



Coordinated Entry System For Youth

The Next Step Tool

Version 3.4

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Youth CES Next Step Tool: Introduction

Thank you for taking time to know the name and needs of our homeless youth and young adults. The 20-30 minutes you will spend are invaluable to helping us understand the unique needs of our homeless youth and also the broader region in which he/she resides. Your engagement with the young person and effective application of the following survey is a critical first step to ending homelessness in Greater Los Angeles. Thank you!

CONTENTS

- 1. Instructions (for Surveyor):** Brief guidelines for best application of this initial assessment - further instructions are available at www.lahsa.org/hmis, under Provider Tools: Document Library and Video Library, and on the CES Website at ceslosangeles.weebly.com (Forms & Resources)
- 2. Checklist:** A list of the steps involved in making the young person eligible for referrals through Youth CES.
- 3. Instructions (for Youth):** A script of instructions to be read aloud to the youth.
- 4. Consent:** Required form to gain legal permission to share the youth's answers in the Homeless Management Information System (HMIS).
- 5. The Next Step Tool**

The Youth CES Initial Assessment builds on the Next Step Tool for Homeless Youth. The Next Step Tool is a triage tool designed to recommend the type of housing solution that may best meet the needs of the young person experiencing homelessness or housing instability. It is a holistic survey developed by OrgCode Consulting, Community Solutions, CSH, and Dr. Eric Rice from the University of Southern California, School of Social Work, and is written in a manner designed to be understood more easily by youth. This initial assessment also includes a set of basic intake and eligibility questions to help begin identifying resources and supports that the youth may qualify for immediately.
- 6. Supplemental: VA**

For youth who identify as veterans, please offer linkage to the SSVF SPA lead agency at the end of the initial assessment.
- 7. Supplemental: Program Intake Questions**

The program intake assessment captures all additional data that is required when entering a program. This assessment should be completed when the young person is entering any homeless service program or upon engagement in outreach and assessment only programs.

Additional Consents (*If Provided): Additional authorization, release and consent forms may be provided by your agency or coordinator to allow for seamless coordination with other supports or resources.

Youth CES Next Step Tool: Introduction

INSTRUCTIONS FOR THE SURVEYOR ****Please do not read aloud****

- **THE CONSENT MUST BE COMPLETED AND SIGNED (FOR HOUSEHOLDS, EVERY ADULT MEMBER MUST SIGN)**
In the case that the youth refuses consent, or answers affirmatively in the domestic violence section, you may still proceed, however please note these special instructions: Do not enter Personal Identifiable Information (PII) into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of The Next Step Tool (with HMIS ID & Client Name) for your records and future matches since you will not be required to enter identifying information into HMIS.
- **FOLLOW A MODEL OF PROGRESSIVE ENGAGEMENT.**
The various sections of the survey (Questions, and Supplemental sections) may be completed at one time or over various engagements, based on the comfort and preference of the youth. Allow youth to go at a pace that is comfortable for them. This may mean doing multiple sections, one section, or even just portion of a section.
- **REFERRALS AND NEXT STEPS.**
Initial eligibility questions for specific resources are located throughout the survey. Next steps are listed for these questions in the body of survey as well as in the *“Wrapping Up the Initial Assessment”* section. Complete the next step (either a supplemental assessment or a referral) based on the comfortability and preference of the youth.
- **RESERVE JUDGEMENT.**
Regardless of the outcome of the survey responses, please remain neutral in your response and reserve judgment and unsolicited advice.
- **DO NOT BE DISAPPOINTED IF THE YOUTH DOESN'T WANT TO PARTICIPATE IN THIS INITIAL ASSESSMENT.**
Negative experiences with past services may cause the youth to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.
- **DO NOT PROMISE HOUSING OR SERVICES.**
Though you may be trying to be helpful, false promises will only add to their distrust and disinterest with future engagements.
- **DO NOT MANIPULATE RESPONSES.**
Major eligibility criteria are officially verified later so it does not benefit the youth to be dishonest.
- **DO NOT SHARE THE SCORE OR THE SCORING PROCESS.**
You may share the general housing recommendation, but we do not want people being referred to as numbers.
- **YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.**
Youth do not need to explain themselves. Explain questions if further clarification is needed, but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to, but allow case management to happen separate from the survey itself.
- **COUNT BACKWARDS AND PAUSE.**
For any question that asks a date range, count backward to the first date – so if today is January 1, 2015 and the questions asks “in the last 6 months,” say in “in the last 6 months...December, November, October, September, August, July. So, since July 2014 ...” Also, for any question that states “anything like that,” add an intentional pause between “or anything (pause) like (pause) that” to help emphasize that you have read a list.
- **BE PREPARED TO EXPLAIN LENGTH OR QUESTIONS**
If a youth finds a question offensive or is frustrated by the length, please explain that each question will help to avoid some inappropriate referrals and hopefully save them time in the long run. For other questions with more obvious answers, you may explain that you wanted to give them the ability to speak for themselves.
- **PRACTICE.**
As you become more comfortable with the survey, you should notice a gradual reduction in the amount of time it takes to complete.

Youth CES Next Step Tool: Introduction

CHECKLIST

Prepare

- Review:** Instructions for the person delivering the initial assessment (“Surveyor”)
- Read Aloud:** Instructions for the Youth
- Request Signature:** Consent Form

Assess *(portions may be completed together or at separate times)*

- Verbally Administer:** The Next Step Tool
- Verbally Administer:** The ILP Eligibility Form *(if applicable)*
- Verbally Administer:** Program Entry

Follow-Up

- File Consent:** Keep record of consent and/or distribute to appropriate party in your SPA.
- Data Entry:** Enter survey responses into HMIS as soon as possible.
- Upload:** Client picture, copies of documents, additional signed consents, to HMIS ***(Optional)***
===== ***The following steps may be taken over by a Housing Navigator*** =====
- Obtain Documents (*if not already in possession):** Birth Certificate, ID & Social Security. Most housing resources require these documents. Although not immediately required, please be prepared to quickly prepare income verification documents as well, as there are some housing resources that require income verification.
- Data Entry:** Note receipt of documents and upload scanned copy of documents into HMIS if possible.

Youth CES Next Step Tool: Introduction

EXPLAINING THE PROCESS

Start by introducing yourself to the youth. They may or may not already know you. In explaining the process, **do NOT discuss the scores that are associated with the tool, and do NOT share the youth's score with them. You may talk about the general housing recommendation, but we do not want people referred to as numbers.**

Instructions to the Youth:

- In order to figure out what kinds of housing resources may best fit your needs, I'd like to get to know you a little bit more, using this initial assessment. This should take us about 10 - 15 minutes to get through, and we will talk about next steps from there.
- Most questions only require a "yes," "no" or other one-word answers.
- While this is not a housing application, the answers will help us understand your health and housing needs to help us identify housing and service supports.
- All that to say, I'm not using the answers you give to make any personal judgments about you. I understand that you may not want to answer all the questions honestly, and I get that. If you decide not to be honest about some of the questions, that will limit our ability to identify housing and support services that meet your needs.
- Some questions are personal in nature, but every question is designed to help us help you. You can skip or refuse any question that you don't feel comfortable answering, but the more questions you're willing to answer, the better.
- Someone may follow up with you to assist in getting documents together needed to access housing resources, so it's important that we have accurate contact information for you.
- There is no need to take this assessment twice, but from time to time we may want to update it with you, to make sure the information is accurate.

Before we begin, I need to get your permission to do this screener with you. In order to link you to resources, I will need to enter some of the information from our conversation into a database that is shared with other homeless services providers who are working together. The database is called the Homeless Management Information System (HMIS), and is managed by the Los Angeles Homeless Services Authority (LAHSA).

Your information will be protected and only shared for the purpose of connecting you to support services and housing. This form that we'll be looking at says you're giving us permission to share your data for this specific purpose only. Let's take a look at it now and let me know if you have any questions.

Youth CES Next Step Tool: Consent

GREATER LOS ANGELES

HOMELESS MANAGEMENT INFORMATION SYSTEM (LA HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles County. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

How do you benefit from providing your information?

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

Who can have access to your information?

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

Youth CES Next Step Tool: Consent

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
 - A correction of inaccurate or incomplete PPI
 - A copy of your consent form
 - A copy of your HMIS records; and
 - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

I consent to sharing my photograph. (Check here)

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Signature _____ Date _____

Head of Household (Check here)

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Print Name of Organization Staff

Print Name of Organization

SIGNATURE OF ORGANIZATION STAFF

DATE

Youth CES Next Step Tool

Client Name / HMIS ID: _____

Client Profile (required questions are shaded)

HMIS Consent signed (Release of Information Permission): No Yes Date consented (Start Date): ____/____/____

Social Security Number	_____ - _____ - _____		
Quality of SSN	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Last Name	_____		
First Name	_____		
Quality of Name	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Quality of DOB	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Date of Birth	____/____/____		

If the youth is 17 years of age or less, then score 1.		Score:
This point will automatically compute in HMIS if youth is 17 or younger		

Middle Name	_____		
Maiden Name	_____		
Alias	_____		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male)	<input type="checkbox"/> Gender Non-Conforming;not exclusively male or female <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Ethnicity	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Primary Language	_____		
TB Clearance Date	____/____/____	Clinic:	_____
Have you ever served in the U.S. Military? (Veteran Status)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

If the client identifies as Yes to veteran status, then the following questions are required:

Dates of military service (Year Only)		_____ to _____		
Branch of Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force	<input type="checkbox"/> Navy <input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Theater of Operations	World War II <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes	Korean War <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes	Vietnam War <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes	Persian Gulf War <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes
	Afghanistan (Enduring Freedom) <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes	Iraq (Iraqi Freedom) <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes	Iraq (New Dawn) <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes	Other Operations <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Yes

Youth CES Next Step Tool

Client Name / HMIS ID: _____

A. ADMINISTRATION

Interviewer's Name: _____ Organization: _____

Email: _____ Phone: _____ Assessment Date: ___/___/___

B. ILP Eligibility Screening

Question	Check One Answer	Comments
1. Have you ever lived outside of your home? By outside of your home, I mean a foster home, group home, or the home of a relative that you were placed by the court?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
2. Do you or Did you have a social worker, probation officer, or both?	<input type="checkbox"/> Social Worker <input type="checkbox"/> N/A <input type="checkbox"/> Probation Officer <input type="checkbox"/> Both	
3. Would you be willing to sign off on a form to help us confirm if you're eligible for additional services, housing and resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If question # 3 was answered "Yes", please have the youth complete the ILP Eligibility form in the Supplemental Assessments section of the Next Step Tool.

C. History of Homelessness

Question	Answer (Check One)	Comment
4. Where do you sleep most frequently?	<input type="checkbox"/> Shelters <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Client Refused <input type="checkbox"/> Safe Haven <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Outdoors (_____) <input type="checkbox"/> Other (please specify: _____)	

If the youth answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1. **Score:**

5. How long has it been since you lived in permanent stable housing?	_____ Months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
6. In the last three years, how many times (episodes) have you been homeless?	_____ Episodes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If the youth has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1. **Score:**

Subtotal for Section C:

D. Risks

Question	Answer (Check One)	Comment
In the past six months, how many times have you...		
7. Received health care at an emergency department / room?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
8. Taken an ambulance to the hospital?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Youth CES Next Step Tool

Client Name / HMIS ID: _____

9. Been hospitalized as an inpatient?	_____ Times	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
10. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ Times	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
11. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ Times	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
12. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ Times	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If the total number of interactions equals 4 or more, then score 1 for *Emergency Service Use*. **Score:**

13. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
14. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If "Yes" to any of the above, then score 1 for *Risk of Harm*. **Score:**

15. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
16. Were you ever incarcerated when younger than age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If "Yes" to any of the above, then score 1 for *Legal Issues*. **Score:**

17. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
18. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If "Yes" to any of the above, then score 1 for *Risk of Exploitation*. **Score:**

Subtotal for Section D:

E. Socialization & Daily Functioning

Question	Answer (Check One)	Comment
19. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that <i>thinks</i> you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

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Client Name / HMIS ID: _____

20. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
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If "Yes" to question 19 or "No" to question 20, then score 1 for Money Management.	Score: <input type="text"/>
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21. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
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If "No", then score 1 for Meaningful Daily Activity.	Score: <input type="text"/>
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22. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
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If "No", then score 1 for Self-Care.	Score: <input type="text"/>
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Is your current lack of stable housing...

23. Because you ran away from your family home, a group home or a foster home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
24. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
25. Because your family or friends caused you to become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
26. Because of conflicts around gender identity or sexual orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If "Yes" to any of the above, then score 1 for Social Relationships.	Score: <input type="text"/>
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27. Because of violence at home between family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
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28. Because of an unhealthy or abusive relationship, either at home or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
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29. Are you seeking services today because you are concerned about your immediate safety?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
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If "Yes" to question #29, at the end of the Next Step Tool, please have a conversation with the youth to explore their safety needs and what resources interest them.

If "Yes" to question #27 or #28, then score 1 for Abuse/Trauma.	Score: <input type="text"/>
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Subtotal for Section E:	<input type="text"/>
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Youth CES Next Step Tool

Client Name / HMIS ID: _____

F. Wellness

Question	Answer (Check One)	Comment
30. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
31. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
32. If there were resources or housing available that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
33. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
34. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
35. Are you currently pregnant, have ever been pregnant, or have gotten someone pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
36. If currently pregnant, what is your due date?		

Score:

If "Yes" to any of the above, then score 1 for *Physical Health*.

37. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
38. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
39. If you've ever used marijuana, did you ever try it at age 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Score:

If "Yes" to any of the above, then score 1 for *Substance Use*.

Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or another place you were staying, because of:		
40. A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
41. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
42. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
43. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Score:

If "Yes" to any of the above, then score 1 for *Mental Health*.

Youth CES Next Step Tool

Client Name / HMIS ID: _____

If the respondent scored 1 for *Physical Health* and 1 for *Substance Use* and 1 for *Mental Health*, score 1 for *Tri-Morbidity*. **Score:**

44. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
45. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
46. Are you currently receiving or have you ever received treatment at a mental health program/clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
47. If yes, what is the name of the program/clinic?	_____		

If "Yes" to question # 44 or # 45, then score 1 for *Medications*. **Score:**

Subtotal for Section F:

G. US Department of Veterans Affairs (VA), Department of Health Services (DHS)

Question	Check One Answer	Comments
48. To the best of your knowledge, do you think you are VA Healthcare eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

If "Yes" to Veteran, offer linkage to SSVF SPA lead agency at the end of the Next Step Tool.

49. Have you been a patient at any of the following county* hospitals, clinics, or health centers in the past 12 months? (*County refers to LA County Department of Health Services. If other, please state the name of the specific DHS Health Center.) <i>Please check all that apply</i>	<input type="checkbox"/> Has not received care at any DHS hospital or clinic	
	<p>Hospitals</p> <input type="checkbox"/> LAC + USC Med Center <input type="checkbox"/> Harbor UCLA Med Center <input type="checkbox"/> Olive View Med Center <input type="checkbox"/> Rancho Los Amigos	<p>Health Centers</p> <input type="checkbox"/> Antelope Valley Health Center <input type="checkbox"/> Bellflower Health Center <input type="checkbox"/> Dollarhide Health Center <input type="checkbox"/> Glendale Health Center <input type="checkbox"/> La Puente Health Center <input type="checkbox"/> Lake Los Angeles Health Center <input type="checkbox"/> Little Rock Health Center <input type="checkbox"/> San Fernando Health Center <input type="checkbox"/> South Antelope Valley Health Center <input type="checkbox"/> Wilmington Health Center
	<p>Multi-Service Ambulatory Care Centers</p> <input type="checkbox"/> Martin Luther King, Jr. Outpatient Center <input type="checkbox"/> High Desert Regional Health Center	<p>Other</p> <input type="checkbox"/> Other DHS clinic (Specify): _____
	<p>Comprehensive Health Centers</p> <input type="checkbox"/> El Monte Comprehensive Health Center <input type="checkbox"/> Edward R. Roybal Comprehensive Health Center <input type="checkbox"/> H. Claude Hudson Comprehensive Health Center <input type="checkbox"/> Hubert H. Humphrey Comprehensive Health Center <input type="checkbox"/> Long Beach Comprehensive Health Center <input type="checkbox"/> Mid-Valley Comprehensive Health Center	

If any hospital or center was answered for question #49, then the following question is **required**:

50. How many times have you accessed services at the DHS site(s) in the last 12 months?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> More than 7 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
--	--	--	--

Youth CES Next Step Tool

Client Name / HMIS ID: _____

H. Scoring Summary

Domain	Subtotal	Results	
A. Basic Information	/ 1	Score:	Recommendation:
C. History of Housing & Homelessness	/ 2	0 – 3	Diversion and support services
D. Risks	/ 4	4 – 7	Short-term housing with support services
E. Socialization & Daily Functions	/ 5		
F. Wellness	/ 5	8 +	Long-term housing with support services
Grand Total:	/ 17		

I. Youth Choice

51. There are different types of housing that exist in the community. Which of the following housing types would you be **willing** to live? (Select as many as you want.)

a) Shared housing w/a shared room	<input type="checkbox"/> Yes
b) Shared housing w/separate rooms	<input type="checkbox"/> Yes
c) Housing up to 2 years' w/support services	<input type="checkbox"/> Yes
d) Long-term housing w/support services	<input type="checkbox"/> Yes
e) Moving with family	<input type="checkbox"/> Yes
f) Moving with friends, not in a program	<input type="checkbox"/> Yes
g) Program with substance use treatment supports	<input type="checkbox"/> Yes
h) Program with mental health services	<input type="checkbox"/> Yes
i) Apartment in the community	<input type="checkbox"/> Yes
j) Apartment in a building with on-site services	<input type="checkbox"/> Yes
k) Other. Please explain:	

52. Which of the following housing types would you **prefer** to live? (Select your top three choices.)

a) Shared housing w/a shared room	<input type="checkbox"/> Yes
b) Shared housing w/separate rooms	<input type="checkbox"/> Yes
c) Housing up to 2 years' w/support services	<input type="checkbox"/> Yes
d) Long-term housing w/support services	<input type="checkbox"/> Yes
e) Moving with family	<input type="checkbox"/> Yes
f) Moving with friends, not in a program	<input type="checkbox"/> Yes
g) Program with substance use treatment supports	<input type="checkbox"/> Yes
h) Program with mental health services	<input type="checkbox"/> Yes
i) Apartment in the community	<input type="checkbox"/> Yes
j) Apartment in a building with on-site services	<input type="checkbox"/> Yes
k) Other. Please explain:	

Youth CES Next Step Tool

Client Name / HMIS ID: _____

J. Residency & Preferences

Question	Answer (Check One)
53. What city within the County of Los Angeles do you frequently stay in at night? *SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 10-12 or if City of LA, list City of Los Angeles	_____
If question #53 was answered Los Angeles, then the following question is required :	
54. If you reside within the City of Los Angeles, in which community do you live in? *SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 10-12	_____
55. Have you lived in Long Beach or Santa Monica for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
56. Is there anywhere you would not be able to live?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
57. If yes, where?	_____
If the youth answers "Yes" to question #56, please have a conversation with the youth to understand their response better. For example, is it a safety issue, etc.?	
58. Question for Participant: Some housing units have disability-related features that make it easier for people with certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:	<input type="checkbox"/> Yes: a mobility unit <input type="checkbox"/> Yes: a hearing/vision unit <input type="checkbox"/> Yes: a mobility and hearing/vision unit <input type="checkbox"/> No
59. Question for Staff: Based on your observation, does this person/a person in this household appear to have:	<input type="checkbox"/> A mobility disability (uses a wheelchair, walker, or has difficulty walking) <input type="checkbox"/> A hearing disability (deaf or hard of hearing) <input type="checkbox"/> A visual disability (blind or low vision) <input type="checkbox"/> None of the above
60. Question for Staff: Based on your observation, might this person/a person in this household need assistance to communicate as effectively as someone without a disability (i.e. sign-language interpreter, large print or braille documents, hearing assistance device)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No.
If question #60 was answered as Yes (*), then the following question is required :	
60a. Ask: Which assistance aides do they need?	_____

K. Housing History

Question	Answer (Check One)	Comments
61. Have you been evicted from a Public Housing Authority Unit? By evicted, I mean has a landlord ever requested you to leave the property? Have you ever received a 3-day notice to quit or vacate the property?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	

Youth CES Next Step Tool

Client Name / HMIS ID: _____

62. Have you ever been convicted of manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
63. Are you required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
64. Have you ever been convicted of arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

L. Contact Info

As housing resources become available, we will need to get in contact with you for the next step in the process.

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place:
	Time: _____ AM / PM (<i>circle one</i>)
Is there a phone number and/or email where someone can safely get in touch with you?	Phone:
	Email:

Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Mailing <input type="checkbox"/> Emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Message <input type="checkbox"/> Management Compancy <input type="checkbox"/> Forwarding Address	Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

M. Wrapping Up the Initial Assessment

- A. If the youth answered “**Yes**” to ILP question # 3, please have them complete the ILP Eligibility Form located in the Supplemental Section at the end of the screening.
- B. If the youth answered “**Yes**” to Safety question # 29, please have a conversation with the client and explore their safety needs and what resources interest them.
- C. If the youth answered “**Yes**” to Veteran question #48, please offer and support a linkage to the SSVF SPA lead agency.
- D. If the youth chose “**2**” or **more** to DHS question # 50, please complete the “Supplemental –DHS (Housing for Health Referral)” assessment located in the Supplemental Assessments section of this packet.

Youth CES Next Step Tool: Administrative Section

M. Location of Survey

*Please update later if respondent is later attached to a Housing Navigator in a different Region		
SPA	Region	City/Community
<input type="checkbox"/> SPA 1 – Antelope Valley	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lancaster
	<input type="checkbox"/> Palmdale	<input type="checkbox"/> Palmdale
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> SPA 2 – San Fernando Valley	<input type="checkbox"/> North	<input type="checkbox"/> Santa Clarita <input type="checkbox"/> Castaic
		<input type="checkbox"/> Saugus <input type="checkbox"/> Valencia
		<input type="checkbox"/> Newhall <input type="checkbox"/> Val Verde
		<input type="checkbox"/> Canyon Country <input type="checkbox"/> San Fernando
		<input type="checkbox"/> Granada Hills <input type="checkbox"/> Sand Canyon
<input type="checkbox"/> SPA 2 – San Fernando Valley	<input type="checkbox"/> West	<input type="checkbox"/> Sylmar
		<input type="checkbox"/> Woodland Hills <input type="checkbox"/> Canoga Park
		<input type="checkbox"/> Winnetka <input type="checkbox"/> West Hills
		<input type="checkbox"/> Calabasas <input type="checkbox"/> Westlake Village
		<input type="checkbox"/> Agoura Hills <input type="checkbox"/> Hidden Hills
<input type="checkbox"/> SPA 2 – San Fernando Valley	<input type="checkbox"/> Central	<input type="checkbox"/> Chatsworth <input type="checkbox"/> Tarzana
		<input type="checkbox"/> Reseda <input type="checkbox"/> Warner Center
		<input type="checkbox"/> Porter Ranch
		<input type="checkbox"/> Van Nuys <input type="checkbox"/> Panaroma City
		<input type="checkbox"/> Lake Balboa <input type="checkbox"/> Studio City
<input type="checkbox"/> SPA 2 – San Fernando Valley	<input type="checkbox"/> East	<input type="checkbox"/> Valley Glen <input type="checkbox"/> Valley Village
		<input type="checkbox"/> Sherman Oaks <input type="checkbox"/> Northridge
		<input type="checkbox"/> Encino <input type="checkbox"/> North Hills
		<input type="checkbox"/> North Hollywood <input type="checkbox"/> Arleta
		<input type="checkbox"/> Sunland <input type="checkbox"/> Lakeview Terrace
<input type="checkbox"/> SPA 2 – San Fernando Valley	<input type="checkbox"/> Glendale	<input type="checkbox"/> Tujunga <input type="checkbox"/> Mission Hills
		<input type="checkbox"/> Pacoima <input type="checkbox"/> Granada Hills
		<input type="checkbox"/> Shadow Hills <input type="checkbox"/> Sun Valley
		<input type="checkbox"/> Burbank <input type="checkbox"/> Glendale
		<input type="checkbox"/> Universal City <input type="checkbox"/> Flintridge
<input type="checkbox"/> SPA 3 – San Gabriel Valley	<input type="checkbox"/> West	<input type="checkbox"/> La Crescenta <input type="checkbox"/> Toluca Lake
		<input type="checkbox"/> La Canada
		<input type="checkbox"/> Pasadena <input type="checkbox"/> Monrovia
		<input type="checkbox"/> Altadena <input type="checkbox"/> Arcadia
		<input type="checkbox"/> San Marino <input type="checkbox"/> San Gabriel
<input type="checkbox"/> SPA 3 – San Gabriel Valley	<input type="checkbox"/> West	<input type="checkbox"/> South Pasadena <input type="checkbox"/> Monterey Park
		<input type="checkbox"/> Alhambra <input type="checkbox"/> Duarte
		<input type="checkbox"/> Sierra Madre <input type="checkbox"/> Bradbury

Youth CES Next Step Tool: Administrative Section

<input type="checkbox"/> SPA 3 – San Gabriel Valley (cont.)	<input type="checkbox"/> Central	<input type="checkbox"/> El Monte <input type="checkbox"/> South El Monte <input type="checkbox"/> Irwindale <input type="checkbox"/> Baldwin Park <input type="checkbox"/> Azusa <input type="checkbox"/> Covina	<input type="checkbox"/> West Covina <input type="checkbox"/> La Puente <input type="checkbox"/> Rosemead <input type="checkbox"/> Temple City <input type="checkbox"/> Hacienda Heights <input type="checkbox"/> Glendora
	<input type="checkbox"/> East	<input type="checkbox"/> San Dimas <input type="checkbox"/> La Verne <input type="checkbox"/> Claremont <input type="checkbox"/> Pomona	<input type="checkbox"/> Diamond Bar <input type="checkbox"/> Walnut <input type="checkbox"/> Industry <input type="checkbox"/> Rowland Heights
<input type="checkbox"/> SPA 4 – Metro/Central LA	<input type="checkbox"/> Downtown	<input type="checkbox"/> Downtown	
	<input type="checkbox"/> Hollywood	<input type="checkbox"/> Hollywood <input type="checkbox"/> East Hollywood <input type="checkbox"/> Los Feliz	<input type="checkbox"/> Hollywood Hills <input type="checkbox"/> West Hollywood
	<input type="checkbox"/> North East LA	<input type="checkbox"/> Eagle Rock <input type="checkbox"/> El Sereno <input type="checkbox"/> Glassell Park <input type="checkbox"/> Cypress Park <input type="checkbox"/> Lincoln Heights <input type="checkbox"/> Montecito Heights <input type="checkbox"/> Chinatown <input type="checkbox"/> Hermon	<input type="checkbox"/> Mount Olympus <input type="checkbox"/> Highland Park <input type="checkbox"/> Monterey Hills <input type="checkbox"/> Atwater Village <input type="checkbox"/> Mt. Washington <input type="checkbox"/> Boyle Heights <input type="checkbox"/> East LA
	<input type="checkbox"/> Silverlake/Westlake Central	<input type="checkbox"/> Silver Lake <input type="checkbox"/> Westlake <input type="checkbox"/> Korea Town	<input type="checkbox"/> Echo Park <input type="checkbox"/> Pico Union
	<input type="checkbox"/> Mid-Wilshire	<input type="checkbox"/> Park La Brea <input type="checkbox"/> Hancock Park <input type="checkbox"/> Larchmont District <input type="checkbox"/> Wilshire	<input type="checkbox"/> Mid-City <input type="checkbox"/> West Mid-City <input type="checkbox"/> Miracle Mile
<input type="checkbox"/> SPA 5 – West LA	<input type="checkbox"/> West LA	<input type="checkbox"/> Bel Air <input type="checkbox"/> Beverly Hills <input type="checkbox"/> Beverly Crest <input type="checkbox"/> Beverly Glen <input type="checkbox"/> Brentwood <input type="checkbox"/> Century City <input type="checkbox"/> Holmby Hills <input type="checkbox"/> Pacific Palisades <input type="checkbox"/> Malibu <input type="checkbox"/> Marina Del Rey <input type="checkbox"/> Manchester	<input type="checkbox"/> Santa Monica <input type="checkbox"/> Venice <input type="checkbox"/> Westchester <input type="checkbox"/> Westwood <input type="checkbox"/> Culver City <input type="checkbox"/> Palms <input type="checkbox"/> Rancho Park <input type="checkbox"/> South Robertson <input type="checkbox"/> Laurel Canyon <input type="checkbox"/> Mar Vista

Youth CES Next Step Tool: Administrative Section

<input type="checkbox"/> SPA 6 - South LA	<input type="checkbox"/> South	<input type="checkbox"/> Compton <input type="checkbox"/> Florence <input type="checkbox"/> South Central <input type="checkbox"/> South Los Angeles	<input type="checkbox"/> Rosewood <input type="checkbox"/> Willowbrook <input type="checkbox"/> Watts
	<input type="checkbox"/> North	<input type="checkbox"/> Crenshaw <input type="checkbox"/> Jefferson Park <input type="checkbox"/> University Park <input type="checkbox"/> Ladera Heights <input type="checkbox"/> Vermont	<input type="checkbox"/> Baldwin Hills <input type="checkbox"/> Leimert Park <input type="checkbox"/> Vermont <input type="checkbox"/> West Adams
	<input type="checkbox"/> South East	<input type="checkbox"/> Lynwood	<input type="checkbox"/> Paramount
	<input type="checkbox"/> West	<input type="checkbox"/> Hyde Park	<input type="checkbox"/> Windsor Hills
<input type="checkbox"/> SPA 7 – Southeast/ East LA	<input type="checkbox"/> LCA 1: Central	<input type="checkbox"/> Bell <input type="checkbox"/> Bell Gardens <input type="checkbox"/> Commerce <input type="checkbox"/> Cudahy <input type="checkbox"/> Huntington Park	<input type="checkbox"/> Maywood <input type="checkbox"/> Southgate <input type="checkbox"/> Vernon <input type="checkbox"/> County Unincorp.
	<input type="checkbox"/> LCA 2: North	<input type="checkbox"/> La Mirada <input type="checkbox"/> La Habra Heights <input type="checkbox"/> Montebello <input type="checkbox"/> Pico Rivera	<input type="checkbox"/> Santa Fe Springs <input type="checkbox"/> Whittier <input type="checkbox"/> County Unincorp.
	<input type="checkbox"/> LCA 3: South	<input type="checkbox"/> Artesia <input type="checkbox"/> Bellflower <input type="checkbox"/> Cerritos	<input type="checkbox"/> Downey <input type="checkbox"/> Norwalk <input type="checkbox"/> County Unincorp.
	<input type="checkbox"/> LCA 4: Long Beach	<input type="checkbox"/> Hawaiian Gardens <input type="checkbox"/> Lakewood	<input type="checkbox"/> Signal Hill <input type="checkbox"/> County Unincorp.
<input type="checkbox"/> SPA 8 – South Bay	<input type="checkbox"/> Harbor Area	<input type="checkbox"/> Harbor City <input type="checkbox"/> Harbor Gateway <input type="checkbox"/> Wilmington <input type="checkbox"/> San Pedro <input type="checkbox"/> Carson <input type="checkbox"/> Rolling Hills	<input type="checkbox"/> West Carson <input type="checkbox"/> Torrance <input type="checkbox"/> Lomita <input type="checkbox"/> Palos Verdes Cities <input type="checkbox"/> Avalon
	<input type="checkbox"/> North	<input type="checkbox"/> Inglewood <input type="checkbox"/> Lennox <input type="checkbox"/> West Athens <input type="checkbox"/> Del Aire <input type="checkbox"/> Hawthorne	<input type="checkbox"/> Gardena <input type="checkbox"/> Lawndale <input type="checkbox"/> Alondra Park <input type="checkbox"/> El Segundo
	<input type="checkbox"/> Long Beach	<input type="checkbox"/> Long Beach	
	<input type="checkbox"/> Beach Cities	<input type="checkbox"/> Hermosa Beach <input type="checkbox"/> Manhattan Beach	<input type="checkbox"/> Redondo Beach

Supplemental Assessments

Youth CES Next Step Tool: Supplemental Assessments

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ILP Verification of Emancipation Status/Consent For Release of Information

LA County Department of Children & Family Services/ Department of Probation

CLIENT'S INFORMATION (Please Print- to be filled out by client only)

Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client's Signature: _____ **Date:** _____

HOUSING AGENCY INFORMATION (Please Print)

Agency Name: _____ Email: _____

Agency Address: _____

Phone Number: _____ Fax Number: _____

Employee Name: _____ Employee Title: _____

I, _____, an employee of _____, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

Employee's Signature: _____ **Date:** _____

HOUSING AGENCY TO FAX COMPLETED FORM:

For DCFS Youth: to Greg Breuer at (213) 637-0035 and call (213) 351-0187 to Verify Receipt
Probation Youth: to John Thompson at (213) 637-0036 and call (213) 351-0156 to Verify Receipt

TO BE COMPLETED BY LA COUNTY DCFS YDSD OR DEPT. OF PROBATION STAFF ONLY

ILP THP Housing (For youth between the ages of 18 and 21) **(Check All That Apply)**
 ILP/ HSP Housing (For youth between the ages of 18 and 22)

The above mentioned client is/was a current or former foster youth from either the L.A. County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

THP+ Housing (For youth between the ages of 18 and 24)
The above mentioned client *aged-out* of foster care from either the Los Angeles County Department of Children and Family Services or the Department of Probation. Yes: _____ No: _____

Youth is eligible for _____ months in the THP-Plus program.
Previous THP+ Start Date: _____

The client's court case is closed. Yes: _____ **No:** _____ **Projected Term Date if known:** _____
Case Termination Date: _____ **ILP Eligible: Yes:** _____ **No:** _____

DCFS/PROBATION STAFF NAME

DCFS/PROBATION STAFF SIGNATURE Title Date

If you have questions, please call John - 213/351-0156 or Greg - 213/351-0187

Program Entry Questions

Youth CES Next Step Tool: Program Entry

Client Name / HMIS ID: _____

Program Entry – All clients, all fields required unless otherwise noted

Program Name _____

Case Manager: _____

1. Program Start Date	_____ / _____ / _____
2. Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Head of household's child <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Head of Household's spouse or partner
4. Client Location (CoC)	<input type="checkbox"/> CA-600 – Los Angeles <input type="checkbox"/> CA-607 – Pasadena <input type="checkbox"/> CA-614 – San Luis Obispo County <input type="checkbox"/> CA-602 – Orange County <input type="checkbox"/> CA-611 – Ventura County <input type="checkbox"/> CA-606 – Long Beach <input type="checkbox"/> CA-612 – Glendale

CES (for Youth/TAY PSH, THP and RRH Programs)

5. Was the client placed into this housing program through CES?	<input type="checkbox"/> No <input type="checkbox"/> CES for Youth <input type="checkbox"/> CES for Families <input type="checkbox"/> CES for Singles
---	---

Housing Move -In Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household

6. Has the client been moved-in to permanent housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Housing Move-In Date: _____ / _____ / _____
---	--

Outreach – Outreach projects only, all fields required unless otherwise noted

7. Has the client been engaged? Engagement means an interactive client relationship results in a deliberate client assessment.	<input type="checkbox"/> No <input type="checkbox"/> Yes: Engagement Date: _____ / _____ / _____
---	---

HOMELESSNESS – Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH:

9. What was the situation you were living in immediately prior to project entry? (Type of residence)	10. How long was the client staying in that place? (Length of stay in prior living situation)	10a/b. Did the client stay less than...
<p>Literally Homeless Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing 	<p>For literally homeless situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>Not Applicable Go to question 11</p>
<p>Institutional Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center 	<p>For institutional situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>10a: 90 days:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20
<p>Transitional & Permanent Housing Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) 	<p>For transitional & permanent housing situations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>10b: 7 nights:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20
<p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 		

Youth CES Next Step Tool: Program Entry

Client Name / HMIS ID: _____

FOR EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH PROJECTS:

<p>9. What was the situation you were living in immediately prior to project entry? (<i>Type of residence</i>)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>10. How long was the client staying in that place? (<i>Length of stay in prior living situation</i>)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Two to six nights <input type="checkbox"/> Client refused <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> Data not collected <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer

After answering question 10, go to question 11

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

Question	Check One Answer
<p>10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #4 and #5, then the following questions are required

<p>11. What approximate date did you start living on the streets, emergency shelter, or safe haven? (<i>Approximate date homelessness started</i>)</p>	<p>_____ / _____ / _____</p>
<p>12. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? (<i>Number of times on the streets, in ES, or Safe Haven in the past three years including today</i>)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> One Time <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Two Times <input type="checkbox"/> Client refused <input type="checkbox"/> Three Times <input type="checkbox"/> Data not collected <input type="checkbox"/> Four or more times

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13. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven? <i>(Total number of months homeless on the street, in ES, or SH in the past three years)</i>	<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 7	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> Client refused
	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 4	<input type="checkbox"/> 10	
	<input type="checkbox"/> 5	<input type="checkbox"/> 11	
	<input type="checkbox"/> 6	<input type="checkbox"/> 12	
		<input type="checkbox"/> More than 12 months	

Continue for all clients

CRISIS AND BRIDGE HOUSING – CES Crisis and Bridge Housing projects only, all fields required unless otherwise noted

Question	Check Answer
20. Have you entered and been released from any of the following facilities in the past two months? (Choose any that apply)	<input type="checkbox"/> No, has not exited from any of these facilities in the past five years. <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Client Refused <input type="checkbox"/> Long-term care facility or nursing home

If question #20 was answered as anything except No and Don't Know/Refused, then the following questions are **required**:

20a. If so, which one have you most recently been released from? (Choose one)	<input type="checkbox"/> No, has not exited from any of these facilities in the past five years. <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Client Refused <input type="checkbox"/> Long-term care facility or nursing home
20b. And approximately when did you leave that institution? (Date)	_____ / _____ / _____

Disabling Conditions and Barriers -All fields required unless otherwise noted

21. Do you have a physical disability?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #21 was answered as "Yes" (**), then the following questions are **required**:

21a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	---

22. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #22 was answered as "Yes" (**), then the following questions are **required**:

22a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	---

23. Do you have a chronic health condition? <i>A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.</i>	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Youth CES Next Step Tool: Program Entry

Client Name / HMIS ID: _____

If question #23 was answered as "Yes" (**), then the following questions are **required**:

23a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

24. Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #24 was answered as "Yes" (**), then the following questions are **required**:

24a. Do you expect this to substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

25. Do you feel you currently have a mental health problem?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #25 was answered as "Yes" (**), then the following questions are **required**:

25a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

26. Do you <i>currently</i> have a drug or alcohol problem?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Alcohol*	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Drug*	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Both*	

If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are **required**:

26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

27. Have you been a victim of domestic violence or a victim of intimate partner violence?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #27 was answered as "Yes" (**), then the following question is **required**:

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	<input type="checkbox"/> Within the past three months
	<input type="checkbox"/> Three to six months ago
	<input type="checkbox"/> From six to twelve months ago
	<input type="checkbox"/> More than a year ago
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

27b. Are you currently fleeing?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

<p>SURVEYOR ONLY – DO NOT ASK:</p> <p>28. Is the client chronically homeless?</p> <p><i>To be chronically homeless, the client must be an unaccompanied homeless individual (or adult in a family) with a disabling condition who has been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness totaling one year in duration in the past three years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.</i></p>	<input type="checkbox"/> Not chronically homeless <input type="checkbox"/> Chronically homeless because of continuous homelessness 1 year or more <input type="checkbox"/> Chronically homeless because of 4 or more episodes of homelessness in 3 years
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Youth CES Next Step Tool: Program Entry

Client Name / HMIS ID: _____

Tuberculosis – Emergency Shelters only, all fields required unless otherwise noted

29. Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
30. Have you recently lost weight without explanation during the past month?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
31. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
32. Have you coughed up blood in the past month?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
33. Have you been feeling much more tired than usual over the past month?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
34. Have you had fevers almost daily for more than one week?	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused

Employment- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

35. Are you currently employed?	<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
If question #35 was answered as "No" (*), then the following question is required :		
35a. Are you.... (read options to the right)	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
	<input type="checkbox"/> Unable to work	
If question #35 was answered as "Yes" (**), then the following question is required :		
35b. What type of employment do you have?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Seasonal / sporadic (including day labor)
	<input type="checkbox"/> Part-time	

Cash Income for Individual - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

36. Do you receive any cash income?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
If question #36 was answered as "Yes", then the following question is required :			
Income Source and Monthly Income: <i>What sources of income do you have, and how much do you get on a monthly basis?</i>			
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> CalWorks	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> General Assistance (GA) / General Relief (GR)	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Retirement Income from Social Security	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> Pension or retirement income from a former job	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Alimony and other spousal support	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other Source (Specify: _____)	\$
<input type="checkbox"/> Worker's Compensation	\$		
36a. Income Documentation <i>Do you have documents that verify income?</i>	<input type="checkbox"/> GR Form	<input type="checkbox"/> CalWORKs Form	<input type="checkbox"/> Pension Letter/Stub
	<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Unemployment Insurance Forms	<input type="checkbox"/> Unemployment Forms
	<input type="checkbox"/> Utility Allowance	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> Self Declaration
	<input type="checkbox"/> Child Support Forms	<input type="checkbox"/> SSDI Form	<input type="checkbox"/> Employer Printout/Letter
	<input type="checkbox"/> Social Security Forms	<input type="checkbox"/> Workmans Comp	<input type="checkbox"/> VA Documentation
	<input type="checkbox"/> SSI Forms	<input type="checkbox"/> Self Employment Docs	<input type="checkbox"/> Other (Specify: _____)

Youth CES Next Step Tool: Program Entry

Client Name / HMIS ID: _____

Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

37. Do you receive any non-cash benefits?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	

If question #37 was answered as "Yes", then the following question is **required**:

Non-Cash Benefits What non-cash benefits do you receive? (Check all that apply)	<input type="checkbox"/> Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP)
	<input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
	<input type="checkbox"/> CalWorks child care services
	<input type="checkbox"/> CalWorks transportation services
	<input type="checkbox"/> Other CalWorks-funded services
	<input type="checkbox"/> Other source (Specify: _____)

Health Insurance - All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	

If question #37 was answered as "Yes", then the following questions are **required**:

Health Insurance (Check all that apply):	<input type="checkbox"/> Medi-Cal (MEDICAID)	<input type="checkbox"/> Private pay health insurance
	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Health Insurance for Adults
	<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)	<input type="checkbox"/> Indian Health Services Program
	<input type="checkbox"/> VA medical services	<input type="checkbox"/> Other health insurance (Specify: _____)
	<input type="checkbox"/> Employer-provided health insurance	
	<input type="checkbox"/> COBRA	
38a. Health Insurance Provider	<input type="checkbox"/> Health Net	<input type="checkbox"/> VA
	<input type="checkbox"/> Molina	<input type="checkbox"/> L.A. Care
	<input type="checkbox"/> My Health LA (DHS)	<input type="checkbox"/> Care 1 st Health Plan
	<input type="checkbox"/> Anthem Blue Cross	<input type="checkbox"/> Other
	<input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> Unknown

Documentation (Files Tab) Optional

(Check all that are in the client's possession)	Expiration Date: (If applicable)	(Check all that are in the client's possession)	Expiration Date: (If applicable)
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Certificate of Disability		<input type="checkbox"/> TB Certification	
<input type="checkbox"/> DD214 (Veterans Only)		<input type="checkbox"/> Verification of Income	
<input type="checkbox"/> Driver's License / CA ID		<input type="checkbox"/> VA Release	
<input type="checkbox"/> Homeless Verification		<input type="checkbox"/> LACDMH 677 Authorization Consent	
<input type="checkbox"/> Proof of Residency		<input type="checkbox"/> DHS Pre-release	
<input type="checkbox"/> Reference Letter		<input type="checkbox"/> Other:	

Youth/TAY – Clients aged 16-24 only, all fields required unless otherwise noted

39. Did you run away from home or a foster care home?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
40. Are you a current or former foster care youth?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused

If question #40 was answered as "Yes" (*), then the following question is **required for RHY only**:

RHY ONLY: 40a. Number of Years	<input type="checkbox"/> Less than one year (40b. Number of Months: _____)
	<input type="checkbox"/> 1 to 2 years
	<input type="checkbox"/> 3 to 5 or more years

Youth CES Next Step Tool: Program Entry

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41. Have you ever been in the juvenile justice system?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
If question #41 was answered as "Yes" (*), then the following question is required for RHY only :			
RHY ONLY: 41a. Number of Years		<input type="checkbox"/> Less than one year (41b. Number of Months: _____)	
		<input type="checkbox"/> 1 to 2 years	
		<input type="checkbox"/> 3 to 5 or more years	
42. Have you ever been on adult probation?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
43. Which of the following best represents how you think about yourself?		<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual
		<input type="checkbox"/> Gay	<input type="checkbox"/> Questioning/Unsure
		<input type="checkbox"/> Lesbian	<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused

Health and Education – All clients, all fields required unless otherwise noted

44. Are you pregnant?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes*	<input type="checkbox"/> Client refused
If question #44 was answered as "Yes" (*), then the following question is required :			
44a. What is your due date?		____/____/____	
RHY ONLY: 45. How is your general health?		<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair
		<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor
		<input type="checkbox"/> Good	<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
RHY ONLY: 72. How is your dental health?		<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair
		<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor
		<input type="checkbox"/> Good	<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
RHY ONLY: 73. How is your mental health?		<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair
		<input type="checkbox"/> Very Good	<input type="checkbox"/> Poor
		<input type="checkbox"/> Good	<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
ILP & RHY ONLY: 46. What is the highest educational level you have completed?		<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Associate degree
		<input type="checkbox"/> Grade 5-6	<input type="checkbox"/> Bachelor's degree
		<input type="checkbox"/> Grade 7-8	<input type="checkbox"/> Graduate degree
		<input type="checkbox"/> Grade 12/High school diploma	<input type="checkbox"/> Vocational certification
		<input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> Client Doesn't Know
		<input type="checkbox"/> GED	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Some College	<input type="checkbox"/> Data not collected
ILP & RHY ONLY: 74. What is your current school status?		<input type="checkbox"/> Attending school regularly*	<input type="checkbox"/> Suspended
		<input type="checkbox"/> Attending school irregularly*	<input type="checkbox"/> Expelled
		<input type="checkbox"/> Graduated from high school	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Dropped out	<input type="checkbox"/> Data not collected
If question #74 was answered as "Attending school" (*), then the following question is required for ILP only :			
ILP ONLY: 74a. What is your current educational program type?		<input type="checkbox"/> High School/GED	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Vocational Program	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Certificate/Licence Program	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Community College	
		<input type="checkbox"/> 4-Year College/University	

Youth CES Next Step Tool: Program Entry

Client Name / HMIS ID: _____

RHY – All RHY projects only EXCEPT for Street Outreach, all fields required unless otherwise noted

76. Referral Source	<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Law Enforcement/Police
	<input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	<input type="checkbox"/> Mental Hospital
	<input type="checkbox"/> Outreach Project*	<input type="checkbox"/> School
	<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Other Organization
	<input type="checkbox"/> Residential Project	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Hotline	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Juvenile Justice	

If question #76 was answered as "Outreach Project" (*), then the following question is **required**:

76a. Number of times approached by outreach prior to entering the project _____

77. Which of these critical issues affects one of your family members?	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Alcohol or Substance Abuse
	<input type="checkbox"/> Mental Health Issues	<input type="checkbox"/> Insufficient Income to Support Youth
	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Incarcerated Parent of Youth

RHY BCP – RHY Basic Center projects only, all fields required unless otherwise noted

78. Has the youth's BCP status been determined?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes*: 78a. Date of Determination: ____/____/____

If question #78 was answered as "Yes" (*), then the following question is **required**:

78b. Is the youth eligible for RHY services?	<input type="checkbox"/> No*
	<input type="checkbox"/> Yes**

If question #78b was answered as "No" (*), then the following question is **required**:

78c. Reason why services are not funded by BCP grant	<input type="checkbox"/> Out of age range
	<input type="checkbox"/> Ward of the state – immediate reunification
	<input type="checkbox"/> Ward of the criminal justice system – immediate reunification
	<input type="checkbox"/> Other

If question #78b was answered as "Yes" (**), then the following question is **required**:

78d. Is the youth a runaway?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected