Middle Eastern or North African



# **CLARITY HMIS: HHS-RHY PROJECT INTAKE FORM**

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0	Hisp	panic/	/Latin	a/e/d	C										0	Client p	refer	s no	t to a	nswe	er	

Data not collected



## **VETERAN STATUS** [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

#### **IF "YES" TO VETERAN STATUS**

120 10 12:2:0:11 0:11:00		
Year entered military service (year)		
Year separated from military service (year)		
Theater of Operations: World War II		
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Korean War		
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Vietnam War		
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Persian Gulf War (Desert	t Storm)	
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Afghanistan (Operation	<b>Enduring Freed</b>	lom)
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Iraq (Operation Iraqi Free	edom)	
○ No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Iraq (Operation New Daw	vn)	
○ No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Other peace-keeping operation, Panama, Somalia, Bosnia, Kosovo)	erations or mili	tary interventions (such as
○ No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
1.00	0	Data not collected
Branch of the Military	1 -	
Army	0	Space Force
Air Force	0	Client doesn't know
Navy	0	Client prefers not to answer
Marines	0	Data not collected
		Data Hot collected
Coast Guard		



Discharge Status						
Honorable	<ul> <li>Uncharacterized</li> </ul>					
General under honorable conditions	Client doesn't know					
Other than honorable conditions (OTH)	Client prefers not to answer					
Bad Conduct	Data not collected					
Dishonorable						

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Household]

0	Self	0	Head of household - other relation to member
0	Head of household's child	0	Other: non-relation member
0	Head of household's spouse or partner		

#### WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged – Street Outreach Projects, for Adults & Head of Household]

**Is Client a Managed Care Plan (MCP) Member?** [Individual is enrolled in a managed care health insurance plan]

 mearanee planj		
o No	0	Yes

**IN PERMANENT HOUSING** [Permanent Housing Projects, for Head of Household]

0	No	0	Yes
IF	"YES" TO PERMANENT HOUSING		
Н	ousing Move-In Date: [Complete Housing Move-In Date		1 1
W	hen Client Moves Into Permanent Housing Unit]		/

### PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults Only]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox center	0	Client doesn't know



0	Transitional housing for homel (including homeless youth)	0	Client	Client prefers not to answer							
0	Residential project or halfway I homeless criteria	0	Data not collected								
II	F "RENTAL BY CLIENT, WITH	ON	GOING HO	USIN	G SUB	SIDY	" – SP	ECII	<b>=</b> Y:		
0	GPD TIP housing subsidy			0					/oucher		
0	VASH Housing subsidy			0					gram Voucher (FUP)		
0	RRH or equivalent subsidy			0					endence Initiative (FYI)		
	HCV voucher (tenant or projec	t ba	sed) (not			,					
0	dedicated)	0	Perma	Permanent Supportive Housing							
0	Public Housing Unit		Othor	norn	oonont	hou	aing dadicated for				
0	Rental by client, with other ong subsidy	0			omeles		sing dedicated for rsons				
LEI	NGTH OF STAY IN PRIOR L	IVI	NG SITUA	TION							
0	One night or less One month than 90 day				nore, bu	t les	S	0	Client doesn't know		
0	Two to six nights	0	90 days o	or more	e, but le	ss th	an	0	Client prefers not to answer		
0	One week or more, but less than one month	0	One year or longer						Data not collected		
	NGTH OF STAV I ESS THAN	17	NICHTS (	TU D	⊔ı						
	NGTH OF STAY LESS THAN	1 /	NIGHTS								
0	No			0	Yes						
LEI	NGTH OF STAY LESS THAN	1 90	DAYS [//	nstituti	onal Ho	usino	g Situa	tions	7		
0	No			0	Yes				,		
					II.						
	THE NIGHT BEFORE - STA	/EC	ON THE	STRE	ETS, E	MEF	RGENC	CY S	HELTER, SAFE HAVEN		
[He	ead of Household and Adults]						1				
0	Yes					0	No				
	proximate Date This Episode										
Nι	ımber of times the client has b	eeı	n on the st	reets,	ES, or	Safe					
0	One Time					0			esn't know		
0	1.110 1.11100					0			fers not to answer		
0	1111100 1111100					0	Data	not o	collected		
O To	Four or More Times  tal number of months homele	00	on the stre	oto E	e or e	ofo L	Javan	in th	o last 2 years		
	One month (this time is the firs			eis, E	3, Or 3				esn't know		
0	,					0			fers not to answer		
	2-12 months (specify number of More than 12 months	)	onins)			-					
0	More than 12 months					0	Data	not	collected		
Zi	p Code of Last Address:			City o	f Last A	Addr	ess:				
	Y BCP STATUS [Adults and	Ho:		•				<u> </u>	xcent Street Outreach1		
	ate of Status Determination	. 100			<u>, Απρι</u> 1	ogra 1	mιyρι	00 G			
				<u> </u>	<u>′</u>						
	outh Eligible for RHY Servic	<del>US</del>		Va							
	No "No" for Youth Eligible for RF	IV C	Sorvicos –	. •		iccs	are no	4 f	adad by BCD grapt		
<u></u>	140 101 104th Eligible for Kr	113	DEI VICES -	17692(	ni SelV	いしせら	art 110	ı ıul	iucu by DCF grafit		



0	Out of age range	rimin	al jus	tice	system - immediate reunification	
0	Ward of the State - Immediate Reunification	n o	Óth	er	•	
f '	"Yes" for Youth Eligible for RHY Services – R	unaw	ay Yo	uth1	?	
C	No			nt d	loesn't know	
)	Yes	0	Clie	nt p	refers not to answer	
		0			ot collected	
		•	•			
IS	SABLING CONDITION [All Clients]					
)	No			0	Client doesn't know	
)	Yes			0	Client prefers not to answer	
				0	Data not collected	
H	YSICAL DISABILITY [All Clients]					
)	No			0	Client doesn't know	
Yes				0	Client prefers not to answer	
				0	Data not collected	
F	"YES" TO PHYSICAL DISABILITY - SPECIFY					
	pected to be of long-continued and indefinite	No		0	Client doesn't know	
uk	ration and substantially impairs ability to live o	Yes	3	0	Client prefers not to answer	
nc	dependently?			0	Data not collected	
E'	VELOPMENTAL DISABILITY [All Clients]					
)	No			0	Client doesn't know	
)	Yes			0	Client prefers not to answer	
				0	Data not collected	
Η	RONIC HEALTH CONDITION [All Clients]					
)	No			0	Client doesn't know	
)	Yes			0	Client prefers not to answer	
				0	Data not collected	
F	"YES" TO CHRONIC HEALTH CONDITION - S	PECI	FY			
Ex	pected to be of long-continued and indefinite o	No		0	Client doesn't know	
	ration and substantially impairs ability to live $oxedsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}}}}}} $	Yes	3	0	Client prefers not to answer	
าด	dependently?			0	Data not collected	
	NTAL HEALTH DISORDER [All Clients]					
E	No			0	Client doesn't know	
	Yes			0	Client prefers not to answer	
)				0	Data not collected	
)			<u> </u>			
)	"YES" TO MENTAL HEALTH DISORDER – SP	ECIF'		0	Client doesn't know	
, , F	"YES" TO MENTAL HEALTH DISORDER – SP spected to be of long-continued and indefinite   0					
F		No	<u> </u>	0	Client prefers not to answer	
F Ex	pected to be of long-continued and indefinite o	No	S	0	Client prefers not to answer  Data not collected	
F Ex	pected to be of long-continued and indefinite ration and substantially impairs ability to live	No	8			
F Ex du	ration and substantially impairs ability to live dependently?	No	8			
F Ex du	pected to be of long-continued and indefinite ration and substantially impairs ability to live	No	8		Data not collected	
F Exdu	ration and substantially impairs ability to live dependently?  BSTANCE USE DISORDER [All Clients]	No	8	0	Data not collected  Client doesn't know	
o IF Ex du	pected to be of long-continued and indefinite ration and substantially impairs ability to live dependently?  BSTANCE USE DISORDER [All Clients]	No	6	0	Data not collected	



IF "ALCOHOL USE DISORDER" "DRUG USE DISORDERS" – SPECIFY	DIS	ORDER" (	OR "	BOTH ALCOHOL AND DRUG USE
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

INC	OME FROM ANY SOURCE [H	lead of Ho	usel	nold and Adults]	
0	No		0	Client doesn't know	
0	Yes		0	Client prefers not to answer	
			0	Data not collected	
IF	"YES" TO INCOME FROM ANY	SOURCE -	IND	ICATE ALL SOURCES THAT APPLY	
In	come Source	Amount	Inc	ome Source	Amount
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job	
0	VA Service-Connected Disability Compensation		0	Child support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support	
0	Private Disability Insurance		0	Other income source (specify):	
0	Worker's Compensation				
То	tal Monthly Income for Individu	al:			

**RECEIVING NON-CASH BENEFITS** [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	RCES	S THAT APPLY
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

**COVERED BY HEALTH INSURANCE** [All Clients]

<del>-</del>		
No	0	Client doesn't know
Yes	0	Client prefers not to answer
	0	Data not collected
"YES" TO HEALTH INSURANCE – HEALTH IN	NSU	RANCE COVERAGE DETAILS
MEDICAID	0	Employer Provided Health Insurance
MEDICARE	0	Health Insurance Obtained Through COBRA
State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
	Yes  "YES" TO HEALTH INSURANCE – HEALTH IN  MEDICAID  MEDICARE	Yes  "YES" TO HEALTH INSURANCE – HEALTH INSU MEDICAID  MEDICARE  O



0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Inland Empire Health Plan (IEHP)	0	Molina Healthcare
0	Kaiser Permanente	0	Indian Health Services Program
0	Other (specify):	0	

Su	pervisory	/ District	City:	

#### RHY SPECIFIC YOUTH INFORMATION

**SEXUAL ORIENTATION** [Adults and Head of Household]

0	Heterosexual	0	Other		
0	Gay	If (	If Other please specify:		
0	Lesbian	0	Client doesn't know		
0	Bisexual	0	Client prefers not to answer		
0	Questioning/Unsure	0	Data not collected		

### LAST GRADE COMPLETED [Adults and Head of Household, All program types except Street Outreach]

0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

## SCHOOL STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

## EMPLOYMENT STATUS [Adults and Head of Household, All program types except Street Outreach]

En	nployed		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
If '	'Yes" for employed – Type of employment		
0	Full-time	0	Seasonal/sporadic (including day labor)
0	Part-time		
If '	'No" for employed – Why not employed		
0	Looking for work	0	Not looking for work
0	Unable to work		

### GENERAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer



○ I Fair		T D .			
○   Fair	0	Data no	collected		
ENTAL HEALTH STATUS	IAdults and Head of Ho	usehold A	All program type	es exc	cent Street Outread
Excellent	o literate and mode of mode	Poor	iii program type	<i>70 07</i> 0	opt direct daireat
Very good	0		pesn't know		
o Good	0		efers not to ans	swer	
o Fair	0		collected		
IENTAL HEALTH STATUS	[Adults and Head of Ho	ousehold, i	All program type	es ex	cept Street Outread
<ul> <li>Excellent</li> </ul>	0	Poor			
Very good	0		esn't know		
o Good	0		efers not to ans	swer	
○   Fair	0	Data no	collected		
REGNANCY STATUS [Ad					
o No	0	_	oesn't know		
○   Yes	0		refers not to an	swer	
If "Vac" for Drognopov State	0	Data no	t collected		
If "Yes" for Pregnancy Statu	IS		1		
Due Date		/	/		
o Yes	C	Data r	prefers not to a not collected	ınswe	er
If "Yes" for Formerly a Ward	of Child Welfare/Foste	er Care A	gency		
<ul> <li>Less than one year</li> </ul>		○ 3 to 5	years or more		
o 1 to 2 years					
o 1 to 2 years	ımber of months				
o 1 to 2 years	ımber of months				
o					
1 to 2 years If "Less than one year" – Nu	UVENILE JUSTICE S	YSTEM			
1 to 2 years If "Less than one year" – Nu CORMERLY A WARD OF J Adults and Head of Househ	UVENILE JUSTICE S	YSTEM except S		1	
o 1 to 2 years  If "Less than one year" – Nu  ORMERLY A WARD OF J  Adults and Head of Househ  ○ No	UVENILE JUSTICE S	YSTEM except S	doesn't know	-	
1 to 2 years  If "Less than one year" – Nu  ORMERLY A WARD OF J  Adults and Head of Househ  No	UVENILE JUSTICE SY old, All program types	YSTEM except So Client Client	doesn't know prefers not to a	-	PF
o 1 to 2 years  If "Less than one year" – Nu  ORMERLY A WARD OF J  Adults and Head of Househ  No  Yes	UVENILE JUSTICE SY Hold, All program types	YSTEM  except Signal Client Client Data	doesn't know	-	er -
1 to 2 years If "Less than one year" – Nu CORMERLY A WARD OF J Adults and Head of Househ No Yes  If "Yes" for Formerly a Ward	UVENILE JUSTICE SY rold, All program types	YSTEM  except Si Client Client Data r	doesn't know prefers not to a not collected	-	er -
1 to 2 years If "Less than one year" – Nu ORMERLY A WARD OF J Adults and Head of Househ No Yes If "Yes" for Formerly a Ward Less than one year	UVENILE JUSTICE SY rold, All program types	YSTEM except Si Client Client Data r	doesn't know prefers not to a	-	)T
o 1 to 2 years  If "Less than one year" – Nu  ORMERLY A WARD OF J  Adults and Head of Househ  o No  o Yes  If "Yes" for Formerly a Ward  o Less than one year  o 1 to 2 years	UVENILE JUSTICE SY	YSTEM except Si Client Client Data r	doesn't know prefers not to a not collected	-	PF
o 1 to 2 years  If "Less than one year" – Nu  FORMERLY A WARD OF J  Adults and Head of Househ  o No  o Yes  If "Yes" for Formerly a Ward  o Less than one year  o 1 to 2 years	UVENILE JUSTICE SY	YSTEM except Si Client Client Data r	doesn't know prefers not to a not collected	-	PF
1 to 2 years If "Less than one year" – Nu CORMERLY A WARD OF J Adults and Head of Househ No Yes  If "Yes" for Formerly a Ward Less than one year 1 to 2 years If "Less than one year" – Nu	UVENILE JUSTICE SY rold, All program types d of Juvenile Justice Sy umber of months	YSTEM  except Signal Client Client Data r ystem 3 to 5	doesn't know prefers not to a not collected years or more	inswe	
o 1 to 2 years  If "Less than one year" – Nu  ORMERLY A WARD OF J  Adults and Head of Househ  No  No  Yes  If "Yes" for Formerly a Ward  Less than one year  1 to 2 years  If "Less than one year" – Nu  CAMILY CRITICAL ISSUES	UVENILE JUSTICE Synold, All program types of of Juvenile Justice Synold of Months  [Adults and Head of Holes	YSTEM except Signal Client Client Data r ystem 3 to 5	doesn't know prefers not to a not collected  years or more	es exc	cept Street Outread
1 to 2 years  If "Less than one year" – Nu  CORMERLY A WARD OF J  Adults and Head of Househ  No  Yes  If "Yes" for Formerly a Ward  Less than one year  1 to 2 years  If "Less than one year" – Nu  CAMILY CRITICAL ISSUES  Unemployment – Family Mem	UVENILE JUSTICE SY rold, All program types d of Juvenile Justice Sy umber of months	YSTEM  except Signal Client Client Data r stem 3 to 5	doesn't know prefers not to a not collected  years or more  All program type No	es exc	cept Street Outread Yes
1 to 2 years  If "Less than one year" – Nu  ORMERLY A WARD OF J  Adults and Head of Househ  No  Yes  If "Yes" for Formerly a Ward  Less than one year  1 to 2 years  If "Less than one year" – Nu  AMILY CRITICAL ISSUES  Unemployment – Family Mem  Mental Health Disorder – Fam	UVENILE JUSTICE SY  rold, All program types  d of Juvenile Justice Sy  umber of months  6 [Adults and Head of Hones hilly Member	YSTEM  except Signal Client Client Data r ystem 3 to 5	doesn't know prefers not to a not collected  years or more  All program type No No	es exc	cept Street Outread Yes Yes
o 1 to 2 years  If "Less than one year" – Nu  FORMERLY A WARD OF J  Adults and Head of Househ  o No o Yes  If "Yes" for Formerly a Ward o Less than one year o 1 to 2 years  If "Less than one year" – Nu  FAMILY CRITICAL ISSUES  Unemployment – Family Mem  Mental Health Disorder – Fam  Physical Disability – Family M	UVENILE JUSTICE SY  rold, All program types  d of Juvenile Justice Sy  umber of months  6 [Adults and Head of Hounder nily Member lember	YSTEM  except Signature Client Client Data restaure Signature Sign	doesn't know prefers not to a not collected  years or more  All program type No No No	es exc	cept Street Outread Yes Yes Yes
o 1 to 2 years  If "Less than one year" – Nu  FORMERLY A WARD OF J  Adults and Head of Househ  o No o Yes  If "Yes" for Formerly a Ward o Less than one year	UVENILE JUSTICE Synold, All program types of a control of Juvenile Justice Synold of Juvenile Justice Synold of House of Months  So [Adults and Head of House of Hous	YSTEM  except Signal Client Client Data r ystem 3 to 5	doesn't know prefers not to a not collected  years or more  All program type No No	es exc	cept Street Outrea Yes Yes

No

No

0

Insufficient income to support youth - Family Member

Incarcerated parent of youth

Yes

Yes

0



# REFERRAL SOURCE [Adults and Head of Household, All program types except Street Outreach]

0	Self -referral	0	Law Enforcement/Police
0	Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	0	Mental Hospital
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client prefers not to answer
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
	Referral Source is "Outreach Project" – Number of times proached by Outreach prior to entering project		

x		
Signature of applicant stating all information is true and correct	Date	