



CONTRA COSTA YOUTH CONTINUUM OF SERVICES

FOR RUNAWAY AND HOMELESS YOUTH



RHYMIS / HMIS Intake Form

*First Name _____ Middle _____ *Last Name _____ *Suffix _____ (Jr/Sr.)

*Social Security No: _____ Intake Date: _____

Intake Counselor: _____ Agency/Program: _____

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 this consent expires 10 years after the signed date and 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 and all information lawfully collected will remain in HMIS.

Print Name of Participant _____ Signature of Participant _____ Date _____

Check here if interpreter used Interpreter: _____ Language: _____

Note: All information requested below is voluntary, however some questions may be required by specific programs to determine eligibility.

*1. Birth Date: _____ Full Approximate/Partial Client doesn't know Client refused **Age:** _____

*2. Gender: Male Female Trans Male Client doesn't know Trans Female Client refused Gender non-conforming (i.e. not exclusively male or female)

*3. Sexual Orientation: Straight/Heterosexual Gay Lesbian Bisexual Questioning/Unsure Client refused

*4. What race BEST describes you? (Check all that apply) [HUD recommendation: Those of Latin heritage should mark American Indian if their ancestry from North, South or Central America. Those from the Far East (including India) should mark Asian. Those from the Middle East should mark White.]

American Indian/Alaskan Native Black/African-American Client doesn't Know
 Asian White Client refused
 Native Hawaiian / Pacific Islander

*5. Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Client doesn't know Client refused

6. 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> <input type="checkbox"/> World War II <input type="checkbox"/> Afghanistan <input type="checkbox"/> Korean War <input type="checkbox"/> Iraq Freedom <input type="checkbox"/> Vietnam War <input type="checkbox"/> Iraq New Dawn <input type="checkbox"/> Persian Gulf War <input type="checkbox"/> Other	<p>Discharge Status:</p> <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Uncharacterized/Other <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Client refused
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7. What is your primary language?
 English Spanish Chinese Vietnamese Tagalog Arabic Other

8. Phone # (if any): _____ 9. Email (if any): _____ 10. Identification#: _____

*11. What is your Current or Most Recent Mailing Address? Currently staying there (Y/N)? _____

Address _____ City _____ State _____ Zip _____

12. Relationship to Head of Household:

- Self Child Spouse/partner Other relation Other: Non-relation member

13. Who referred you to this program?

- | | | |
|---|---|--|
| <input type="checkbox"/> 211 Crisis line | <input type="checkbox"/> Care/Drop in center | <input type="checkbox"/> Self |
| <input type="checkbox"/> Other Crisis line | <input type="checkbox"/> Benefits worker/case manager | <input type="checkbox"/> Friends/Relative |
| <input type="checkbox"/> Shelter Hotline | <input type="checkbox"/> VA | <input type="checkbox"/> Web/internet |
| <input type="checkbox"/> Mental Health Access line | <input type="checkbox"/> CORE Outreach | <input type="checkbox"/> Church/Religious Organization |
| <input type="checkbox"/> Hospital (Non-psychiatric) | <input type="checkbox"/> Police /Law Enforcement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinic/Outpatient facility | <input type="checkbox"/> Criminal Justice System(AB109) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> AB109 Probation Officer | <input type="checkbox"/> Client refused to answer |
| <input type="checkbox"/> Residential program | | |

Living Situation Info

***14. 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
<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	<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	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <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 (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with no ongoing 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 (including RRH) <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
Length of living situation prior to entering this program: <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	Length of living situation prior to entering this program: <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	Length of living situation prior to Entering this program: <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
Approximate date this episode of homelessness started: ____ / ____ / ____ Is this your first time being Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the Length of Stay above was less than 90 days, did you enter the <u>institution</u> from the streets, Emergency Shelter, or Safe Haven? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Approximate date this episode of homelessness started: ____ / ____ / ____ <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>	If the Length of Stay above was less than 7 nights, did you enter the above <u>housing situation</u> from the streets, Emergency Shelter, or Safe Haven? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Approximate date this episode of homelessness started: ____ / ____ / ____ <small>Note: If client stayed in a housed situation for less than 7 days, time can be bridged and counted as one episode.</small>
* For emergency shelters and street outreach only:		
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: ____ / ____ / ____		
Number of <u>times</u> you have been homeless on the streets/shelter in the past <u>three</u> years including today. <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		
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		

***15. Housing Status at Program Entry**

- | | | |
|--|---|--|
| <input type="checkbox"/> Category 1 – Homeless (i.e. streets, shelter, transitional housing) | <input type="checkbox"/> Category 4 – Fleeing domestic violence | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Category 2 – At imminent risk of losing housing (within 14 days) | <input type="checkbox"/> At-risk of homelessness | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Category 3 – Homeless only under other federal statutes | <input type="checkbox"/> Stably housed | |

*** Note: Category 1 Homeless includes individuals currently entering a shelter, transitional housing, or coming from an institution who were category 1 homeless prior to entering the institution**

***16. City where you lost stable housing (does not include shelter, transitional housing, or institutions). For prevention programs, city where you are at-risk of losing 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"/> Discovery Bay | <input type="checkbox"/> Knightsen | <input type="checkbox"/> Orinda | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bay Point | <input type="checkbox"/> Clayton | <input type="checkbox"/> El Cerrito | <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 Sobrante | <input type="checkbox"/> Martinez | <input type="checkbox"/> Pinole | <input type="checkbox"/> San Pablo |
| <input type="checkbox"/> Blackhawk | <input type="checkbox"/> Concord | <input type="checkbox"/> Hercules | <input type="checkbox"/> Moraga | <input type="checkbox"/> Pittsburg | <input type="checkbox"/> San Ramon |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Crockett | | <input type="checkbox"/> N Richmond | <input type="checkbox"/> Pleasant Hill | <input type="checkbox"/> Walnut Creek |

Other Bay Area County:

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> Monterey |
| <input type="checkbox"/> Napa | <input type="checkbox"/> San Francisco | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Solano |
| <input type="checkbox"/> Sonoma | <input type="checkbox"/> Other County in CA _____ | <input type="checkbox"/> Refused |

Other part of Contra Costa County: _____ Other County not listed here: _____

Health and Disability Info

***17. Please indicate Yes or No for each of the following disability types:**

	Yes/No	Long term		Yes/No	Long term
Physical			Mental health problem		
Developmental			Alcohol abuse		
Chronic health condition			Drug abuse		
HIV/AIDS			Other		

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.

***18. Do you have a Disabling Condition? This means: Do you have a condition of expected long duration that substantially limits your ability to live on your own**

- Yes No Client doesn't know Client refused

***19. Are you currently covered by Health Insurance** Yes____ No____ Client doesn't know ____ Client refused ____

Please answer Yes or No for each of the following Health Insurance Types:

Health Insurance	Currently covered (Y/N)?	*HOPWA Only: If no, reason?	Health Insurance	Currently covered (Y/N)?	*HOPWA Only: If no, reason?
Medicaid/Medi-Cal			Health insurance obtained through COBRA		
MEDICARE			Private Pay Health Insurance		
State Children's Health Insurance Program (SCHIP)			State Health Insurance for Adults		
Employer-provided Health Insurance			Indian Health Services Program		
Veteran's Administration (VA) Medical Services			Other		

20. 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 refused |
| <input type="checkbox"/> Client doesn't know | |

21. 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 refused |
| <input type="checkbox"/> Client doesn't know | |

22. 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 refused |
| <input type="checkbox"/> Client doesn't know | |

23. Do you currently use any substances?

- No
 Yes
 Alcohol Tobacco Crack Heroin (Methadone) Speed/crank Marijuana
 Other _____

Income and Employment

24. Are you Employed (Y/N)? _____

<p>If Employed, Type of employment?</p> <p><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal</p> <p>How many hours do you work each week? _____</p> <p>Where ? : _____</p>	<p>If Unemployed, why?</p> <p><input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work</p> <p><input type="checkbox"/> Other reasons</p>
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***25. Any income received from any source in the last 30 days (Y/N)? _____ (answer Yes or No to each of the following):**

Source	Received in the past 30 days (Y/N)?	Amount	Source	Received in the past 30 days (Y/N)?	Amount
Earned Income (i.e. employment income)			SSI		
Unemployment insurance			TANF		
Workers Compensation			General Assistance		
Private disability insurance			Alimony or Other spousal support		
VA service-connected disability compensation			Child Support		

***26. Any non-cash benefits received in the last 30 days (Y/N)?** _____ (answer Yes or No to each of the following):

Source	Received in the past 30 days (Y/N)?	Source	Received in the past 30 days (Y/N)?
Supplemental Nutrition Assistance Program (Food Stamps)		Other TANF-funded services	
TANF Child Care Services		Temporary rental assistance	
WIC		Other: _____	
TANF Transportation Services			

Education

27. School Status

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client doesn't know |
| | | | <input type="checkbox"/> Client refused |

28. Last grade completed?

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> < 5th grade | <input type="checkbox"/> 9 th – 11 th Grade | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 5-6 | <input type="checkbox"/> 12 th Grade | <input type="checkbox"/> Some college | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> Grade 7-8 | <input type="checkbox"/> GED | <input type="checkbox"/> Associates degree | <input type="checkbox"/> Client doesn't know |
| | | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Client refused |

Criminal History

29. Have you ever been convicted of a crime (Y/N)? _____ Explain: _____

If yes, were you convicted within the last 6 months (Y/N)? _____

30. Are you currently on probation (Y/N)? _____ Probation office's name and phone no.: _____
 Probation end date (mm/dd/yy): ___/___/___

31. Are you currently on parole (Y/N)? _____ Parole office's name and phone no.: _____
 Parole end date (mm/dd/yy): ___/___/___

32. 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 (Y/N)? _____
 b) Were you released within the last 6 months (Y/N)? _____

Youth Related Questions

Labor Exploitation

<p>33. Ever been afraid to quit/leave work due to threats of violence to you or your family/friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>	<p>36. If yes to either of the above, Have you had any jobs like these in the last 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>34. Ever been promised work where the work or payment ended up being different than what you expected?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>	<p>35. If yes to either of the above, did you feel forced/pressured/ tricked into continuing this job</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>

Sexual Exploitation

37. Have you ever willingly performed or been threatened/coerced/manipulated to perform a sexual act in exchange for money/goods? (Y/N) :

Yes No Unsure

a. If yes above, was this in the last 3 months?

Yes No Unsure

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?

Yes No Client Refused

If yes, was this in the last 3 months?

Yes No

38. Have you ever been a victim of domestic violence/abuse?

Yes No Client doesn't know Client 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

