

Receiving Non-Cash Benefits?

If yes, select all that apply:

- Yes**
- Client doesn't know
- No
- Client prefers not to answer
- SNAP
- WIC
- TANF Childcare
- TANF Transportation
- Other TANF Services
- Other non-cash benefit source

Covered by Health Insurance?

- Yes**
- Client doesn't know
- No
- Client prefers not to answer

**If yes, select all that apply:

- 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 Health Insurance

*Pregnancy Status

(Required for street outreach)

- Yes --Due Date _____
- No
- Client doesn't know
- Client prefers not to answer

RHY BCP Status

Complete RHY-BCP Status Determination only once, when the Status Determination has occurred. There should only be one RHY-BCP Status Determination per Project Stay.

*Date of Status Determination:

*Youth eligible for RHY services?

- Yes
- No, select reason not enrolled:
 - Out of age range
 - Ward of the State - Immediate reunification
 - Ward of the Criminal Justice system - Immediate reunification
 - Other

Runaway youth

- Yes**
- No
- Client doesn't know
- Client prefers not to answer

Current Living Situation (required for street outreach programs)

*Location details: _____

Homeless Situation: If a selection is made from this area, SKIP to the end

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Place not meant for habitation
- Safe Haven
- Other:
 - Client doesn't know
 - Client prefers not to answer
 - Worker unable to determine

Institutional Situation:

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance use treatment facility or detox center

Transitional Housing Situation

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

Permanent Housing Situation

- Rental by client, **no** ongoing housing subsidy
- Rental by client, **with** ongoing housing subsidy, please specify type-->**
- Owned by client, **no** ongoing housing subsidy
- Owned by client, **with** ongoing housing subsidy

**Rental Subsidy Type:

- GPD TIP housing subsidy
- ASH Housing subsidy
- RRH or equivalent subsidy
- 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

Is client going to have to leave their current living situation within 14 days?

- Yes No Client doesn't know Client prefers not to answer

If yes, answer remaining questions. If no, skip to end

Has a subsequent residence been identified?

- Yes No Client doesn't know Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?

- Yes No Client doesn't know Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- Yes No Client doesn't know Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

- Yes No Client doesn't know Client prefers not to answer