

Date of Intake: ____/____/____

Name: _____

Date of Birth: ____/____/____ (current age: _____) What is the best way to contact you? _____

Cell phone number _____ Email Address _____

Name on Facebook _____ Twitter or Instagram Handle _____

Any other ways to contact you that you wish to share? _____

Where are you currently staying?

- In a shelter
- On the street
- Couch Surfing (moving from place to place - friends, relatives, or others)
- At home, and domestic violence is present
- At home, no domestic violence is present

PART A: Score 1 for every "no":

| | | | |
|---|-----|----|--|
| Is it likely that you can return to home to your parent or guardian? | Yes | No | |
| Do you have any family or relatives that you can stay with? | Yes | No | |
| Are you currently attending school or a GED program? (Skip if client graduated) | Yes | No | |
| TOTAL SCORE | | | |

PART B: Score 1 for every "yes":

| | | | |
|---|-----|----|--|
| Are you involved in the justice system? | Yes | No | |
| Are you a refugee? | Yes | No | |
| Are you a parent? | Yes | No | |
| Is someone taking advantage of you, or making you do things you wouldn't do? (A yes counts even if the client is receiving something) | Yes | No | |
| TOTAL SCORE | | | |

PART C: Score 2 for every "yes":

| | | | |
|--|-----|----|--|
| Is there violence in your home? | Yes | No | |
| Are you using drugs or alcohol on a regular basis? | Yes | No | |
| Does anyone in your home abuse substances? | Yes | No | |
| Do you have any physical impairments? | Yes | No | |

| | | | |
|--|-----|----|--|
| Do you have a mental health diagnosis? | Yes | No | |
| TOTAL SCORE | | | |

| | | | |
|---|-----|----|--|
| Are you involved in the justice system? | Yes | No | |
| Are you a refugee? | Yes | No | |
| Are you a parent? | Yes | No | |

Total Score from Part A, B and C _____

PROGRAMMATIC FIT QUESTIONS

| | | |
|---|-----|---------|
| Are you willing to go to a housing program? | Yes | No |
| <i>(If female)</i> Are you pregnant? | Yes | No (NA) |