Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_\_­ Gender:  Female  Male  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household type:**

Single Adult Youth 18-24 2 parent family Male Single Family Female Single Family

# Adults\_\_\_\_\_\_\_\_\_\_ # Dependents\_\_\_\_\_\_\_\_\_ in household

What is the primary cause of current crisis or situation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in the household Native American/Alaskan Native?  No  Yes

If yes, indicate who is enrolled in a tribe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribal Funds Denial? YES or NO

Does anyone in your household have a disability?  No  Yes

Check all that apply: developmental mental health drug  alcohol physical disability

Is anyone in the household a Veteran or actively serving?  No  Yes

If yes, are they connected to Veteran Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, last contact\_\_\_\_\_\_\_\_\_

Are you worried about your safety?  No  Yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you stay last night?**

Emergency shelter  Not housed (stayed on the street, car, park, etc.)  Overcrowded household

Self-paid hotel or motel  Agency paid hotel or motel  Hospital

Couch hopping/surfing  Room, apartment, or house that you own/rent

Place not meant to live in (abandon building, no heat, no water)  Apartment or house that friends/family/self own or rent

Jail, prison, or juvenile detention facility  Substance abuse treatment facility or detox facility

Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stay there for as long as you need to?  No  Yes No & leave within in 2 Weeks = Step 1 Assessment

If not, when do you need to leave?

Today  next 2-3 days  within 7 days  within 2-3 weeks  within 30 days  don’t know

Do you have friend/family supports?  No  Yes

Do you need help finding somewhere to stay tonight?  No  Yes Yes = Call First Call 211@ 326-8565

Have you been in a placement (foster-care, juvenile center, mental health facility, or CD treatment) for 30 days or longer?  No  Yes If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ how long? \_\_\_\_\_\_\_\_\_ At what age did you exit? \_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client verbally agrees to authorize the agencies listed below to exchange verbal and written information about their family to plan and evaluate services to fit individual needs, and follow up to identify services received.  No  Yes

|  |  |  |  |
| --- | --- | --- | --- |
| * \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Follow-up Referrals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**