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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**