

CoC Supplemental Intake Form

Well Being (PSH Only)

Client Perceives Their Life Has Value and Worth

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Client Refused
- Client Doesn't Know
- Data Not Collected

Client Perceives They Have Support From Others Who Will Listen to Problems

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Client Refused
- Client Doesn't Know
- Data Not Collected

Client Perceives They Have a Tendency to Bounce Back After Hard Times

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Client Refused
- Client Doesn't Know
- Data Not Collected

Client's Frequency of Feeling Nervous, Tense, Worried, Frustrated, or Afraid

- Not at All
- Once a Month
- Several Times a Month
- Several Times a Week
- At Least Every Day
- Client Refused
- Client Doesn't Know
- Data Not Collected

General Health Status (PSH Only)

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Refused
- Client Doesn't Know
- Data Not Collected

If linked to a mental health agency please list:

OR:

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

Pregnant No Yes

Due Date: _____

Employment

Employed

- Yes
- No
- Data not collected

If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

If Employed Average Number of Hours Worked Per Week

If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

Last Grade Completed

Highest Level of Education Attained

- | | |
|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> GED | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Some College | |

Received Vocational Training

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Zip Code of Last Permanent Address

General Area of Previous Residence

- | | |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus) | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus) | <input type="checkbox"/> Client Doesn't Know |

Homeless Primary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

Homeless Secondary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

COVID Vaccine Information

COVID Vaccine Received

- Fully vaccinated
- Not vaccinated
- Partially vaccinated
- Client doesn't know

Vaccine Brand Options

- Pfizer
- Johnson & Johnson
- Moderna

Date of 1st dose:

Expected date of 2nd dose:

Date of 2nd dose:

Client Signature: _____

Date: _____