced, pressured, or tricked into continuing the job: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	(If yes to any of prior 3), In the last 3 months: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
A written transitional, aftercare, or follow-up plan or agreement: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused	Advice about and/or referral to appropriate mainstream assistance programs: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused
Placement in appropriate, permanent, stable housing (not a shelter): <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused	Due to unavoidable circumstance or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused
Exit Counseling: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused	A course of further follow-up treatment or services: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused
A follow-up meeting or series of staff/youth meetings or contacts has been scheduled: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused	A "package" of such things as maps, information about local shelters and resources: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused
Other: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client refused	Project Completion Status (choose one): <input type="radio"/> Completed Project <input type="radio"/> Youth Voluntarily Left Early <input type="radio"/> Youth was expelled or otherwise involuntarily discharged from this project
(If Youth voluntarily left early) Select the major reason: <input type="radio"/> Left for other opportunities—Independent Living <input type="radio"/> Left for other opportunities—Education <input type="radio"/> Left for other opportunities—Military <input type="radio"/> Left for other opportunities—Other <input type="radio"/> Needs could not be met by project	(If Youth was expelled or otherwise involuntarily discharged from project) Select the major reason: <input type="radio"/> Criminal activity/destruction of property/violence <input type="radio"/> Non-compliance with project rules <input type="radio"/> Non-payment of rent/occupancy charge <input type="radio"/> Reached maximum time allowed by project <input type="radio"/> Project terminated <input type="radio"/> Unknown/disappeared
Family Reunification Achieved: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	