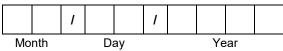
CLIENT NAME:

Client ID#	
First name	
Middle name	
Last name	
Suffix	
Phone Number	

SOCIAL SECURITY NUMBER:

	-		1		

DATE OF BIRTH:



ETHNICITY:

Non-Hispanic / Non-Latin(a)(o)(x)	Client doesn't know
Hispanic / Latin(a)(o)(x)	Client refused

RACE:

American Indian, Alaska Native, or Indigenous	White
Asian or Asian American	Client doesn't know
Black, African American, or African	Client refused
Native Hawaiian or Pacific Islander	

GENDER

Female	A Gender Other Than Singularly Female or Male
Male	(e.g. Non-Binary, Genderfluid, Agender)
Transgender	Client doesn't know
Questioning	Client refused

VETERAN STATUS

No	Client doesn't know
Yes	Client refused

If under 18, refer to Huckleberry House @ 614-294-5553

TRIAGE PERFORMED BY:

TRIAGE DATE:



Besides the HoH, are there any other adults in the household who are Veterans?:

Yes	Client Refused
No	Data Not Collected
Client Doesn't Know	

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LET'S TALK ABOUT YOUR LIVING SITUATION

Zip Code of Last Permanent Address?:

General Area Location of Previous Res	idence:
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Within Franklin County (Outside City - Columbus)	Outside Franklin County (Within City - Columbus)
Within Franklin County (Within City - Columbus)	Outside of Ohio
Outside Franklin County (Outside City - Columbus)	Client refused

Where did you stay last night? (Residence Prior to Project Entry)

ions	Place not meant for habitation			Hotel or motel paid for without emergency shelter voucher
Situations	Emergency shelter, including hotel or motel paid for with emergency shelter voucher			Owned by client, no ongoing housing subsidy
Homeless	Safe Haven	tions		Owned by client, with ongoing housing subsidy
Hom	Interim Housing*	Situations		Permanent housing (other than RRH) for formerly homeless persons
	Foster care home or foster care group home	ousing		Rental by client, with no housing subsidy
lations	Hospital or other residential non-psychiatric medical facility	nent H		Rental by client, with GPD TIP housing subsidy
Situ	Jail, prison, or juvenile detention facility	erma		Rental by client, with VASH housing subsidy
nstitutional	Long-term care facility or nursing home	and P	-	Rental by client, with other housing subsidy (including RRH)
Instit	Psychiatric hospital or other psychiatric facility	Transitional and		Residential project or halfway house with no homeless criteria
	Substance abuse treatment facility or detox center	Trans		Staying or living in a family member's room, apartment, or house
Other	Client doesn't know			Staying or living in a friend's room, apartment, or house
Oth	Client refused			Transitional housing for homeless persons (including homeless youth)

How long have you been staying there? (Length of Stay in Previous Place)

One night or less	90 days or more, but less than one year
Two to six nights	One year or longer
One week or more, but less than one month	Client doesn't know
One month or more, but less than 90 days	Client refused

Do you currently have a lease in your name?

Yes	Client Refused
No	Data Not Collected
Client Doesn't Know	

DOMESTIC VIOLENCE

Are you experiencing any violence against you physically or sexually where you live or are staying right now that is making that place unsafe for you to remain?

Yes	No No
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If Yes, provide client with the phone number to CHOICE @ 614-224-4663

Is client a domestic violence victim/survivor?

No		Client doesn't know	W
Yes		Client refused	
	↓ [IF YES] When did the experience occu	ır?	
	Within the past three months		One year ago or more
	Three to six months ago (excludi	ing six months exactly)	Client doesn't know
	Six months to one year ago (exc	luding one year exactly)	Client refused
	↓ [IF WITHIN LAST 30 DAYS] I'd like to re they may have additional resources to concerns with your situation. Is that ok	help with your housing c	
	🗋 Yes 📄 No		
	\mathbf{V}		

Refer to CHOICES @ 614-224-4663

STRENGTHS EXPLORATION

Household Composition:

Single Adult Household: One adult, no minor(s)
Family Household: Two or members, at least one minor
Unaccompanied Youth: One minor, no adults

Relationship to Head of Household:

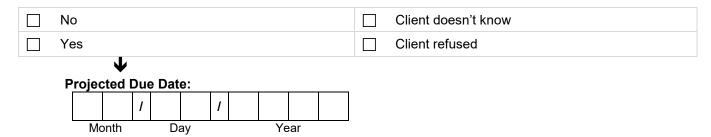
Self (Head of household)	Head of household's other relation member
Head of household's child	(other relation to head of household)
Head of household's spouse or partner	Other: non-relation member
Trans Male (FTM, or female to male)	Data not collected

Number of Adults in Household (incl. HoH):

Do you have any minor children?:	Yes	🗌 No		
Do you have legal custody of the minor with you?:	children current	ly staying	Yes	□ No
Number of Children in Household: 0-2 years 3-7 years	8-12 years	13-17	years	3

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Is anyone in the household currently pregnant?



ADDITIONAL DATA COLLECTION: (STILL LISTENING FOR POSSIBLE STREGNTHS, SKILLS, OR NETWORKS NOT PREVIOUSLY IDENTIFIED IN THE CONVERSATION)

Are you connected with Maryhaven Outreach?

Are you currently linked with Franklin County Children Services?

Yes	Client Refused
No	Data Not Collected
Client Doesn't Know	

[IF YES] Is the FCCS case manager aware of your current situation?

Yes	Client Refused
No	Data Not Collected
Client Doesn't Know	

WE CURRENTLY HAVE PARTNERSHIPS WITH SOME MEDICAID MCO'S THAT WANT TO SUPPORT THEIR CLIENTS WHO ARE EXPERIENCING A HOUSING CRISIS.

Do you have health insurance through Medicaid Managed Care Organization (MCO)? If so which one and can I share this information with them?

Are you currently employed?	🗌 Yes	🗌 No
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HOMELESS INFORMATION

Homelessness Primary Reason:

Addiction	Jail/Prison
Divorce	Relationship Problems
Domestic Violence	Substandard Housing
Evicted	Unable to Pay Rent/Mortgage
Family/Personal Illness	Unemployment
Fire	Other:

Homelessness Secondary Reason:

Addiction	Jail/Prison
Divorce	Relationship Problems
Domestic Violence	Substandard Housing
Evicted	Unable to Pay Rent/Mortgage
Family/Personal Illness	Unemployment
Fire	Other:
No Secondary Reason for Crisis	

Date the client started being homeless this time:



Number of time the client has been homeless in the past three years:

One time (this time)	Four or more times
Two times	Client doesn't know
Three times	Client refused

Total number of months the client has been homeless in the past three years:

One month or less (choose if this is the first time the client has been homeless)
Between 2 and 12 months Enter the total number of months:
More than 12 months
Client doesn't know
Client refused

DISABLING CONDITION:

Does the	client have a	disahling con	dition that is	lona-term and in	nairs their ahilit	y to live independently?
	Chent have a	uisabiiing con	uillon linal is i	1011y-101111 anu in	ιραιι δι ιτσιι αριιιί	

No	Client doesn't know
Yes	Client refused

CONTACT RESOLUTION:

No disposition: call incomplete/client did not call back	Need shelter tonight [single adults only]: waitlisted due to no homeless shelter space
Need shelter tonight	Need shelter tonight: service restricted; referred to other option(s)
Need shelter tonight: more appropriately served and/or prefer other shelter or residential option	Do not need shelter tonight: at-risk of literal homelessness within next 7 days
Need shelter tonight: currently in shelter; advised to remain there or call back once discharged	Do not need shelter tonight: at-risk of literal homelessness in more than 7 days

SUBSTANCE ABUSE PRE-SCREEN

Are you currently intoxicated or under the influence of another substance?	Yes	□ No
[IF YES], transfer internally to Netcare staff.		
Are there any chronic medical conditions that you know you such as diabetes, seizures, high blood pressure, or a heart- condition, or mental health condition for which you are not a treatment or have run out of medication?	related	No
Are you presently thinking about hurting yourself or a someone else?	Yes 🗌 No	
Possible referral to Netcare 614-276-2273.		

WE MUST OA LOCAL CHECK FOR SEX OFFENSES. ARE YOU OR ANYONE IN YOUR HOUSEHOLD A REGISTERED SEX OFFENDER?

Self
No
Other adult(s)

[IF YES] Sex Offense Classification:

Tier I	(Pre AWA) Habitual Sex Offender with Notification
Tier II	(Pre AWA) Sexual Predator
Tier III	(Pre AWA) Aggravated Sexually Oriented Offense
(Pre AWA) Sexually Oriented Offender	(Pre AWA) Child Victim Offender
(Pre AWA) Habitual Sex Offender w/o Notification	(Pre AWA) Child Victim Predator

Are you now or have you ever been subject to community notification?

	Client Doesn't Know
□ No	Client Refused
	Data Not Colected

Sex offense involved a minor:

Yes	Client Doesn't Know
No	Client Refused
	Data Not Colected

Background check completed:

1		/		Local (free)
Month	Day	Year		National (Paid)
				Both (Local & National)

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COVID SCREENING INFORMATION:

Date of COVID-19 Screening:

COVID-19 Screening Disposition

COVID-19 exposure/close contact	COVID-19 symptomatic
COVID-19 positive test result within prior 14 days	Not positive or symptomatic for COVID-19

COVID-19 Triage Disposition

COVID-19 confirmed, symptomatic, or exposure/close contact

COVID-19 NOT confirmed, symptomatic, NOT exposed/close contact

COVID-19 Triage Referral

	Other Medical Facility		Non-SIQ Shelter or remain in place w/precautions	
	SIQ-MED Shelter		Non-SIQ Shelter or remain in place <u>w/o</u> precautions	
	If SIQ-MED referral			
Entity	Entity Referring to SIQ			
	Veteran/VA		ODRC	
	Homeless System Provider		Return Home Ohio	
	Hospital		Southeast Residential	
	Maryhaven		Maryhaven Non-Homeless	

Notes:

SPECIFY SHELTER REFERRED TO: