Coordinated Entry System For Youth

The Next Step Tool

Version 3.8
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 Assessments (based on eligibility)
   a. ILP Eligibility Verification Form
      This form is utilized to confirm eligibility status for Independent Living Programs, a component of interim housing designated for young people with prior involvement with DCFS or Department of Probation.
   b. Youth Family Reconnection Referral Form
      This form is utilized for referrals in the Youth Family Reconnection Program (also known as Connect LA), which provides therapeutic, case management, and financial support for participants seeking to reconnect or reunify with biological or non-biological family.

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.
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.
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.
Youth CES Next Step Tool: Consent

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).

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. Each Participating Organization that entered information into HMIS will continue to have access to your PPI, but the information will no longer be available to any other Participating Organization.
- The Privacy Notice for the LA 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.

Right to Make Corrections
If you believe that your PPI in HMIS is incorrect or incomplete, you have the right to request a correction. To ask for either of these changes, send a written request, including the reason why you believe the information is incorrect or incomplete, to the HMIS Administrator of the organization that entered the information into HMIS. The organization may turn down your request if the information:

- Was not created by the organization you are requesting the change from;
- Is not part of the information that you would be allowed to look at and copy;
- Is related to another individual;
- Is found to be correct and complete.
- Is otherwise protected by law.

However, if your request for correction is denied, you have the right to request that the following language is entered next to a particular entry: “The participant disputes the accuracy of this entry.”
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
<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Full SSN reported</th>
<th>Client doesn’t know</th>
<th>Data not collected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approximate or partial SSN reported</td>
<td>Client refused</td>
<td></td>
</tr>
<tr>
<td>Quality of SSN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Last Name               |                  |                     |                   |

| First Name              |                  |                     |                   |

| Quality of Name         | Full Name Reported | Client doesn’t know | Data not collected |
|                        | Partial, street name, or code name reported | Client refused |

| Quality of DOB          | Full DOB reported | Client doesn’t know | Data not collected |
|                        | Approximate or partial DOB reported | Client refused |

| 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             |                  |                     |                   |

| Suffix:                 |                  |                     |                   |

| Maiden Name             |                  |                     |                   |

| Alias                   |                  |                     |                   |

| Gender                  | Female           | Gender Non-Conforming; not exclusively male or female |
|                        | Male             | Client doesn’t know |
|                        | Trans Female (MTF or Male to Female) | Client refused |
|                        | Trans Male (FTM or Female to Male) | Data not collected |

| Pronoun(s):             |                  |                     |                   |

| Ethnicity               | Non-Hispanic     | Client doesn’t know | Data not collected |
|                        | Hispanic         |                     |                   |

| Race                    | White            | Native Hawaiian or Other Pacific Islander |
|                        | Black or African-American | Client doesn’t know |
|                        | Asian            | Client refused |
|                        | American Indian or Alaskan Native | Data not collected |

| Primary Language        |                  |                     |                   |

| TB Clearance Date       |                  |                     |                   |

| Clinic:                 |                  |                     |                   |

| Have you ever served in the U.S. Military? (Veteran Status) | No | Client doesn’t know | Data not collected |
|                                                                 | Yes | Client refused |

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

| Dates of military service (Year Only) |                  |                     |                   |

| Branch of Military                  | Army             | Navy                | Coast Guard      | Data not collected |
|                                     | Air Force        | Marines             |                  |                  |
| Discharge Status                    | Honorable        | Bad Conduct         |                  |                  |
|                                     | General under honorable conditions (OTH) | Dishonorable |                  |                  |
|                                     | Under other than honorable conditions (OTH) | Uncharacterized |                  |                  |

| Theater of Operations              | World War II     | Korean War          | Vietnam War      | Persian Gulf War |
|                                     | Don’t know       | Refused             | Don’t know       | Don’t know       |
| No                                   |                  |                     |                  |                  |
| Yes                                  |                  |                     |                  |                  |
| Afghanistan (Enduring Freedom)      | No               | Don’t know          | No               | Don’t know       |
| Iraq (Iraqi Freedom)                | Yes              | Don’t know          | Yes              | Don’t know       |
| Iraq (New Dawn)                     | No               | Don’t know          | Yes              | Don’t know       |
| Other Operations                    |                  |                     |                  |                  |
| No                                   |                  |                     |                  |                  |
| Yes                                  |                  |                     |                  |                  |

Version 3.8
A. ADMINISTRATION

Surveyor’s Name: ___________________________ Organization: ___________________________

Email: ___________________________ Phone: ____________ Assessment Date: __/__/____

B. ILP Eligibility Screening

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

If a youth answers affirmatively to question #1 or #2 and answers “Yes” to question #3, complete ILP Eligibility Form in the Supplemental Assessments section of the Next Step Tool.

C. History of Homelessness

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Where do you sleep most frequently?</td>
<td>☐ Shelters</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td></td>
<td>☐ Transitional Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Safe Haven</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Couch Surfing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Outdoors</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td></td>
<td>☐ Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the youth answers anything other than “Shelters”, “Transitional Housing”, or “Safe Haven”, then score 1.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. How long has it been since you lived in permanent stable housing?</td>
<td>_________ Months</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>6. In the last three years, how many times (episodes) have you</td>
<td>________ Episodes</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>been homeless?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

D. Risks

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Received health care at an emergency department / room?</td>
<td>_________ Times</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>8. Taken an ambulance to the hospital?</td>
<td>________ Times</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
</tr>
</tbody>
</table>
9. Been hospitalized as an inpatient?
   □ ____________ Times □ Client Doesn't Know □ Client Refused
   Client Doesn't Know
   □ Client Refused

10. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
    □ ____________ Times □ Client Doesn't Know □ Client Refused
    Client Doesn't Know
    □ 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 □ Client Doesn't Know □ Client Refused
    Client Doesn't Know
    □ 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 □ Client Doesn't Know □ Client Refused
    Client Doesn't Know
    □ Client Refused

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

13. Have you been attacked or beaten up since you’ve become homeless?
    □ Yes □ No □ Client Doesn't Know □ Client Refused

14. Have you threatened to or tried to harm yourself or anyone else in the last year?
    □ Yes □ No □ Client Doesn't Know □ Client Refused

If “Yes” to any of the above, then score 1 for Risk of Harm.

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?
    □ Yes □ No □ Client Doesn't Know □ Client Refused

16. Were you ever incarcerated when younger than age 18?
    □ Yes □ No □ Client Doesn't Know □ Client Refused

If “Yes” to any of the above, then score 1 for Legal Issues.

17. Does anybody force or trick you to do things that you do not want to do?
    □ Yes □ No □ Client Doesn't Know □ 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?
    □ Yes □ No □ Client Doesn't Know □ Client Refused

If “Yes” to any of the above, then score 1 for Risk of Exploitation.

Subtotal for Section D:
20. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  
- Yes
- No
- Client Doesn't Know
- Client Refused

If “Yes” to question 19 or “No” to question 20, then score 1 for Money Management.

21. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  
- Yes
- No
- Client Doesn't Know
- Client Refused

If “No”, then score 1 for Meaningful Daily Activity.

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?  
- Yes
- No
- Client Doesn't Know
- Client Refused

If “No”, then score 1 for Self-Care.

Is your current lack of stable housing...

23. Because you ran away from your family home, a group home or a foster home?  
- Yes
- No
- Client Doesn't Know
- Client Refused

24. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  
- Yes
- No
- Client Doesn't Know
- Client Refused

25. Because your family or friends caused you to become homeless?  
- Yes
- No
- Client Doesn't Know
- Client Refused

26. Because of conflicts around gender identity or sexual orientation?  
- Yes
- No
- Client Doesn't Know
- Client Refused

If “Yes” to any of the above, then score 1 for Social Relationships.

27. Because of violence at home between family members?  
- Yes
- No
- Client Doesn’t Know
- Client Refused

28. Because of an unhealthy or abusive relationship, either at home or elsewhere?  
- Yes
- No
- Client Doesn’t Know
- Client Refused

29. Are you seeking services today because you are concerned about your immediate safety?  
- Yes
- No
- Client Doesn’t Know
- Client Refused

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.

Subtotal for Section E:
### F. Wellness

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>31. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>34. When you are sick or not feeling well, do you avoid getting help?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>35. Are you currently pregnant, have ever been pregnant, or have gotten someone pregnant?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td></td>
<td>□ N/A</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>36. If currently pregnant, what is your due date?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>38. Will drinking or drug use make it difficult for you to stay housed or afford your housing?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>39. If you’ve ever used marijuana, did you ever try it at age 12 or younger?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. A mental health issue or concern?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>41. A past head injury?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>42. A learning disability, developmental disability, or other impairment?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td>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?</td>
<td>□ Yes</td>
<td>□ Client Doesn't Know</td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td>□ Client Refused</td>
</tr>
</tbody>
</table>

If “Yes” to any of the above, then score 1 for **Mental Health**.
If the respondent scored 1 for Physical Health and 1 for Substance Use and 1 for Mental Health, score 1 for Tri-Morbidity.

44. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

- Yes
- No
- Client Doesn’t Know
- 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?

- Yes
- No
- Client Doesn’t Know
- Client Refused

46. Are you currently receiving or have you ever received treatment at a mental health program/clinic?

- Yes
- No
- Client Doesn’t Know
- Client Refused

47. If yes, what is the name of the program/clinic?

Score:

Subtotal for Section F:

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

48. To the best of your knowledge, do you think you are VA Healthcare eligible?

- Yes
- No
- Client Doesn’t Know
- Client Refused

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

49. Are you interested in seeing if you are able to receive services through a Veteran services Provider?

- Yes
- No
- Client Doesn’t Know
- Client Refused
- Data not Collected

Note for Surveyor: If Participant answers “Yes” to question #49, contact Veteran Service Provider (SSVF SPA Lead Agency or Veteran Administration) to see if participant is eligible for Veteran Services.

H. Scoring Summary

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

Version 3.8

Youth CES Initial Assessment: Page 6 of 13

Modified 2/1/2020
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Have you ever been in foster care? (This question is asking for experience in foster care through a public child welfare agency, such as DCFS, or through juvenile probation.)</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>51. Have you ever lived in a foster home or group home?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>52. Have you ever been approved or told by a court or child welfare agency to live with a relative?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>53. Have you ever been approved or told by a court or child welfare agency to live with a guardian or adult to whom you were not related?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>54. Are you currently in foster care or extended foster care (sometimes referred to as AB12)?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>55. Were you in foster care, a group home, or out-of-home care at or after the age of 16?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td></td>
<td>☐ N/A</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>56. In what county and state were you in foster care? [if multiple, indicate most recent]</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td></td>
<td>☐ N/A</td>
<td>☐ Client Refused</td>
</tr>
</tbody>
</table>

If participant answer yes to, complete ILP Eligibility Form in the Supplemental Assessment Section of the N
### Youth CES Next Step Tool

#### I. Youth Choice

**Note for surveyor:** Family is defined as biological or non-biological. Please also explain that supportive services are available to build relationships and reunify with chosen family.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Client Doesn’t Know</th>
<th>Client Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>57. Are you interested in receiving support to build or strengthen your relationship with family? Please note that “family” refers to both biological and non-biological.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### K. Housing Preference

58. What type of housing resources would you be open to accessing temporarily while we work together so you can obtain stable housing of your own? (Select as many as you want.)

- a) Interim housing (Short-Term Crisis/Bridge Housing also know as emergency Shelter in a congregate setting)
- b) Transitional housing (temporary housing program, generally in congregate settings with roommates in room and staff support)
- c) Independent living program (a type of transitional housing program specifically for youth who were formerly in the foster care system)
- d) Temporarily stay with family, but I need financial assistance to do so
- e) Temporarily stay with friends, but I need financial assistance to do so
- f) Temporarily stay with family, but I need help strengthening my relationship with them first
- g) Temporarily staying in a host home with a community member who has a rent-free room I can stay in while working with a case manager
- h) A program with mental health services provided
- i) Sober living housing or a sober living program
- j) A job training program that also provides housing, like Job Corps or Conservation Corps
- k) Prefer to stay in car or RV, and would like a place that is safe and secure to park at night
- l) Outdoors, in tent, or in abandoned building
- m) Prefer not to share
- n) Don’t know
- O) Other

Please Explain other housing Preference: youth nex

#### J. Residency & Preferences

52. 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
- b) Shared housing w/separate rooms
- c) Housing up to 2 years’ w/support services
- d) Long-term housing w/support services
- e) Moving with family
- f) Moving with friends, not in a program
### g) Program with substance use treatment supports
- [ ] Yes

### h) Program with mental health services
- [ ] Yes

### i) Apartment in the community
- [ ] Yes

### j) Apartment in a building with on-site services
- [ ] Yes

### k) Other. Please explain:

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

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

**54. 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 11-13 or if City of LA, list City of Los Angeles

If question #54 was answered Los Angeles, then the following question is **required:**

**55. 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 11-13

**56. Have you lived in Long Beach or Santa Monica for a year or more?**

- [ ] Yes
- [ ] Client Doesn’t Know
- [ ] No
- [ ] Client Refused

**57. Is there anywhere you would not be able to live?**

- [ ] No
- [ ] Yes

**58. If yes, where?**

**59. 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:

- [ ] Yes: a mobility unit
- [ ] Yes: a hearing/vision unit
- [ ] Yes: a mobility and hearing/vision unit
- [ ] No
60. **Question for Staff**: Based on your observation, does this person/a person in this household appear to have:

- [ ] A mobility disability (uses a wheelchair, walker, or has difficulty walking)
- [ ] A hearing disability (deaf or hard of hearing)
- [ ] A visual disability (blind or low vision)
- [ ] None of the above

61. **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)?

- [ ] Yes*
- [ ] No.

If question #60 was answered as Yes (*), then the following question is required:

61a. Ask: Which assistance aides do they need?

______________________________________________

**I. L Factors impacting Housing Type/Location Possibilities.**

57. Some housing units have disability-related features that make it easier for certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:

- [ ] Yes: A mobility unit
- [ ] Yes, a mobility and vision/listen unit
- [ ] Yes, a hearing unit
- [ ] No

**K. Housing History**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Check One)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>62. Have you been evicted from a Public Housing Authority Unit?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td>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?</td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>63. Have you ever been convicted of manufacturing or producing methamphetamine?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>64. Are you required to register as a sex offender?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
<tr>
<td>65. Have you ever been convicted of arson?</td>
<td>☐ Yes</td>
<td>☐ Client Doesn’t Know</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td>☐ Client Refused</td>
</tr>
</tbody>
</table>

**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 (circle one)

Is there a phone number and/or email where someone can safely get in touch with you?

Phone: ____________________________

Email: ____________________________
M. Wrapping Up the Initial Assessment

Complete necessary supplemental assessments / provision of resources as indicated by responses:

a.  ILP Eligibility Verification Form
   Refer to Section B (ILP Eligibility Screening): If a youth answers affirmatively to questions #1 or #2 and answers “Yes” to question #3, complete ILP Eligibility Form and submit to YCES Lead Agency with NST.

b.  Youth Family Reconnection
   Refer to Section I (Youth Choice): If a youth answers “Yes” to question #51, #52(e), or #53(e), complete Youth Family Reconnection Referral Form and submit to YCES Lead Agency with NST.

c.  Referral for DV Resources
   Refer to Section E (Socialization & Daily Functioning): If a youth answers “Yes” to question #29, have a conversation with participant to explore their safety needs and to offer resources that are of interest.

d.  Referral for Veteran Resources
   Refer to Section G (US Department of Veterans Affairs, Department of Health Services): If a youth answers “Yes” to question #48, offer linkage to the SSVF SPA lead agency.
### Location of Survey

*(Please update later if respondent is later attached to Housing Navigator in a different Region)*

<table>
<thead>
<tr>
<th>SPA</th>
<th>Region</th>
<th>City / Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPA 1 - Antelope Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Lancaster</td>
<td>□ Lancaster</td>
<td>□ Leona Valley</td>
</tr>
<tr>
<td>□ Palmdale</td>
<td>□ Palmdale</td>
<td>□ Llano</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Acton</td>
<td>□ Little Rock</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Angeles National Forest</td>
<td>□ Littlerock</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Bouquet Canyon</td>
<td>□ Pear Blossom</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Del Sur</td>
<td>□ Quartz Hill</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Desert View Highlands</td>
<td>□ South Edwards</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Elizabeth Lake</td>
<td>□ Sun Village</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Hi Vista</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Juniper Hills</td>
<td></td>
</tr>
<tr>
<td>□ SPA 2 - San Fernando Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ North</td>
<td>□ Santa Clarita</td>
<td>□ Castaic</td>
</tr>
<tr>
<td>□ North</td>
<td>□ Saugus</td>
<td>□ Valencia</td>
</tr>
<tr>
<td>□ North</td>
<td>□ Newhall</td>
<td>□ Val Verde</td>
</tr>
<tr>
<td>□ North</td>
<td>□ Canyon Country</td>
<td>□ San Fernando</td>
</tr>
<tr>
<td>□ North</td>
<td>□ Granada Hills</td>
<td>□ Sand Canyon</td>
</tr>
<tr>
<td>□ North</td>
<td>□ Sylmar</td>
<td></td>
</tr>
<tr>
<td>□ West</td>
<td>□ Woodland Hills</td>
<td>□ Canoga Park</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Winnetka</td>
<td>□ West Hills</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Calabasas</td>
<td>□ Westlake Village</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Agoura Hills</td>
<td>□ Hidden Hills</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Chatsworth</td>
<td>□ Tarzana</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Reseda</td>
<td>□ Warner Center</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Porter Ranch</td>
<td></td>
</tr>
<tr>
<td>□ SPA 2 - San Fernando Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Central</td>
<td>□ Van Nuys</td>
<td>□ Panorama City</td>
</tr>
<tr>
<td>□ Central</td>
<td>□ Lake Balboa</td>
<td>□ Studio City</td>
</tr>
<tr>
<td>□ Central</td>
<td>□ Valley Glen</td>
<td>□ Valley Village</td>
</tr>
<tr>
<td>□ Central</td>
<td>□ Sherman Oaks</td>
<td>□ Northridge</td>
</tr>
<tr>
<td>□ Central</td>
<td>□ Encino</td>
<td>□ North Hills</td>
</tr>
<tr>
<td>□ East</td>
<td>□ North Hollywood</td>
<td>□ Arleta</td>
</tr>
<tr>
<td>□ East</td>
<td>□ Sunland</td>
<td>□ Lakeview Terrace</td>
</tr>
<tr>
<td>□ East</td>
<td>□ Tujunga</td>
<td>□ Mission Hills</td>
</tr>
<tr>
<td>□ East</td>
<td>□ Pacoima</td>
<td>□ Granada Hills</td>
</tr>
<tr>
<td>□ East</td>
<td>□ Shadow Hills</td>
<td>□ Sun Valley</td>
</tr>
<tr>
<td>□ Glendale</td>
<td>□ Burbank</td>
<td>□ Glendale</td>
</tr>
<tr>
<td>□ Glendale</td>
<td>□ Universal City</td>
<td>□ Flintridge</td>
</tr>
<tr>
<td>□ Glendale</td>
<td>□ La Crescenta</td>
<td>□ Toluca Lake</td>
</tr>
<tr>
<td>□ Glendale</td>
<td>□ La Canada</td>
<td></td>
</tr>
<tr>
<td>□ SPA 3 – San Gabriel Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ West</td>
<td>□ Pasadena</td>
<td>□ Monrovia</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Altadena</td>
<td>□ Arcadia</td>
</tr>
<tr>
<td>□ West</td>
<td>□ San Marino</td>
<td>□ San Gabriel</td>
</tr>
<tr>
<td>□ West</td>
<td>□ South Pasadena</td>
<td>□ Monterey Park</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Alhambra</td>
<td>□ Duarte</td>
</tr>
<tr>
<td>□ West</td>
<td>□ Sierra Madre</td>
<td>□ Bradbury</td>
</tr>
</tbody>
</table>
## Youth CES Next Step Tool: Administrative Section

<table>
<thead>
<tr>
<th>SPA 3 – San Gabriel Valley</th>
<th>SPA 4 – Metro/Central LA</th>
<th>SPA 5 - West LA</th>
<th>SPA 6 - South LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Central</td>
<td>□ Central</td>
<td>□ Central</td>
<td>□ Central</td>
</tr>
<tr>
<td>□ El Monte</td>
<td>□ West Covina</td>
<td>□ Bel Air</td>
<td>□ South</td>
</tr>
<tr>
<td>□ South El Monte</td>
<td>□ La Puente</td>
<td>□ Beverly Hills</td>
<td>□ Venice</td>
</tr>
<tr>
<td>□ Inwindale</td>
<td>□ Rosemead</td>
<td>□ Beverly Crest</td>
<td>□ Westchester</td>
</tr>
<tr>
<td>□ Baldwin Park</td>
<td>□ Temple City</td>
<td>□ Beverly Glen</td>
<td>□ Westwood</td>
</tr>
<tr>
<td>□ Azusa</td>
<td>□ Hacienda Heights</td>
<td>□ Brentwood</td>
<td>□ Culver City</td>
</tr>
<tr>
<td>□ Covina</td>
<td>□ Glendora</td>
<td>□ Century City</td>
<td>□ Palms</td>
</tr>
<tr>
<td>□ East</td>
<td>□ Diamond Bar</td>
<td>□ Holmby Hills</td>
<td>□ Rancho Park</td>
</tr>
<tr>
<td>□ San Dimas</td>
<td>□ Walnut</td>
<td>□ Pacific Palisades</td>
<td>□ South Robertson</td>
</tr>
<tr>
<td>□ La Verne</td>
<td>□ Industry</td>
<td>□ Malibu</td>
<td>□ Laurel Canyon</td>
</tr>
<tr>
<td>□ Claremont</td>
<td>□ Rowland Heights</td>
<td>□ Marina Del Rey</td>
<td>□ Mar Vista</td>
</tr>
<tr>
<td>□ Pomona</td>
<td></td>
<td>□ Manchester</td>
<td></td>
</tr>
<tr>
<td>□ Downtown</td>
<td>□ Downtown</td>
<td>□ Park La Brea</td>
<td>□ Compton</td>
</tr>
<tr>
<td>□ Hollywood</td>
<td>□ Hollywood Hills</td>
<td>□ Hancock Park</td>
<td>□ Rosewood</td>
</tr>
<tr>
<td>□ East Hollywood</td>
<td>□ West Hollywood</td>
<td>□ Larchmont District</td>
<td>□ Willowbrook</td>
</tr>
<tr>
<td>□ Los Feliz</td>
<td></td>
<td>□ Wilshire</td>
<td>□ Watts</td>
</tr>
<tr>
<td>□ North East LA</td>
<td>□ Eagle Rock</td>
<td>□ Bel Air</td>
<td>□ South</td>
</tr>
<tr>
<td>□ Hollywood</td>
<td>□ Highland Park</td>
<td>□ Beverly Hills</td>
<td>□ Venice</td>
</tr>
<tr>
<td>□ East Hollywood</td>
<td>□ Monterey Hills</td>
<td>□ Beverly Crest</td>
<td>□ Westchester</td>
</tr>
<tr>
<td>□ Chinatown</td>
<td>□ Atwater Village</td>
<td>□ Beverly Glen</td>
<td>□ Westwood</td>
</tr>
<tr>
<td>□ Hermon</td>
<td>□ Mount Washington</td>
<td>□ Brentwood</td>
<td>□ Culver City</td>
</tr>
<tr>
<td>□ Silverlake/Westlake Central</td>
<td>□ Montecito Heights</td>
<td>□ Century City</td>
<td>□ Palms</td>
</tr>
<tr>
<td>□ Silverlake</td>
<td>□ Boyle Heights</td>
<td>□ Holmby Hills</td>
<td>□ Rancho Park</td>
</tr>
<tr>
<td>□ Westlake</td>
<td>□ East LA</td>
<td>□ Pacific Palisades</td>
<td>□ South Robertson</td>
</tr>
<tr>
<td>□ Korea Town</td>
<td></td>
<td>□ Malibu</td>
<td>□ Laurel Canyon</td>
</tr>
<tr>
<td>□ Mid-Wilshire</td>
<td>□ Echo Park</td>
<td>□ Marina Del Rey</td>
<td>□ Mar Vista</td>
</tr>
<tr>
<td>□ Park La Brea</td>
<td>□ Pico Union</td>
<td>□ Manchester</td>
<td></td>
</tr>
<tr>
<td>□ Hancock Park</td>
<td></td>
<td>□ South Los Angeles</td>
<td>□ Rosewood</td>
</tr>
<tr>
<td>□ Larchmont District</td>
<td></td>
<td></td>
<td>□ Willowbrook</td>
</tr>
<tr>
<td>□ Wilshire</td>
<td></td>
<td></td>
<td>□ Watts</td>
</tr>
</tbody>
</table>

**Version 3.8**  
**Youth CES Initial Assessment**: Page 12 of 13  
**Modified 2/1/2020**
## Youth CES Next Step Tool: Administrative Section

<table>
<thead>
<tr>
<th>SPA 6 - South LA</th>
<th>South East</th>
<th>Lynwood</th>
<th>Paramount</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPA 7 - Southeast / East LA</td>
<td>LCA 1: Central</td>
<td>Bell</td>
<td>Maywood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bell Gardens</td>
<td>South Gate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Commerce</td>
<td>Vernon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cudahy</td>
<td>County Unincorporated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Huntington Park</td>
<td></td>
</tr>
<tr>
<td>SPA 7 - Southeast / East LA</td>
<td>LCA 2: North</td>
<td>La Mirada</td>
<td>Santa Fe Springs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>La Habra Heights</td>
<td>Whittier</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Montebello</td>
<td>County Unincorporated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pico Rivera</td>
<td></td>
</tr>
<tr>
<td>SPA 7 - Southeast / East LA</td>
<td>LCA 3: South</td>
<td>Artesia</td>
<td>Downey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bellflower</td>
<td>Norwalk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cerritos</td>
<td>County Unincorporated</td>
</tr>
<tr>
<td>SPA 8 - South Bay</td>
<td>LCA 4: Long Beach</td>
<td>Hawaiian Gardens</td>
<td>Signal Hill</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lakewood</td>
<td>County Unincorporated</td>
</tr>
<tr>
<td>SPA 8 - South Bay</td>
<td>Harbor Area</td>
<td>Harbor City</td>
<td>West Carson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Harbor Gateway</td>
<td>Torrance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wilmington</td>
<td>Lomita</td>
</tr>
<tr>
<td></td>
<td></td>
<td>San Pedro</td>
<td>Palos Verdes Cities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carson</td>
<td>Avalon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rolling Hills</td>
<td></td>
</tr>
<tr>
<td>SPA 8 - South Bay</td>
<td>North</td>
<td>Inglewood</td>
<td>Gardena</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lennox</td>
<td>Lawndale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Athens</td>
<td>Alondra Park</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Del Aire</td>
<td>El Segundo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hawthorne</td>
<td></td>
</tr>
<tr>
<td>SPA 8 - South Bay</td>
<td>Long Beach</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPA 8 - South Bay</td>
<td>Beach Cities</td>
<td>Hermosa Beach</td>
<td>Redondo Beach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manhattan Beach</td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Assessments
This page

intentionally

left blank
INSTRUCTIONS FOR ASSESSOR WHO IS COMPLETING NST PACKET WITH PARTICIPANT

Independent Living Program (ILP) Verification of Emancipation Status / Consent for Release of Information Form

1. Determine eligibility for form completion:
   a. Refer to Next Step Tool Section B (ILP Eligibility Screening).
   b. If a participant answers affirmatively to questions #1 or #2 and answers “Yes” to question #3, an ILP Verification/ROI Form should be completed.

2. If participant is eligible:
   a. Complete Identified SPA box and Section A (Client Information) of ILP Verification/ROI Form with participant.
   b. Request participant signature, as indicated in Section A, so information about eligibility status can be obtained from DCFS and/or Probation.
   c. Do not complete Sections B or C, as those sections will be completed by other parties.
   d. Submit Form to YCES Lead Agency with NST packet.
   e. YCES Lead Agency will send form to appropriate points of contact at DCFS and/or Probation for verification of eligibility status.
ILP Verification of Emancipation Status/Consent For Release of Information

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

IDENTIFIED SPA:

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ________________

**SERVICE AGENCY INFORMATION (Please Print)**

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ________________

**SERVICE AGENCY TO SEND COMPLETED FORM:**

DCFS Youth: to Greg Breuer at (213) 637-0035 fax or email breugr@dcfs.lacounty.gov

Probation Youth: to John Thompson at (213) 637-0036 fax or john.thompson@probation.lacounty.gov

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

- LAHSA ILP Housing (For youth, ages 18 up to 21)
  - The above mentioned client is/was a current/former foster youth or received services from either the L.A. or ________________County Department of Children and Family Services or the Department of Probation. Yes: ______ No: ______

- TLP/ CoC Housing (For youth, ages 18 up to 24)
  - The above mentioned client is/was a current/former foster youth or received services from either the L.A. or ________________County Department of Children and Family Services or the Department of Probation. Yes: ______ No: ______

- THP+ Housing (For youth, ages 18 up to 24)
  - The above mentioned client is/was a current/former foster youth or received services from either the L.A. or ________________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 HOUSING SPECIALIST NAME**

__________________________

**DCFS/PROBATION HOUSING SPECIALIST SIGNATURE**

__________________________

Title Date

ILP Eligibility criteria can be found on www.ILPOnline.org

Rev. 06/2018
Youth Family Reconnection Program

Referral Form

Directions: A referral must be completed and emailed to the appropriate Youth CES Matcher for the SPA in which the referring participant is currently residing. See Youth CES Matcher list below to submit a YFR referral.

REFERRING AGENCY

Referral Date: _________________________

Staff Name: __________________________________________

Staff Title: _______________________________________

Staff Phone Number: __________________________________

Staff Email: ______________________________________

Referring Agency Name: _____________________________________________________________________________________

Referring Address: _____________________________________________________________________________________

Service Planning Area (SPA): □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8

REFERRING PARTICIPANT INFORMATION

First Name: ________________________________________

Last Name: __________________________________________

Preferred Name: ____________________________________

Pronoun(s): _________________________________________

Date of Birth: __________ Age: _____

HMIS #: ______________ NST Acuity Score: _____ (0-17)

Preferred Language: _______ Secondary Language: ______________________

Contact Phone Number: ______________________________

Permission to leave a message: □ Yes □ No

Best Time to Call Phone Number listed: □ Morning □ Afternoon □ Evening □ Anytime □ Specific Time: _______________

Email Address: ______________________________________

Permission to leave an email message: □ Yes □ No

Optional: Alternative Phone Number: ___________________

Permission to leave a message: □ Yes □ No

Best Time to Call Alternative Phone Number: □ Morning □ Afternoon □ Evening □ Anytime □ Specific Time: ___________

Best Mode of Communication: □ Mobile □ Email □ Alternative □ Other: __________________________

Geographic Location/Neighborhood of Current Housing Status (Describe): _____________________________________________

SPA where the referring participant is currently residing: □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8

THIS SECTION ONLY TO BE COMPLETED BY THE YOUTH CES MATCHER

☐ SPA 1: Antelope Valley
Antelope Valley
Youth Matcher: Sylvia Scott
Email: sscott@avdvc.org

☐ SPA 2: San Fernando Valley
Village Family Services
Youth Matcher: Janelle Romero
Email: jromero@thevillagefs.org

☐ SPA 3: San Gabriel Valley
Hathaway-Sycamores
Youth Matcher: Michael Bowen
Email: mbowen@hscfs.org

☐ SPA 4: Metro Los Angeles
LGBT Center
Youth Matcher: Karla DeLeon
Email: kdeleon@lalgbtcenter.org

☐ SPA 5: West Los Angeles
Safe Place for Youth
Youth Matcher: Allie Haber
Email: allieh@safefplaceforyouth.org

☐ SPA 6: South Los Angeles
Coalition for Responsible Dev.
Youth Matcher: Toya Johnson
Email: tjohnson@coalitionrcd.org

☐ SPA 7: East Los Angeles
Jovenes, Inc.
Youth Matcher: Vladimir Felix
Email: vfelix@jovenesinc.org

☐ SPA 8: South Bay/ Harbor Cities
Hathaway-Sycamores
Youth Matcher: Christopher Jenne
Email: cjenne@harborinterfaith.org
This page
intentionally
left blank
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
   - Self (Head of Household)
   - Head of household’s other relation member
   - Head of household’s child
   - Head of Household’s spouse or partner

3. Case Manager: ______________________

4. Client Location (CoC)
   - CA-600 – Los Angeles
   - CA-602 – Orange County
   - CA-606 – Long Beach
   - CA-607 – Pasadena
   - CA-611 – Ventura County
   - CA-612 – Glendale
   - CA-614 – San Luis Obispo County

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

5. Was the client placed into this housing program through CES?
   - No
   - CES for Families
   - CES for Singles
   - CES for Youth

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?
   - No
   - 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.
   - No
   - Yes: Engagement Date: __________ / __________ / __________
**Youth CES Next Step Tool: Program Entry**

**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:**

<table>
<thead>
<tr>
<th>9. What was the situation you were living in immediately prior to project entry? <strong>(Type of residence)</strong></th>
<th>10. How long was the client staying in that place? <strong>(Length of stay in prior living situation)</strong></th>
<th>10a/b. Did the client stay less than...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literally Homeless Situations</strong></td>
<td>For literally homeless situations:</td>
<td></td>
</tr>
<tr>
<td>- Place not meant for habitation</td>
<td>- One night or less</td>
<td>- Not Applicable</td>
</tr>
<tr>
<td>- Emergency shelter, including hotel or motel paid for with emergency shelter</td>
<td>- Two to six nights</td>
<td>Go to question 11</td>
</tr>
<tr>
<td>- Safe Haven</td>
<td>- One week or more, but less than one month</td>
<td></td>
</tr>
<tr>
<td>- Interim Housing</td>
<td>- One month or more, but less than 90 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 90 days or more, but less than one year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- One year or longer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Client doesn't know</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Client refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Data not collected</td>
<td></td>
</tr>
<tr>
<td><strong>Institutional Situations</strong></td>
<td>For institutional situations:</td>
<td></td>
</tr>
<tr>
<td>- Foster care home or foster care group home</td>
<td>- One night or less</td>
<td></td>
</tr>
<tr>
<td>- Hospital or other residential non-psychiatric medical facility</td>
<td>- Two to six nights</td>
<td></td>
</tr>
<tr>
<td>- Jail, prison or juvenile detention facility</td>
<td>- One week or more, but less than one month</td>
<td></td>
</tr>
<tr>
<td>- Long-term care facility or nursing home</td>
<td>- One month or more, but less than 90 days</td>
<td></td>
</tr>
<tr>
<td>- Psychiatric hospital or other psychiatric facility</td>
<td>- 90 days or more, but less than one year</td>
<td></td>
</tr>
<tr>
<td>- Substance abuse treatment facility or detox center</td>
<td>- One year or longer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Client doesn't know</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Client refused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Data not collected</td>
<td></td>
</tr>
<tr>
<td><strong>Transitional &amp; Permanent Housing Situations</strong></td>
<td>For transitional &amp; permanent housing situations:</td>
<td></td>
</tr>
<tr>
<td>- Hotel or motel paid for without emergency shelter voucher</td>
<td>- One night or less</td>
<td></td>
</tr>
<tr>
<td>- Owned by client, no ongoing housing subsidy</td>
<td>- Two to six nights</td>
<td></td>
</tr>
<tr>
<td>- Owned by client, with ongoing housing subsidy</td>
<td>- One week or more, but less than one month</td>
<td></td>
</tr>
<tr>
<td>- Permanent housing (other than RRH) for formerly homeless persons</td>
<td>- One month or more, but less than 90 days</td>
<td></td>
</tr>
<tr>
<td>- Rental by client, no ongoing housing subsidy</td>
<td>- 90 days or more, but less than one year</td>
<td></td>
</tr>
<tr>
<td>- Rental by client, with VASH subsidy</td>
<td>- One year or longer</td>
<td></td>
</tr>
<tr>
<td>- Rental by client, with GPD TIP subsidy</td>
<td>- Client doesn't know</td>
<td></td>
</tr>
<tr>
<td>- Rental by client, with HCV Voucher (tenant or project based)</td>
<td>- Client refused</td>
<td></td>
</tr>
<tr>
<td>- Rental by client in a public housing unit.</td>
<td>- Data not collected</td>
<td></td>
</tr>
<tr>
<td>- Rental by client, with other housing subsidy (including RRH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Residential project or halfway house with no homeless criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Staying or living in a family member's room, apartment or house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Staying or living in a friend's room, apartment or house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Transitional housing for homeless persons (including homeless youth)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other**
**Youth CES Next Step Tool: Program Entry**

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

9. What was the situation you were living in immediately prior to project entry? *(Type of residence)*

- [ ] Place not meant for habitation
- [ ] Emergency shelter, including hotel or motel paid for with emergency shelter
- [ ] Safe Haven
- [ ] Interim Housing
- [ ] Foster care home or foster care group home
- [ ] Hospital or other residential non-psychiatric medical facility
- [ ] Jail, prison or juvenile detention facility
- [ ] Long-term care facility or nursing home
- [ ] Psychiatric hospital or other psychiatric facility
- [ ] Substance abuse treatment facility or detox center
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Owned by client, no ongoing housing subsidy
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Permanent housing (other than RRH) for formerly homeless persons
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with VASH subsidy
- [ ] Rental by client, with GPD TIP subsidy
- [ ] Rental by client, with other housing subsidy (including RRH)
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Staying or living in a family member’s room, apartment or house
- [ ] Staying or living in a friend’s room, apartment or house
- [ ] Transitional housing for homeless persons (including homeless youth)
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

10. How long was the client staying in that place? *(Length of stay in prior living situation)*

- [ ] One night or less
- [ ] Two to six nights
- [ ] One week or more, but less than one month
- [ ] One month or more, but less than 90 days
- [ ] 90 days or more, but less than one year
- [ ] One year or longer
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Check One Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?</td>
<td>[ ] No [ ] Yes [ ] Client Doesn’t Know [ ] Client Refused [ ] Data not Collected</td>
</tr>
</tbody>
</table>

If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #9 and #10, then the following questions are required. Questions 10d and 12a are also required for transitional housing programs.

<table>
<thead>
<tr>
<th>Question</th>
<th>Check One Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10d. Is this your first time homeless?</td>
<td>[ ] No [ ] Yes [ ] Client Doesn’t Know [ ] Client Refused [ ] Data not Collected</td>
</tr>
</tbody>
</table>
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.

11. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)  

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? (Number of times on the streets, in ES, or Safe Haven in the past three years including today)

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One Time</td>
<td></td>
</tr>
<tr>
<td>Two Times</td>
<td></td>
</tr>
<tr>
<td>Three Times</td>
<td></td>
</tr>
<tr>
<td>Four or more times</td>
<td></td>
</tr>
</tbody>
</table>

12a. IN THE PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters?

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 time</td>
<td></td>
</tr>
<tr>
<td>2 to 3 times</td>
<td></td>
</tr>
<tr>
<td>4 or more times</td>
<td></td>
</tr>
</tbody>
</table>

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? (Total number of months homeless on the street, in ES, or SH in the past three years)

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One Month (this time is the first month)</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>More than 12 months</td>
<td></td>
</tr>
</tbody>
</table>

Continue for all clients

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

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

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)

<table>
<thead>
<tr>
<th>Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No, has not exited from any of these facilities in the past five years.</td>
<td></td>
</tr>
<tr>
<td>Foster care home or foster care group home</td>
<td></td>
</tr>
<tr>
<td>Hospital or other residential non-psychiatric medical facility</td>
<td></td>
</tr>
<tr>
<td>Jail, prison or juvenile detention facility</td>
<td></td>
</tr>
<tr>
<td>Long-term care facility or nursing home</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital or other psychiatric facility</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment facility or detox center</td>
<td></td>
</tr>
<tr>
<td>Client Doesn’t Know</td>
<td></td>
</tr>
<tr>
<td>Client Refused</td>
<td></td>
</tr>
</tbody>
</table>

20b. And approximately when did you leave that institution? (Date)

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>21. Do you have a physical disability?</td>
<td></td>
</tr>
<tr>
<td>If question #21 was answered as “Yes” (**) then the following questions are required:</td>
<td></td>
</tr>
<tr>
<td>21a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?</td>
<td></td>
</tr>
<tr>
<td>22. Have you ever been told you have a learning disability or developmental disability?</td>
<td></td>
</tr>
<tr>
<td>23. Do you have a chronic health condition?</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>If question #23 was answered as “Yes” (**) then the following questions are required:</td>
<td></td>
</tr>
<tr>
<td>23a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?</td>
<td></td>
</tr>
<tr>
<td>24. Have you been diagnosed with AIDS or have you tested positive for HIV?</td>
<td></td>
</tr>
<tr>
<td>25. Do you feel you currently have a mental health problem?</td>
<td></td>
</tr>
<tr>
<td>If question #25 was answered as “Yes” (**) then the following questions are required:</td>
<td></td>
</tr>
<tr>
<td>25a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?</td>
<td></td>
</tr>
<tr>
<td>26. Do you currently have a drug or alcohol problem?</td>
<td></td>
</tr>
<tr>
<td>If question #26 was answered as “Alcohol”, “Drug”, or “Both” (**) then the following questions are required:</td>
<td></td>
</tr>
<tr>
<td>26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?</td>
<td></td>
</tr>
<tr>
<td>27. Have you been a victim of domestic violence or a victim of intimate partner violence?</td>
<td></td>
</tr>
<tr>
<td>If question #27 was answered as “Yes” (**) then the following question is required:</td>
<td></td>
</tr>
<tr>
<td>27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?</td>
<td></td>
</tr>
</tbody>
</table>
### 27b. Are you currently fleeing?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Client's choice</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

### 27c. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Client's choice</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

### 28. Have you ever worked or done an illegal act and someone else took some or all of the money?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Client's choice</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

If question #28 was answered as “Yes” (**), then the following question is **required**:

**28a. 28a. What type of work/illegal act did you have to do?**

<table>
<thead>
<tr>
<th></th>
<th>Agricultural work</th>
<th>Panhandling</th>
<th>Door-to-door sales</th>
<th>Restaurant/catering work</th>
<th>Household/childcare work</th>
<th>Illegal goods sales (drugs, guns, etc.)</th>
<th>Sex work</th>
<th>Other</th>
<th>Client doesn't know</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>
### Tuberculosis – Emergency Shelters only, all fields required unless otherwise noted

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>No*</th>
<th>Yes**</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Are you currently employed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required if question #35 was answered as “No” (*), then the following question is required:

#### 35a. Are you … (read options to the right)

- Looking for work
- Not looking for work
- Unable to work

**Required if question #35 was answered as “Yes” (**), then the following question is required:

#### 35b. What type of employment do you have?

- Full-time
- Part-time
- Seasonal / sporadic (including day labor)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Data not collected</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Do you receive any cash income?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required if question #36 was answered as “Yes”, then the following question is required:

#### Income Source and Monthly Income: What sources of income do you have, and how much do you get on a monthly basis?

- Earned Income (employment wages / cash) $  
- Unemployment Insurance $  
- Supplemental Security Income (SSI) $  
- Social Security Disability Insurance (SSDI) $  
- VA Service-Connected Disability Compensation $  
- VA Non-Service-Connected Disability Pension $  
- Private Disability Insurance $  
- Worker’s Compensation $  
- General Assistance (GA) / General Relief (GR) $  
- Retirement Income from Social Security $  
- Pension or retirement income from a former job $  
- Child Support $  
- Alimony and other spousal support $  
- Other Source (Specify:__________________) $  
- CalWORKs $  
- W-2 Forms $  
- SSDI Form $  
- Workmans Comp $  
- Self Employment Docs $  
- Pension Letter/Stub $  
- Unemployment Forms $  
- Self Declaration $  
- Employer Printout/Letter $  
- VA Documentation $  
- Other (Specify: ) $  

#### 36a. Income Documentation

Do you have documents that verify income?

- GR Form
- Pay Stub
- Utility Allowance
- Child Support Forms
- Social Security Forms
- SSI Forms
- CalWORKs Form
- Unemployment Insurance Forms
- W-2 Forms
- SSDI Form
- Workmans Comp
- Self Employment Docs
- Pension Letter/Stub
- Unemployment Forms
- Self Declaration
- Employer Printout/Letter
- VA Documentation
- Other (Specify: )
### Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Do you receive any non-cash benefits?</td>
<td>☐ No ☐ Client doesn’t know ☐ Data not collected ☐ Yes ☐ Client refused</td>
</tr>
</tbody>
</table>

**Non-Cash Benefits**

*What non-cash benefits do you receive? (Check all that apply)*

- ☐ Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP)
- ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- ☐ CalWorks child care services
- ☐ CalWorks transportation services
- ☐ Other CalWorks-funded services
- ☐ Other source (Specify: _____________)

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. Are you covered by any type of health insurance?</td>
<td>☐ No ☐ Client doesn’t know ☐ Data not collected ☐ Yes ☐ Client refused</td>
</tr>
</tbody>
</table>

**Health Insurance**

*(Check all that apply)*

- ☐ Medi-Cal (MEDICAID)
- ☐ MEDICARE
- ☐ State Children’s Health Insurance Program (SCHIP)
- ☐ VA medical services
- ☐ Employer-provided health insurance
- ☐ COBRA
- ☐ Private pay health insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other health insurance ( Specify: _____________)

**38a. Health Insurance Provider**

- ☐ Health Net
- ☐ Molina
- ☐ My Health LA (DHS)
- ☐ Anthem Blue Cross
- ☐ Kaiser Permanente
- ☐ VA
- ☐ L.A. Care
- ☐ Care 1st Health Plan
- ☐ Other
- ☐ Unknown

### Documentation (Files Tab) Optional

<table>
<thead>
<tr>
<th>(Check all that are in the client’s possession)</th>
<th>Expiration Date: (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Birth Certificate</td>
<td>☐ Social Security Card</td>
</tr>
<tr>
<td>☐ Certificate of Disability</td>
<td>☐ TB Certification</td>
</tr>
<tr>
<td>☐ DD214 (Veterans Only)</td>
<td>☐ Verification of Income</td>
</tr>
<tr>
<td>☐ Driver’s License / CA ID</td>
<td>☐ VA Release</td>
</tr>
<tr>
<td>☐ Homeless Verification</td>
<td>☐ LACDMH 677 Authorization Consent</td>
</tr>
<tr>
<td>☐ Proof of Residency</td>
<td>☐ DHS Pre-release</td>
</tr>
<tr>
<td>☐ Reference Letter</td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>
### Youth/TAY – Clients aged 16-24 only, all fields required unless otherwise noted

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. Did you run away from home or a foster care home?</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ Client doesn’t know</td>
</tr>
<tr>
<td></td>
<td>□ Client refused</td>
</tr>
<tr>
<td></td>
<td>□ Data not collected</td>
</tr>
</tbody>
</table>

| 40. Have you ever been involved in any of the following systems?         | □ No                     |
|                                                                         | □ Yes                    |
|                                                                         | □ Client doesn’t know    |
|                                                                         | □ Client refused         |
|                                                                         | □ Data not collected      |

**If Foster care was answered as “Yes” (*), then the following question is required for RHY only:**

| RHY ONLY: Number of Years     | □ Less than one year (Number of Months: ________) |
|                              | □ 1 to 2 years                                  |
|                              | □ 3 to 5 or more years                          |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. Have you ever been involved in the Juvenile Justice System?</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ Client doesn’t know</td>
</tr>
<tr>
<td></td>
<td>□ Client refused</td>
</tr>
<tr>
<td></td>
<td>□ Data not collected</td>
</tr>
</tbody>
</table>

**If Juvenile Justice System was answered as “Yes” (*), then the following question is required for RHY only:**

| RHY ONLY: Number of Years     | □ Less than one year (Number of Months: ________) |
|                              | □ 1 to 2 years                                  |
|                              | □ 3 to 5 or more years                          |

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. Have you ever been involved in a mandated stay in inpatient or outpatient mental health treatment facility</td>
<td>□ No</td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>□ Client doesn’t know</td>
</tr>
<tr>
<td></td>
<td>□ Client refused</td>
</tr>
<tr>
<td></td>
<td>□ Data not collected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Which of the following best represents how you think about yourself?</td>
<td>□ Heterosexual</td>
</tr>
<tr>
<td></td>
<td>□ Gay</td>
</tr>
<tr>
<td></td>
<td>□ Lesbian</td>
</tr>
<tr>
<td></td>
<td>□ Bisexual</td>
</tr>
<tr>
<td></td>
<td>□ Questioning/Unsure</td>
</tr>
<tr>
<td></td>
<td>□ Other (Specify ________)</td>
</tr>
<tr>
<td></td>
<td>□ Client doesn’t know</td>
</tr>
<tr>
<td></td>
<td>□ Client refused</td>
</tr>
<tr>
<td></td>
<td>□ Data not collected</td>
</tr>
</tbody>
</table>
### Youth CES Next Step Tool: Program Entry

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

**Client Name / HMIS ID:** __________

**Version 3.8**

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

**Living in or out of Los Angeles County**

If the project being entered is an emergency shelter, safe haven, or street outreach then the following questions are required.

<table>
<thead>
<tr>
<th>Question</th>
<th>Check One Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>47a. Have you ever lived outside of LA County?</td>
<td>□ No □ Yes □ Client Doesn’t Know □ Client Refused □ Data not collected</td>
</tr>
<tr>
<td></td>
<td>If question #47a was answered as anything except “No”, then the following questions are required:</td>
</tr>
<tr>
<td>47b. How long has it been since you moved or moved back to LA County?</td>
<td>Day(s) ______ Week(s) ______ Month(s) ______ Year(s) ______</td>
</tr>
</tbody>
</table>
### 47c. Before the last time you lost your housing, where were you living?

- Los Angeles County
- Other county in Southern California (Kern, Imperial, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, or Ventura)
- Other county in California
- Out of state
- Outside of the United States
- Client doesn't know
- Client refused
- Data not collected

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

| 76. Referral Source       | □ Self-Referral                                      | □ Law Enforcement/Police                       |
|                          | □ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | □ Mental Hospital                             |
|                          | □ Outreach Project*                                   | □ School                                      |
|                          | □ Temporary Shelter                                    | □ Other Organization                          |
|                          | □ Residential Project                                  | □ Client doesn't know                         |
|                          | □ Hotline                                              | □ Client refused                              |
|                          | □ Child Welfare/CPS                                    | □ Data not collected                           |
|                          | □ 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

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

| 78. Has the youth’s BCP status been determined? | □ No |
|                                               | □ 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?

- □ No*
- □ Yes**

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

#### 78c. Reason why services are not funded by BCP grant

- □ Out of age range
- □ Ward of the state – immediate reunification
- □ Ward of the criminal justice system – immediate reunification
- □ Other

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

#### 78d. Is the youth a runaway?

- □ No
- □ Yes
- □ Client doesn’t know
- □ Client refused
- □ Data not collected