



RHYMIS / HMIS Intake Form

Intake Date: _____ Intake Counselor: _____ Program: _____
 First Name: _____ Middle: _____ Last: _____ Suffix: _____
 DOB: (8) ____/____/____ Age: _____ SS#: _____ - _____ - _____

Authorization to Share Protected Personal Information

I give authorization for my basic and personal information (including, but not limited to, name, gender, birth date, ethnicity, marital status, household configuration, military status, primary language spoken, and non-confidential services requested and received) to be shared with the organizations under which CCYCS operates and authorized staff of partner agencies in order to assist me in gaining access to services that I may need including housing, employment, financial assistance, vocational services, counseling and medical/mental health treatment. I understand that as I receive services, information will be collected about me and entered into the Runaway and Homeless Youth Management Information System (RHYMIS) and Homeless Management Information System (HMIS). My name and other identifying information in the RHYMIS/HMIS will not be shared with any agency not participating in the system (unless required to do so by law). **I understand that the current list of participating Partner Agencies may change over time to include other agencies that provide housing or services to the homeless population, and I give authorization for my information to be shared with any new Partner Agency.**

I understand that authorizing my information to be entered into the RHYMIS/HMIS is voluntary. Refusing to do so will not limit my access to shelter or other services. I understand that I have the right to receive a copy of my RHYMIS/HMIS information upon written request. I understand that I may cancel this authorization at any time by written request to the County Homeless Program at 1350 Arnold Dr. Suite 202, Martinez, CA 94553, but that the cancellation will not be retroactive.

Print Name of Participant _____ Signature of Participant _____ Date _____

Check here if interpreter used Interpreter: _____ Language: _____

<p>1. (1) Do you speak & understand English? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>2. (6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender to male <input type="checkbox"/> Transgender to female <input type="checkbox"/> Doesn't identify as male, female, or transgender <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know</p>
<p>3. (1) If not, what language are you most comfortable speaking? <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____</p>	<p>4. (21) Housing status at program Entry: <input type="checkbox"/> Category 1 - Homeless (ie. streets, shelter, transitional housing) <input type="checkbox"/> Category 2 - At imminent risk of losing housing (within 14 days) <input type="checkbox"/> Category 3 - Homeless only under other federal statutes <input type="checkbox"/> Category 4 - Fleeing domestic violence <input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Stably housed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p>Note: Category 1-Homeless includes individuals recently exiting an institution who were homeless prior to entering the institution</p>
<p>5. Sexual Orientation? <input type="checkbox"/> Hetero-sexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Questioning/unsure <input type="checkbox"/> Unknown/refused to answer</p>	<p>6. FYSB Youth (17 and under)? <input type="radio"/> Yes <input type="radio"/> No If no, reason: <input type="radio"/> Out of age range <input type="radio"/> Ward of the State <input type="radio"/> Ward of Criminal Justice System</p>
<p>7. (24) Last Permanent Residence: (where client last stayed for 90 days or more not counting shelters, transitional housing, or institutions) Address: _____ City: _____ Zip: _____ When did you leave this residence (M/DD/YY)? ____/____/____ <input type="checkbox"/> Full Zip <input type="checkbox"/> Partial Zip <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>	<p>8. (25) Current or Most Recent Mailing address: (if different from last permanent address) Address: _____ City: _____ Zip: _____ 9. (25) Are you currently staying there? <input type="checkbox"/> yes <input type="checkbox"/> no</p>

10. (23) What city are you from (where did you lose your housing)?

<input type="checkbox"/> Alamo	<input type="checkbox"/> Byron	<input type="checkbox"/> Danville	<input type="checkbox"/> Kensington	<input type="checkbox"/> Oakley	<input type="checkbox"/> Port Costa
<input type="checkbox"/> Antioch	<input type="checkbox"/> Canyon	<input type="checkbox"/> Diablo	<input type="checkbox"/> Knightsen	<input type="checkbox"/> Orinda	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bay Point	<input type="checkbox"/> Clayton	<input type="checkbox"/> Discovery Bay	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Pacheco	<input type="checkbox"/> Rodeo
<input type="checkbox"/> Bethel Island	<input type="checkbox"/> Clyde	<input type="checkbox"/> El Cerrito	<input type="checkbox"/> Martinez	<input type="checkbox"/> Pinole	<input type="checkbox"/> San Pablo
<input type="checkbox"/> Blackhawk	<input type="checkbox"/> Concord	<input type="checkbox"/> El Sobrante	<input type="checkbox"/> Moraga	<input type="checkbox"/> Pittsburg	<input type="checkbox"/> San Ramon
<input type="checkbox"/> Brentwood	<input type="checkbox"/> Crockett	<input type="checkbox"/> Hercules	<input type="checkbox"/> N Richmond	<input type="checkbox"/> Pleasant Hill	<input type="checkbox"/> Walnut Creek

Other Bay Area County:
 Alameda Marin Monterey Napa San Francisco Sonoma
 San Mateo Santa Clara Santa Cruz Solano Other county in CA: _____

Other City in the U.S.: _____
 Other Country: _____

Living Situation Info

11. What best describes your living situation last night (prior to entering this program) [Please choose one of the three following situations and only answer the questions within that column]:

Literally Homeless	Institutional Situation	Transitional & Permanent Housing						
<ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe haven <input type="checkbox"/> Interim Housing 	<ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center 	<ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused 						
<p>Length of living situation prior to entering this program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused 	<p>Length of living situation prior to entering this program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused 	<p>Length of living situation prior to entering this program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused 						
<p>Approximate date this episode of homelessness started: ___ / ___ / ___</p>	<p>If the Length of Stay above was less than 90 days, did you enter the institution from the streets, Emergency Shelter, or Safe Haven? ___Yes ___No</p> <p>If yes, Approximate date this episode of homelessness started: ___ / ___ / ___</p> <p><small>Note: Homelessness may have begun prior to institution stay. If institution stay was less than 90 days, time can be bridged and counted as one episode.</small></p>	<p>If the Length of Stay above was less than 7 nights, did you enter the above housing situation from the streets, Emergency Shelter, or Safe Haven? ___Yes ___No</p> <p>If yes, Approximate date this episode of homelessness started: ___ / ___ / ___</p> <p><small>Note: If client stayed in a housed situation for less than 7 days, time can be bridged and counted as one episode.</small></p>						
<p>* For emergency shelters and street outreach only:</p>								
<p>If client is coming from either an institution where they stayed MORE than 90 days OR a housing situation where they stayed MORE than 7 days, then their Start Date of Homelessness would be today's date (Intake Date): Intake Date: ___ / ___ / ___</p>								
<p>Number of times you have been homeless on the streets/shelter in the past three years including today.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 1 time</td> <td style="width: 33%;"><input type="checkbox"/> 3 times</td> <td style="width: 33%;"><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> 2 times</td> <td><input type="checkbox"/> 4 or more times</td> <td><input type="checkbox"/> Client refused</td> </tr> </table>			<input type="checkbox"/> 1 time	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 2 times	<input type="checkbox"/> 4 or more times	<input type="checkbox"/> Client refused
<input type="checkbox"/> 1 time	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client doesn't know						
<input type="checkbox"/> 2 times	<input type="checkbox"/> 4 or more times	<input type="checkbox"/> Client refused						
<p>Total Number of Months Homeless in the Past Three Years [Note: Any single day or part of a month spent homeless should be counted as 1 month. Add up these episodes for a cumulative total.]: _____ months</p>								

<p>17. (14) Ethnicity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (Non-Hispanic/Latino) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused 	<p>18. (15) What race BEST describes you (you may check more than one)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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***19. (18) Have you ever served in the US Military:** Yes ___ No ___ Client doesn't know ___ Client refused ___

If yes, Branch of the Military? Army ___ Navy ___ Air Force ___ Marines ___ Coast Guard ___

Year entered military service: _____ **Year separated from military service:** _____

<p>Era (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> World War II <input type="checkbox"/> Korean War <input type="checkbox"/> Vietnam War <input type="checkbox"/> Persian Gulf War <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq Freedom <input type="checkbox"/> Iraq Dawn <input type="checkbox"/> Other Peace-keeping Operations 	<p>Discharge Status:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Honorable</td> <td style="width: 50%;"><input type="checkbox"/> Bad Conduct</td> </tr> <tr> <td><input type="checkbox"/> General under honorable conditions</td> <td><input type="checkbox"/> Dishonorable</td> </tr> <tr> <td><input type="checkbox"/> Under other than honorable conditions (OTH)</td> <td><input type="checkbox"/> Uncharacterized/Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Client refused</td> </tr> </table>	<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Uncharacterized/Other		<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client refused
<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct										
<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable										
<input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Uncharacterized/Other										
	<input type="checkbox"/> Client doesn't know										
	<input type="checkbox"/> Client refused										

20. (2) Who referred you to this program?

- AB 109 probation officer
- Friend
- Family member
- Hospital (non-psychiatric)
- Psychiatric hospital/facility
- Criminal justice system (non AB 109)
- Law enforcement/police
- Shelter
- Clinic/Outpatient facility
- Residential program
- Skilled Nursing Facility
- 211 Crisis Line
- Other Crisis Center
- Shelter Hotline
- Mental Health Access Line
- VA
- Church/religious organization
- Benefits worker/case manager
- HOPE Outreach
- Central County Outreach
- Web/internet
- MSC/Drop-In center
- Self
- Other _____
- Client doesn't know
- Client refused to answer

21. Referral Source for RHYMIS:

- Self-referral
- Individual:
 - Parent/Guardian
 - Relative or Friend
 - Other Adult or Youth
 - Partner/Spouse
 - Foster Parents
- Outreach Project:
 - FYSB
 - Other
- Temporary Shelter:
 - FYSB Basic Center Project
 - Other Youth Only Emergency Shelter
 - Emergency Shelter for Families
 - Emergency Shelter for Individuals
 - Domestic Violence Shelter
 - Safe Place
 - Other
- Residential Project:
 - FYSB Transitional Living Project
 - Other Transitional Living Project
 - Group Home
 - Independent Living Project
 - Job Corps
 - Drug Treatment Center
 - Treatment Center
 - Educational Institute
 - Other Agency project
 - Other Project
- Hotline:
 - National Runaway Switchboard
 - Other
- Other Agency:
 - Child Welfare / CPS
 - Non-residential Independent Living Project
- Other Project Operated by your Agency
- Other youth agency
- Juvenile Justice
- Law Enforcement/Police
- Religious Organization
- Mental Hospital
- School
- Other Organization
- Client doesn't know
- Client refused to answer

22. Are you currently a ward of Child Welfare/Foster Care? no yes

23. Have you ever been a ward of Child Welfare/Foster Care? no yes **If yes, year(s) _____**
If less than a year : month(s) _____

24. Are you currently involved in the juvenile justice system? no yes

25. Have you ever been a ward of the juvenile justice system? no yes **If yes, year(s) _____**
If less than a year : month(s) _____

26. Have you ever been convicted of a crime? no yes **If yes, explain: _____**
Were you convicted within the last 6 months? no yes

27. (45) Are you currently on probation (Y/N)? _____ **Probation end date:** ___/___/___ **Officer** _____ **Phone No.** _____
Are you currently on parole (Y/N)? _____ **Parole end date:** ___/___/___ **Officer** _____ **Phone No.** _____

28. (47) Have you ever been incarcerated in State/County/Federal prison (Y/N)? _____
If yes:
 a) **Were you released as a result of California Assembly Bill (AB) 109?** Yes _____ No _____ Don't Know _____
 b) **Were you released within the last 6 months?** Yes _____ No _____ Don't Know _____

31. School Status

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client doesn't know
- Client refused

32. (40) Last grade completed (check one):

- < 5th grade
- Grade 5-6
- Grade 7-8
- 9th – 11th Grade
- 12th Grade
- GED
- School program does not have grade levels
- Some college
- Associates Degree
- Bachelor's Degree
- Graduate Degree
- Vocational Certification
- Client doesn't know
- Client refused

***33. Disabilities -Please indicate Yes or No for each of the following disability types:**

	Yes/No	Severity Documented?	Long Term?	Receiving Aid?		Yes/No	Severity Documented?	Long Term?	Receiving Aid?		Yes/No	Severity Documented?	Long Term?	Receiving Aid?
1. Mental Health Problem	_____	_____	_____	_____	4. HIV/AIDS	_____	_____	_____	_____	7. Chronic Health Condition	_____	_____	_____	_____
2. Alcohol Abuse	_____	_____	_____	_____	5. Physical	_____	_____	_____	_____	8. Other:	_____	_____	_____	_____
3. Drug Abuse	_____	_____	_____	_____	6. Developmental	_____	_____	_____	_____		_____	_____	_____	_____

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.

34. Medications you are taking, if any (please list): _____

35. Ever been afraid to quit/leave work due to threats of violence to you or your family/friends? No Yes Unsure

36. Ever been promised work where the work or payment ended up being different than what you expected? No Yes Unsure

37. If yes to either of the above, did you feel forced/pressured/tricked into continuing this job? No Yes Unsure

38. Have you had any jobs like these in the last 3 months? No Yes Unsure

39. Have you ever willingly performed or been threatened/coerced/manipulated to perform a sexual act in exchange for money/goods? No Yes Unsure

If Yes above answer all 3 questions below:

a. Has it been in the past 3 months? No Yes Client doesn't know

b. How many times? 1-3 4-7 8-11 12 or more Client doesn't know Client refused

c. Did someone ask/make you have sex? No Yes Client doesn't know
If yes, was this in the last 3 months? Yes / No

40. Have you ever been a victim of domestic violence/abuse? No Yes Don't know Refused

If Yes, please indicate when the most recent domestic violence experience occurred:

within the past 3 months 3-6 months ago 6-12 months ago more than a year ago

Are you currently fleeing? No Yes Don't know Refused

41. (32) Household configuration:

Single Family without children

42. Are you pregnant? If yes, projected birthdate: _____

No Yes Unsure

43. Do you have any children?

No Yes If yes, how many? ____

44. Do you have custody?

No Yes

45. (37) Please list information about all dependent children (under 18 years old) in your household.

First Name	M.I.	Last	Suffix	DOB	SS#	Program Entry Date (if different from above)	Gender	Latin-Hispanic	Race	Special Needs

46. (41) Are you currently Employed?

Yes No Client doesn't know Client refused

47. (41) If yes: Are you working:

Full-time Part-time Seasonal/sporadic (including Labor Day)

Date of employment: _____

Where? _____

Hours per week? _____

48. If no: Are you:

Looking for work Unable to work Not looking for work

49. Are you in a Job Training Program?

Yes No

50. (42) Monthly Income: Please answer Yes or No to each of the following.

Source	Any income received in the past 30 days (Y/N)?	Amount	Source	Any income received in the past 30 days (Y/N)?	Amount
Earned Income (ie. employment income)			Parents/Partner		
Retirement Income from Social Security			Student Financial Aid		
Pension from a former job (including military retirement pay)			Alimony or Other spousal support SSI		
Private disability insurance			SSI		
Unemployment insurance			SSDI		
Workers Compensation			General Assistance		
VA service-connected disability compensation			TANF		
VA non-service connected disability pension			Other		
Child Support			No Financial Resources		

51. (35) Current Total Monthly Income: \$ _____ (please indicate if \$0)

52. Non Cash Benefits -Supplemental Nutrition Assistance Program (Food Stamps) -TANF Child Care Services -TANF-Transportation services -Other TANF-funded services -WIC -Section 8, public housing, or other ongoing rental assistance -Temporary rental assistance -Other: _____	Received in past 30 days? Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No	53. Health Insurance -Medicaid/Medi-Cal -MEDICARE -State Children's Health Insurance Program (SCHIP) -Veteran's Administration (VA) Medical Services -Employer-provided Health Insurance -Health Insurance obtained through COBRA -Private Pay Health Insurance -State Health Insurance for Adults -Indian Health Services Programs -Other	Currently Covered? Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
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54. What is your General Health Status? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know Client refused	55. What is your Dental Health Status? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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56. What is your Mental Health Status? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	57. Do you currently use any substances? <input type="checkbox"/> NO <input type="checkbox"/> YES o Alcohol o Tobacco o Crack o Heroin (Methadone) o Speed/crank o Marijuana o Other _____
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58. Critical Issues: Please mark the critical issues being experienced	<u>Experienced by Youth</u>	<u>Experienced by Family Member</u>	<u>Experienced by Both</u>
Household dynamics			
Sexual Orientation/Gender Identity			
Housing Issues			
School or Education Issues			
Unemployment			
Mental Health Issues			
Health Issues			
Physical Disability			
Mental Disability			
Abuse and Neglect			
Alcohol and other drugs			
Insufficient Income to support Youth			
Active Military Parent			
Incarcerated Parent of youth <i>If parent of youth is incarcerated, specify</i> <input type="checkbox"/> One parent/legal guardian is incarcerated <input type="checkbox"/> Both parents/legal guardians are incarcerated <input type="checkbox"/> The only parent/legal guardian is incarcerated			

59. If FYSB, number of times approached by Outreach prior to entering the Project? _____

60. What needs do you have that this CCYCS program can assist you with?

<input type="checkbox"/> Child care	<input type="checkbox"/> Clothing	<input type="checkbox"/> Dental	<input type="checkbox"/> Health education
<input type="checkbox"/> GED/training	<input type="checkbox"/> Employment	<input type="checkbox"/> Food	<input type="checkbox"/> Family planning
<input type="checkbox"/> Housing/shelter	<input type="checkbox"/> Legal aid	<input type="checkbox"/> Transportation	<input type="checkbox"/> Medical care
<input type="checkbox"/> SA/MH Treatment	<input type="checkbox"/> Immigration assistance	<input type="checkbox"/> Pregnancy test	<input type="checkbox"/> Parenting skills
<input type="checkbox"/> Domestic Violence issues	<input type="checkbox"/> Therapy/counseling	<input type="checkbox"/> Other _____	<input type="checkbox"/>

Thank you for taking the time to tell me a little about yourself. Again, this information will be shared only with other CCYCS staff and collaborative agencies that are involved with your case. You will now be referred to a case manager who can further assist you with short and long term goals.

Intake Worker signature: _____