

YHDP Supplemental Intake Form

School Information

Last Grade Completed

- | | |
|--|---|
| <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 | |

School Status

- | | |
|---|--|
| <input type="checkbox"/> Attending School Regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated From High School | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Dropped Out | <input type="checkbox"/> Data not collected |

Current School Enrollment and Attendance

- Not Currently Enrolled in Any School or Educational Course
- Currently Enrolled But NOT Attending Regularly (when school or the course is in session)
- Currently Enrolled and Attending Regularly (when school or the course is in session)
- Client doesn't know
- Client refused
- Data not collected

Most Recent Educational Status

- K12: Graduated From High School
- K12: Obtained GED
- K12: Dropped Out
- K12: Suspended
- K12: Expelled
- Higher Education: Pursuing a Credential But Not Currently Attending
- Higher Education: Dropped Out
- Higher Education: Obtained a Credential/Degree
- Client doesn't know
- Client refused
- Data not collected

Current Educational Status

- Pursuing a High School Diploma of GED
- Pursuing Associate's Degree
- Pursuing Bachelor's Degree
- Pursuing Graduate Degree
- Pursuing Other Post-Secondary Credential
- Higher Education: Pursuing a Credential But Not Currently Attending
- Client doesn't know
- Client refused
- Data not collected

Additional Information

Sexual Orientation

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other Specify: _____ | <input type="checkbox"/> Data Not Collected |

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

General Health Status

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

Dental Health Status

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

Mental Health Status

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

Substance Use Status

- Severe Use/Dependence
- Dependence
- Persistent Use Within Last 6 Months
- Single Use Within Last 6 Months
- No Use Within Last 6 Months
- Client Refused
- Client Doesn't Know
- Data Not Collected

Pregnant No Yes Due Date: _____

Formerly a Ward of Child Welfare/Foster Care

- Yes No Client Refused Client Doesn't Know Data not collected

If Yes, Number of Years _____ Months _____

Formerly a Ward of Criminal Justice System

- Yes No Client Refused Client Doesn't Know Data not collected

If Yes, Number of Years _____ Months _____

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

Zip Code of Last Permanent Address _____

General Area of Previous Residence

- Within Franklin County (Outside City-Columbus)
- Within Franklin County (Within City-Columbus)
- Outside Franklin County (Outside City-Columbus)
- Outside of Ohio
- Outside Franklin County (Inside City-Columbus)
- Client Doesn't Know

If linked to a mental health agency please list:

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

COVID Vaccine Information

COVID Vaccine Received

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

Vaccine Brand Options

- Pfizer
- Moderna
- Johnson & Johnson

Date of 1st dose: _____

Expected date of 2nd dose: _____

Date of 2nd dose: _____

Client Signature: _____

Date: _____