

Spokane Independent Youth Intake Form

New Consumer **Update on Consumer**

Services Provided to Consumer: (Circle all that apply) Outreach/Contact, Case Management, Treatment, Support Group, Shelter, Transitional Housing, Permanent Housing, Mentoring, Follow-up, Parenting, Job Skills, Life Skills, Mental Health, Chemical Dependency, Domestic Violence, Education, Childcare, Other: _____

Services were delivered in (circle one): City or County.

Grant and Year: (Circle all that apply) SHP 2000, SHP 2001, HS Grant, THOR, Other: _____

Last Name 1st and 2nd Initial: _____, **First Name Initial:** _____, **Middle Name Initial:** _____ **Dependent Of Veteran** YES NO Unk.

CURRENT DATE: _____ **BIRTHDATE:** _____-_____-_____, **SEX:** M____, F____, T____, Other _____

ETHNICITY: Circle One: Of Hispanic Origin Not of Hispanic Origin

RACE:(Circle One) White, Native American, African American, Asian/Pacific Islander, Biracial: (please list) _____ & _____, Other: _____ **Tribal Affiliation (Name of Tribe):** _____

Do you use community voicemail? YES NO ---

Have you been homeless before: Yes, No, **If Yes, Indicate The Number Of Times:** _____

Date Became Homeless: _____ **or Not Homeless (Circle)**

Age when first left home? _____

Length of time on streets:

Less than 2 days 2-30 days (up to 1 month) 31-90 days (up to 3 months) 91- 180 days (up to 6 months)

6 months to a year Over a year Not on the streets

Have your Parent(s)/Guardian(s) ever been homeless: YES NO Unknown **Are they currently homeless?:** YES NO Unknown

Referred From (Circle one): Self, Other Outreach, Shelter, School Hospital, Mental Health, Doctor, Drug Treatment, Police/Legal, CPS, Friends/Family, Other: _____

Do you have a: (circle all that apply) Valid State Identification card, Drivers license, Social Security card, Birth Certificate

Present Income (Circle All Types That Apply):

No Income, TANF, GAU, SSI, Food Stamps, Parent/Family, Street Income (e.g. spanging), Part Time Job, Full Time Job, State Industrial, Child Support, Medicare, Medicaid, Medical Coupons, Other _____

Total Present Monthly Income \$ _____

Total Amount of Food Stamps: \$ _____

Have you ever been employed? YES NO

Are you currently employed now? YES NO

If no, are you looking for employment? YES NO

How important is working to you? Very important Somewhat important Not important

Do your parents/guardians work? YES NO Unknown

Barriers to employment: Childcare Transportation Health issues Felony Lack of job skills No SS card.

Do have health insurance at this time? Yes, No

Are you receiving WIC? Yes, No, NA

At school, do you receive: Free lunches Reduced lunches Unknown Other: _____

Describe Location Last Residence (Where you became homeless):

-City of Spokane: (Write Name of Neighborhood)

Neighborhood: _____

-Area in Spokane County: (circle area in county or write Town Name): North, South, City of Spokane Valley, W. Plains

or Incorporated Town: _____

-ZIP Code: _____ **-Other WA County:** _____

-Other State: and City _____

Did you leave your home due to Domestic Violence? Yes No

In the past 30 days have you been discharged from? (Circle All That Apply):

Jail/Prison, Drug TX, Alcohol TX, Psychiatric TX, Hospital, Drug & Alcohol TX, CD/MH TX, Respite, Foster Care, NA

Current Living Situation (Circle): **How long have you stayed at this location?** _____

- Shelter or Hotel
- Transitional Housing,
- Living in the rough (streets, camping, car, etc.)
- Doubled up Temporary (homeless)
- Other: _____
- Family Home (not homeless) please specify
 - Both parents mother only father only natural parent & step parent other relative _____
- Doubled up Permanent (not homeless)
- Housed but at serious risk for being homeless.
- Housed but at risk due to Domestic Violence.
- Foster care/CRC

Reason Became Homeless (Circle all that apply): Family Conflict, Abandoned by Parent/Guardian, Parental Substance Abuse, Physical Abuse at Home, Sexual Abuse at Home, Lack of Income, Evicted, Conflict over Peer Relationships, Arrested, Lack of Foster care, Parents incarcerated, Other: _____

Other Factors that Have Impacted My Situation, (Circle all that apply) I have: Been Depressed, Been Aggressive, Had Other Mental Health Problems, Had Sexual Identity Issues, Had Problems with Peer Relationships, Been Abusing Drugs, Been Raped, Been Sexually Active, Had a Child, Parents Divorced, Been a Prostitute, Pimped

Spokane Independent Youth Intake Form

I was: (circle one) asked to leave, ran away from home, Other (describe): _____

If Runaway, reason for running away: _____

Highest Grade Completed: _____

Are you currently attending school? _____ **If yes, what school:** _____

Reasons not attending school: (Circle one)

- Transportation problems
- Unable to register (no documents)
- Doesn't stay in one place long enough
- Lack of clothing, shoes, cleanliness
- Doesn't like school
- Must baby-sit younger siblings
- Been sick
- Too tired

Other: _____

Do you feel that school is a priority? YES NO Unknown Other: _____

Do you want to attend college/university/tech school? YES NO Unknown Other: _____

What about running start? Already involved Would like to be involved No interest other: _____

Do you have a truancy petition filed against you? YES NO Unknown Other: _____

If any, what subjects are you having difficulty in? _____

Have you had any life skills training (circle all that apply):

- Budgeting/money management
- Independent Living skills
- Parenting
- Job Skill Training
- Cooking
- Personal Hygiene
- Public Transportation
- Drivers Education
- Other: _____

Have you had a Sexual Health Education Class? YES NO

Are you sexually active? YES NO

If yes, do you use any birth control? YES NO **Type(s):** _____

Are you required to take medication? YES NO **Is this for a mental health reason?** YES NO

Are you able to obtain this medication on a regular basis? YES NO

If no, how often are you able to obtain medication? _____

Have you ever been arrested? YES NO

Have you been charged with a crime during the last 2 years. YES NO

Please indicate type (Circle all that apply)

- Felony
- Misdemeanor
- Traffic Infraction (speeding, parking)
- DUI
- MIP
- Other: _____

Do you have an At Risk Youth Petition? YES NO **CHINS (Child In Need of Services)?** YES NO

Have you ever been in or participated in any of the following? (Circle all that apply):

- Secure CRC
- Juvenile detention
- Martin Hall
- Home/Electronic Monitoring
- Work Crew
- Community Service
- Other: _____

How many times? _____

Date of last experience: _____

Are you a Registered Sex Offender? YES NO

Do you have access to legal advocacy? YES NO

Are you currently on probation? YES NO

Who is your probation officer? Name: _____ Phone Number: _____

Spokane Independent Youth Intake Form

Are you pregnant? Yes No NA

What is your due date? _____

Do you have any Disabilities, Please list, if any: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

COMPLETE FOR ALL FAMILY MEMBERS:

<i>If more adults & siblings, please list their information on back.</i>	Relationship to You	Initial of Last Name	Initial of First Name	SEX	Birth Date	Ethnicity	Type of Disability	Income Source
Adult 1:								
Adult 2:								
Sibling 1:								
Sibling 2:								
Sibling 3:								

Complete if you have a Child(ren):

Children	Relationship to You	Living with: You Other Parent Other Residence	How long	Do you pay or receive Child Support for
Child 1 --				
Child 2--				

For all Children (those living with you and not with you) complete the Child Intake form

COMPLETED BY STAFF: (UPDATE EACH TIME FORM IS COMPLETED!)

1. Was there space available **today** for the requested service(s)? Yes___, No___.

2. Was this person put on a pending/waiting list? Yes___, No___.

If Consumer is ineligible, give reason: _____

If Consumer is Housed: Address of Housing Unit: _____ Unit Number: _____

Staff Comments:

Spokane Independent Youth Intake Form

Client Issues

Issue			Comments
Suicide attempt (date of attempt)	YES	NO	
Juvenile offense (type)	YES	NO	
Sex Offender	YES	NO	
Youth Substance Abuse	YES	NO	
Push-out/Throw-out	YES	NO	
Runaway	YES	NO	
School Problems	YES	NO	
Family conflict	YES	NO	
Employment/Financial	YES	NO	
Physical Abuse	YES	NO	
Sexual Abuse	YES	NO	
Incest	YES	NO	
Neglect	YES	NO	
Rape	YES	NO	
Prostitution	YES	NO	
Street Involvement	YES	NO	
Pregnancy	YES	NO	
Teen Parent w/ Child	YES	NO	
Teen Parent w/o Child	YES	NO	
Sexual Identity	YES	NO	
Cultural Identity	YES	NO	
Personal/Peer Relations	YES	NO	
Adolescent Adjustment	YES	NO	
Depression (Dr. Diagnosed)	YES	NO	
Adoptive Failure	YES	NO	
Mental Health	YES	NO	
Pimping	YES	NO	
Parental Substance Abuse	YES	NO	
Medical	YES	NO	
Transportation	YES	NO	
Food	YES	NO	
Pornography	YES	NO	
Homelessness	YES	NO	
Other	YES	NO	

Client Needs

Food/Nutrition/Meals	YES	NO	Financial Assistance	YES	NO
Emergency Shelter	YES	NO	Legal Services	YES	NO
Short Term Shelter	YES	NO	Individual/Group Counseling	YES	NO
Foster Care/Placement	YES	NO	Family Counseling	YES	NO
Independent Living	YES	NO	Crisis Counseling	YES	NO
Clothing	YES	NO	Case Mgt Coordination	YES	NO
Medical Care/Advocacy	YES	NO	Transportation	YES	NO
Dental Care/Advocacy	YES	NO	Drop-in/Recreation	YES	NO
Native American Services	YES	NO	Restitution/Community Serv.	YES	NO
Education/Advocacy	YES	NO	Parenting Education	YES	NO
Employment/Advocacy	YES	NO	Other:	YES	NO
Vocational/Job Readiness	YES	NO		YES	NO
Substance Abuse Treatment	YES	NO		YES	NO
Mental Health Counseling	YES	NO		YES	NO

Do not forward this section to the Human Services Department

Parent or Guardian Information:

Name: _____

Relationship: _____

Address: _____

Neighborhood: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____

Phone (Work): _____