AKHMIS Intake – RHY BCP Shelter Only

Project Start Date: _____/_____/_____ Staff who completed Intake: _____

Client Name: _____ Client Phone Number: (_____)_____-_____

Social Security Number	Veteran?	Date of Birth	Relationship to Head of Household
	☐ Yes ☐ No	_____/ _____/_____	*Self (HoH)*

Race: **Indicate Primary Race (1)* & Secondary Race (2)	**Ethnicity:**	**Gender:**
☐ American Indian / Alaska Native (*AI / AN*) ☐ Asian (*A*) ☐ Black / African American (*B / AA*) ☐ Native Hawaiian / Other Pacific Islander (*NH/PI*) ☐ White (*W*) ☐ Client doesn't know (*DK*) ☐ Client refused (*CR*)	☐ Non-Hispanic / Non-Latino (*N*) ☐ Hispanic / Latino (*H/L*) ☐ Client doesn't know (*DK*) ☐ Client refused (*CR*)	☐ Female (*F*) ☐ Male (*M*) ☐ Trans Female - Male to Female (*MTF*) ☐ Trans Male - Female to Male (*FTM*) ☐ Gender Non-Conforming (*GNC*) ☐ Client doesn't know (*DK*) ☐ Client refused (*CR*)

Health Insurance (Check all that apply.)

Is the client covered by health insurance?
☐ Yes ☐ No
☐ Client doesn't know
☐ Client refused

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veteran's Administration Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance obtained through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other: _____

Disabilities (Check all that apply.)

Does the client have a disabling condition?
☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused

Disability Type	Long-Continued and Indefinite Duration?
☐ **Alcohol Abuse**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Both Alcohol & Drug Abuse**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Chronic Health Condition**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Developmental**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Drug Abuse**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **HIV/AIDS**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Mental Health Problem**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
☐ **Physical**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Alaska Mental Health Trust (AMHT) Beneficiary (Select an answer for each disability type.)

Does the client have any of the following disabilities?

Alzheimer's Disease and Related Dementias	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Chronic Alcoholism or other Substance Use Disorder	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Intellectual or Developmental Disabilities	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Mental Illness	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Traumatic Brain Injuries	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

"Where did you sleep last night?"

(Select ***only one***, then complete the corresponding box below.)

☐ Homeless Situation ☐ Institutional Situation ☐ Transitional or Permanent Housing Situation

☐ Homeless Situation

☐ Place not meant for habitation ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

"How long have you been in this current homeless situation?"

☐ One night or less
☐ Two to six nights
☐ One week or more, but less than a month
☐ One month or more, but less than 90 days
☐ 90 days or more, but less than one year
☐ One year or longer

<u>If Yes</u>, Approximate Date Homelessness started: _____/_____/_____

**The approximate date that the client's current episode of homelessness started.*

☐ Institutional Situation

☐ Foster care home or foster care group home
☐ Hospital or other residential 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

"How long have you been in this institutional situation?"

☐ One night or less
☐ Two to six nights
☐ One week or more, but less than a month
☐ One month or more, but less than 90 days
☐ 90 days or more, but less than one year
☐ One year or longer

Client Name: _____ Client DOB: _____/ _____/ _____

Institutional Situation (continued)

*"If the stay was less than 90 days, on the night before entering the 'institutional situation,' were you **on the streets** or **in emergency shelter**?"*	☐ **Yes** ☐ **No**

If Yes, Approximate Date Homelessness started: _____/_____/_____

**The approximate date that the client's current episode of homelessness started.*

☐ Transitional & Permanent Housing Situation

- ☐ Hotel paid for without voucher
- ☐ Owned by client, no ongoing subsidy
- ☐ Owned by client, ongoing subsidy
- ☐ Permanent housing for homeless persons- no RRH
- ☐ Rental by client, no subsidy
- ☐ Rental by client, VASH subsidy
- ☐ Rental by client, GPD TIP subsidy
- ☐ Rental by client, other subsidy including RRH
- ☐ Residential project, no homeless criteria
- ☐ Staying or living with family
- ☐ Staying or living with friends
- ☐ Transitional housing for homeless persons

"How long have you been in this transitional or permanent housing situation?"	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than a month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer

*"If the stay was less than 7 nights, on the night before entering the 'transitional or permanent housing situation,' were you **on the streets** or **in emergency shelter**?"*	☐ **Yes** ☐ **No**

If Yes, Approximate Date Homelessness started: _____/_____/_____

**The approximate date that the client's current episode of homelessness started.*

Living Situation *(Only complete if "Approximate Date Homelessness started" was answered above.)

"Regardless of where you stayed last night, how many times have you been **on the streets or **in emergency shelter** in the last 3 years?"*	☐ One time ☐ Two times ☐ Three times ☐ Four or more times
"How many months have you been **on the streets or in **emergency shelter** in the last 3 years?"*	☐ Fill in a number up to 12 months: _____ ☐ More than 12 months

"What is the primary reason that you are seeking assistance?"

- ☐ Illness/Injury
- ☐ Domestic Violence
- ☐ Hours of Work Cut
- ☐ House Repairs (Damaged/Destroyed)
- ☐ ATAP Delays/Sanction
- ☐ Death in Family
- ☐ Legal Issues
- ☐ Unemployed-Less than 60 Days
- ☐ Unemployed-More than 60 Days
- ☐ Nonpayment of Child Support
- ☐ Benefits Interrupted (i.e. SSI or VA)
- ☐ In Treatment
- ☐ Low Wages/Fixed Income
- ☐ Car Trouble/Accident
- ☐ Loss of Partner/Roommate
- ☐ Theft Victim
- ☐ Moved from w/in AK with Insufficient Funds
- ☐ Moved to AK with Insufficient Funds
- ☐ New Job/Paycheck Delay
- ☐ Mortgage Foreclosure
- ☐ Loss of Job
- ☐ Released from Medical Facility
- ☐ Released from Jail/Prison
- ☐ Living with Relative/Friend-Asked to Leave
- ☐ Substance Abuse
- ☐ Other (specify): _____

Non-Cash Benefits (Check all that apply.)

Does the client receive non-cash benefits?
☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ SNAP (Food Stamps)
- ☐ Special Supplemental Nutrition Program for WIC
- ☐ Other (specify): _____

Referral Source

- ☐ Self-Referral
- ☐ Individual *(i.e., parent, guardian, relative, friend, etc.)*
- ☐ Outreach Project
- ☐ Temporary Shelter
- ☐ Residential Project
- ☐ Hotline
- ☐ Child Welfare / OCS
- ☐ Juvenile Justice
- ☐ Law Enforcement / Police
- ☐ Mental Hospital
- ☐ School
- ☐ Other Organization
- ☐ Client doesn't know
- ☐ Client refused

*"**If Outreach Project**, how many times were you approached by outreach prior to entering the Shelter?"*	
Date of BCP Status Determination:	_____/_____/_____

RHY Eligibility

Is youth eligible for RHY services?
☐ Yes ☐ No

If No, 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 Yes, runaway youth?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Client Name: _____ **Client DOB:** _____/ _____/ _____

Sexual Orientation	☐ Heterosexual ☐ Gay	☐ Lesbian ☐ Bisexual	☐ Questioning / Unsure ☐ Client doesn't know	☐ Client refused

Education

Last Grade Completed	☐ Less than Grade 5 ☐ Grades 5 - 6 ☐ Grades 7 - 8 ☐ Grades 9 - 11 ☐ Grade 12 / High School Diploma	☐ School Program does not have grades ☐ GED ☐ Some College ☐ Associate's Degree ☐ Bachelor's Degree	☐ Graduate Degree ☐ Vocational Certification ☐ Client doesn't know ☐ Client refused
School Status	☐ Attending School Regularly ☐ Attending School Irregularly ☐ Graduated High School	☐ Obtained GED ☐ Dropped Out ☐ Suspended	☐ Expelled ☐ Client doesn't know ☐ Client refused

Employment

Is the client employed? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**If Yes**, Type of Employment:	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)
	If No, Reason for Unemployment:	☐ Looking for work ☐ Unable to work ☐ Not looking for work

Health Status

General Health Status	**Dental Health Status**	**Mental Health Status**
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused

Is the client pregnant? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

If yes, projected due date: _____/_____/_____

Foster Care History

Is the client formerly a ward of child welfare / foster care agency? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**If yes**, number of years:	
	If less than a year, number of months:	

Juvenile Justice System History

Is the client formerly a ward of juvenile justice system? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**If yes**, number of years:	
	If less than a year, number of months:	

Family Critical Issues (Select an answer for each.)

"Are these issues contributing to your current situation?"

Unemployment – Family member	☐ Yes	☐ No
Mental Health Issues – Family member	☐ Yes	☐ No
Physical Disability – Family member	☐ Yes	☐ No
Alcohol or Substance Abuse – Family member	☐ Yes	☐ No
Insufficient Income to support youth – Family member	☐ Yes	☐ No
Incarcerated Parent of Youth	☐ Yes	☐ No

Primary Alaska Regional Corp.

☐ Not Affiliated

Secondary Alaska Regional Corporation (if applicable): _____

☐ Ahtna Corp.	☐ Calista Corp.	☐ NANA Regional Corp.
☐ Aleut Corp.	☐ Chugach Alaska Corp.	☐ Sealaska
☐ Arctic Slope Regional Corp.	☐ Cook Inlet Regional Corp.	☐ 13th Regional Corp.
☐ Bering Straits Native Corp.	☐ Doyon Limited Corp.	☐ Client doesn't know
☐ Bristol Bay Native Corp.	☐ Koniag Incorp.	☐ Client refused