1. Client Information

Client Name and/or Alias		**Name Data Quality**	☐ Full Name Reported ☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
SSN	_____ - _____ - _____	**SSN Data Quality**	☐ Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Client ID		**U.S. Military Veteran**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

2. Household Information

Household Type	☐ Couple (parent & friend) & child(ren) ☐ Couple with no child(ren) ☐ Extended family unit	☐ Foster parent(s) with child(ren) ☐ Grandparent(s) with child(ren) ☐ Non-custodial caregiver(s) with child(ren)	☐ Other ☐ Single parent with child(ren) ☐ Two parents with child(ren)	
Head of Household	☐ Yes ☐ No	**If No, HOH Name and ID**		
Relationship to Head of Household	☐ Brother ☐ Daughter ☐ Daughter-in-law ☐ Father ☐ Father-in-law ☐ Foster daughter ☐ Foster Son	☐ Granddaughter ☐ Grandfather ☐ Grandmother ☐ Grandson ☐ Husband ☐ Mother ☐ Mother-in-law	☐ Nephew ☐ Niece ☐ Other non-relative ☐ Other relative ☐ Self ☐ Significant other ☐ Sister	☐ Son ☐ Son-in-law ☐ Step-daughter ☐ Step-son ☐ Unknown ☐ Wife

3. Entry Summary

Provider Name		**Entry Type**	☐ HUD ☐ VA ☐ PATH ☐ RHY
Entry Date	Month Day Year	**All Household Members Entering**	☐ Yes ☐ No

4. Universal Data Elements

Relationship to Head of Household	☐ Self (Head of Household) ☐ Head of Household's child ☐ Head of Household's spouse or partner ☐ Head of Household's other relation member ☐ Other: non-relation member ☐ Data Not Collected	**Date of Birth**	Month Day Year
		DOB Type	☐ Full DOB Reported ☐ Partial DOB Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Race	**Pri** **Sec** ☐ ☐ American Indian/Alaska Native ☐ ☐ Asian ☐ ☐ Black or African-American ☐ ☐ Native Hawaiian/Pacific Islander ☐ ☐ White ☐ ☐ Client Doesn't Know ☐ ☐ Client Refused ☐ ☐ Data Not Collected	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Gender	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Doesn't identify as Male, Female, or Transgender ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Does Client have a disabling condition?** ☐ Yes ☐ No

If covered by AHCCCS enter ID #:	

Homelessness Primary Reason	☐ Aged out of foster care ☐ Client doesn't know ☐ Client NOT homeless ☐ Client refused ☐ Criminal Activity	☐ Data not collected ☐ Domestic Violence ☐ Economic ☐ Evicted ☐ Family dispute/overcrowding	☐ Loss of job ☐ Medical condition ☐ Mental health ☐ Moved to seek work ☐ Natural disaster/fire	☐ Release from jail or prison ☐ Relocated ☐ Substance abuse ☐ Trafficking/Exploitation

Residence Prior To Project Entry

Homeless Situation	Institutional Situation	Transitional and Permanent Housing Situation
☐ Place not meant for habitation	☐ Foster care home or foster care group home	☐ Hotel or motel paid for without Emergency Shelter voucher
☐ Emergency shelter *(Including hotel/motel paid for with Emergency Shelter voucher)*	☐ Hospital or other residential non-psychiatric medical facility	☐ Owned by client, no ongoing subsidy
☐ Safe Haven	☐ Jail, prison, or juvenile detention facility	☐ Owned by client, with ongoing subsidy
☐ *Interim Housing*	☐ Psychiatric hospital or other psychiatric facility	☐ Permanent housing for formerly homeless persons
	☐ Substance abuse treatment facility or detox center	☐ Rental by client, no ongoing subsidy
		☐ Rental by client, with VASH subsidy
		☐ Rental by client, with GPD TIP subsidy
☐ **Client doesn't know**		☐ Rental by client, with other ongoing subsidy
☐ **Client refused**		☐ Residential project or halfway house with no homeless criteria
☐ **Data not collected**		☐ 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)

Length of stay in previous place	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	**Did you stay less than 90 days?**	☐ Yes ☐ No	**If yes, indicate how long they stayed** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days
		Did you stay less than 7 nights?	☐ Yes ☐ No	**If yes, indicate how long they stayed** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days
		On the night before did you stay on the streets, in ES, or SH?		☐ Yes ☐ No

For Chronic Homelessness Determination	**(Regardless of where they stayed last night) Total number of times homeless on the street, in Emergency Shelter or SH in the past three years, including today**	☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	**Approximate date homelessness started**	Month Day Year	
			Total number of months homeless on the street, in ES, or SH in the past three years	☐ One month (this is the first time) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected
Zip Code of Last Know Permanent Address			**Client Location**		☐ AZ-502

5. Program Data Elements

Income and Benefits

Total Monthly Income					
Income from any source	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Non-cash benefit from any source**	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Sources and Amounts of Income at Entry		Non-Cash Benefits	
Alimony or Other Spousal Support	$_____.00		
Child Support	$_____.00		
Earned Income	$_____.00		
General Assistance	$_____.00		
No Financial Resources	$_____.00		
Other	$_____.00		
Pension or Retirement Former Job	$_____.00		
Private Disability Insurance	$_____.00		
Retirement Income Social Security	$_____.00		
SSDI	$_____.00		
SSI	$_____.00		
TANF	$_____.00		
Tribal Pay	$_____.00		
Unemployment Insurance	$_____.00		
VA Non-Service Disability Pension	$_____.00		
VA Service Connected Disability Comp	$_____.00		
Worker's Compensation	$_____.00		
If Other, Specify _____	$_____.00		
		Supplemental Nutrition Assist Program *(Food Stamps)*	☐
		Special Supplemental Nutrition Program for WIC	☐
		TANF Child Care Services	☐
		TANF Transportation Services	☐
		Other TANF-Funded Services	☐
		Section 8, Public Housing	☐
		Other Source	☐
		Temporary Rental Assistance	☐

Health Insurance

Covered by Health Insurance	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Health Insurance Type**	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ 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 program ☐ Other (Specify) _____

Disabilities

Alcohol Abuse	☐ Yes ☐ No				
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Chronic Health Condition	☐ Yes ☐ No				
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Developmental	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Drug Abuse	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Mental Health Problem	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Physical	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
HIV/AIDS	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Education			
Highest Level of Education Attained	☐ No Schooling Completed ☐ Nursery School to 4th Grade ☐ 5th or 6th Grade ☐ 7th or 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade, No Diploma ☐ High School Diploma ☐ GED	☐ Post-Secondary School ☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Doctorate Degree ☐ Other Graduate/Professional Degree ☐ Certificate of advanced learning or skilled artisan ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	
Date of BCP Status Determination	Month Day Year		
FYSB Youth	☐ Yes ☐ No	**If no, reason for not providing services**	☐ Out of age range ☐ Ward of the State – Immediate Reunification ☐ Ward of the Criminal Justice System – Immediate Reunification ☐ Other (Specify) _____

Sexual Orientation	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Last Grade Completed**	☐ Less than Grade 5 ☐ Grade 5-6 ☐ Grade 7-8 ☐ Grade 9-11 ☐ Grade 12 ☐ School Program Does Not Have Grade Levels ☐ GED ☐ Some College ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
School Status	☐ Attending School Regularly ☐ Attending School Irregularly ☐ Graduated High School ☐ Obtained GED ☐ Dropped Out ☐ Suspended ☐ Expelled ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Employed**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Type of Employment	☐ Full Time ☐ Part Time ☐ Seasonal/Sporadic (including day labor) ☐ Data Not Collected	**If No, Why not Employed**	☐ Looking for Work ☐ Unable to Work ☐ Not looking for Work ☐ Data Not Collected
General Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Dental Health Status**	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Mental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Pregnant**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
		If Yes, Projected Birth Date:	Month Day Year
Formerly a Ward of Child Welfare/Foster Care Agency	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Number of Years**	☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 or more years ☐ Data Not Collected
If Less than one year, Number of months	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11		
Formerly a Ward of Juvenile Justice System	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Number of Years**	☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 or more years ☐ Data Not Collected
If Less than one year, Number of months	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11		
Young Person's Critical Issues			
Household Dynamics	☐ Yes ☐ No ☐ Data Not Collected		
Sexual Orientation / Gender Identity Youth	☐ Yes ☐ No ☐ Data Not Collected	**Sexual Orientation / Gender Identity Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Housing Issues Youth	☐ Yes ☐ No ☐ Data Not Collected	**Housing Issues Family Member**	☐ Yes ☐ No ☐ Data Not Collected
School or Educational Issues Youth	☐ Yes ☐ No ☐ Data Not Collected	**School or Educational Issues Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Unemployment Youth	☐ Yes ☐ No ☐ Data Not Collected	**Unemployment Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Mental Health Issues Youth	☐ Yes ☐ No ☐ Data Not Collected	**Mental Health Issues Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Health Issues Youth	☐ Yes ☐ No ☐ Data Not Collected	**Health Issues Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Physical Disability Youth	☐ Yes ☐ No ☐ Data Not Collected	**Physical Disability Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Mental Disability Youth	☐ Yes ☐ No ☐ Data Not Collected	**Mental Disability Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Abuse and Neglect Youth	☐ Yes ☐ No ☐ Data Not Collected	**Abuse and Neglect Family Member**	☐ Yes ☐ No ☐ Data Not Collected

Alcohol or other drug abuse Youth	☐ Yes ☐ No ☐ Data Not Collected	**Alcohol or other drug abuse Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Insufficient Income to Support Youth	☐ Yes ☐ No ☐ Data Not Collected	**Active Military Parent Family Member**	☐ Yes ☐ No ☐ Data Not Collected
Incarcerated Parent of Youth	☐ Yes ☐ No ☐ Data Not Collected	**If Yes for Incarcerated Parent of Youth, Please Specify**	☐ One parent / legal guardian is incarcerated ☐ Both parents / legal guardians are incarcerated ☐ The only parent / legal guardian is incarcerated ☐ Data Not Collected
Referral Source:			
If FYSB, number of times approached by outreach prior to entering the project			
Ever received anything in exchange for sex (e.g. money, food, drugs, shelter?)	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for "received anything in exchange for sex", has occurred in the last three months**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If yes for "received anything in exchange for sex" How many times?	☐ 1-3 ☐ 4-7 ☐ 8-11 ☐ 12 or more ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for "received anything in exchange for sex" Ever made/persuaded to have sex in exchange for something?**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If yes for "ever made/persuaded to have sex in exchange for something", has this occurred in the last three months?	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Ever promised work where work or payment was different that you expected?	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for either "Workplace violence threats" or "Workplace promise difference" Felt forced, pressured or tricked into continuing the job?**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If yes for either "Workplace violence threats" or "Workplace promise difference" In the last three months?	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		

Intake Staff Name_____