Georgia Department of Community Affairs

Collection Point:	Entry
Projects/grants:	RHY
Clients who are:	Children (Under 18, Not HoH)

Step 1: Client Demographics - all fields with an "*" are required.

First Name:*_____ **Last Name**:* _____

Middle Name: _____ **Suffix**: _____ **HoH:*** _____

Name Data Quality:*
- ☐ Full Name Reported
- ☐ Partial, or Street Name
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:* _____
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:* _____
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* (Select all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*
- ☐ Male
- ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Client Doesn't Identify Male, Female, or Transgender
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*
- ☐ Yes Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

Step 2: Project Enrollment

Project Start Date:*_____ Case Manager:_____

Step 3: Entry Assessments

Disabling Condition:*
- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Health Insurance
- ☐ No Health Insurance
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If client has Health Insurance, check all that apply below:
- ☐ Private
- ☐ Private - Employer
- ☐ Private - Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program S-CHIP
- ☐ Military Insurance
- ☐ State Funded
- ☐ Combined Children's Health Insurance/Medicaid Program
- ☐ Indian Health Service (IHS)

Step 4: BCP Status:* (BCP Projects Only) This element is required to be completed before project exit.

Date Status Determined:*_____

Youth Eligible for RHY Services?:*		If "Yes", answer this:	Runaway Youth?:*	
☐ No	☐ Yes		☐ Yes	☐ Client Refused
			☐ No	☐ Data Not Collected
			☐ Client Doesn't Know	

If "No" answer this:	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

Step 5: Barriers/Special Needs:* Identify whether a client has each individual barrier or not

Alcohol Abuse*	If "Yes", answer this:	**Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No ☐ Yes		☐ No ☐ Yes ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected
Chronic Health Condition*	If "Yes", answer this:	**Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No ☐ Yes		☐ No ☐ Yes ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected
Developmental Disability*	If "Yes", answer this:	**Expected to substantially impair ability to live independently?:**
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No ☐ Yes		☐ No ☐ Yes ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected
Drug Abuse*	If "Yes", answer this:	**Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No ☐ Yes		☐ No ☐ Yes ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected
Mental Health*	If "Yes", answer this:	**Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No ☐ Yes		☐ No ☐ Yes ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected
Physical Disability*	If "Yes", answer this:	**Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐ No ☐ Yes		☐ No ☐ Yes ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected