CHILD ASSESSMENT

☐ Entry Date: _____ Site: _____
☐ Exit Date: _____ Site: _____
☐ Assessment Date:

Admin Entered
❑**Apricot**
❑**HMIS**

Individuals Name

HofH Name

Site_____**Unit #**_____**FSC**_____ **Client ID:** _____

Client Profile (Entry only)					Ethnicity		Am Indian / Alaska Native		RACE (Choose **All** that Apply)				Recent Immigrant?			Citizenship		
Relationship to HofH SSN	D.O.B.	Age	M	F	Non-Hispanic	Hispanic / Latino	YES	Tribe member	Black / African American	Asian	Hawaiian / Pac Island	White	Refused	YES	NO	Legal / US Citizen	Eligible non-resident	Ineligible non-resident

1. Disabling Condition ☐YES ☐NO

2. Barriers/Special Needs ☐ **No Barriers**

*If **none** check box above & go to #3*

Criteria: refer to disabling condition description @ question #1

If client has one or more barriers …then
for each barrier below check **Yes** or **No**

If, **YES**, answer the corresponding barrier questions.

☐ **Y** ☐ **N** **Substance Abuse**
If YES: ☐ Alcohol ☐ Drug ☐ Alcohol & Drug
Describe: _____
_____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ **Y** ☐ **N** **Mental Health**
Describe: _____
_____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ **Y** ☐ **N** **Physical Disability**
Describe: _____
_____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ **Y** ☐ **N** **Developmental Dis.**
Describe: _____
_____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

☐ **Y** ☐ **N** **Chronic Health Cond.**
Describe: _____
_____
☐ Y ☐ N Receiving Services/Treatment?
☐ Y ☐ N Supporting Documents on File?

3. Pregnant? ☐YES ☐NO
Due Date: _____

4. Health Insurance

	Eligibility		Exit / Entry	
Client has Health Ins?	YES	NO	YES	NO
If YES, Type	☐ Medicaid		☐ Medicaid	
	☐ Medicare		☐ Medicare	

☐ Other _____
e.g. parent's employer, private pay, etc.

If NO Current health insurance list last coverage…
Type: _____ End Date _____

5. Child (ages 5-17) **Education** ❑ **Too Young**

Currently Enrolled? YES NO
If summer, list school the child most recently attended

School Type Public or Parochial/Private

School Name_____

District _____

Does/did client have an IEP/504 in school? YES NO

Highest Grade Completed?

None	Nursery Sch -4th	5th or 6th	7th or 8th	9th grade
10th grade	11th grade	12th no dipl	HS Grad	GED

6. Current Documentation:

- **Social Security Card**
  Client Has an Original Card? YES NO
  If No, New Card on Order? YES NO

☐ **CM has confirmed SS card copy is in client file?**

- **Birth Certificate**
  Client has Certified Birth Cert? YES NO
  If No, New Certificate on Order? YES NO