



<b>Agency(ies) referred to:</b> BE___ First Place___ Abode___ BAYC___
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# Next Steps Collaborative

## Common Intake Form

Today's Date: \_\_\_/\_\_\_/\_\_\_

Walk-in: \_\_\_ Phone: \_\_\_

Intake Staff: \_\_\_\_\_

Intake Agency: BE\_\_\_ First Place\_\_\_ Abode\_\_\_ BAYC\_\_\_

### GENERAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Over 17½: yes \_\_\_ no \_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Are you currently pregnant OR soon to be fathering a new child that you will have custody of? yes \_\_\_ no \_\_\_ unknown \_\_\_

Do you have children? yes \_\_\_ no \_\_\_ If yes, how many are living with you? \_\_\_ Were you ever in foster care? yes \_\_\_ no \_\_\_

Are you currently in foster care? yes \_\_\_ no \_\_\_ If yes, what is your emancipation date: \_\_\_/\_\_\_/\_\_\_

If no, were you in foster care the day before your 18<sup>th</sup> birthday? yes \_\_\_ no \_\_\_ Gender: male \_\_\_ female \_\_\_ mtf \_\_\_ ftm \_\_\_

Are you currently in out of home probation? yes \_\_\_ no \_\_\_

If no, were you in an out of home probation placement when you emancipated? yes \_\_\_ no \_\_\_

Name of current/last social worker: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

Name of current/last probation officer: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

### EDUCATION & EMPLOYMENT

Have you obtained any of the following? Certificate of Completion\_\_\_ GED\_\_\_ High School Diploma\_\_\_

What best describes your current education status?

- \_\_\_ Never attended high school
- \_\_\_ Dropped out of high school and not currently attending school
- \_\_\_ Attending high school or GED program
- \_\_\_ Received certificate of completion and not currently attending school
- \_\_\_ Received high school diploma/GED and not currently attending school
- \_\_\_ Attending vocational training school
- \_\_\_ Attending community college
- \_\_\_ Attending four year university
- \_\_\_ Obtained associates degree (AA) or technical degree and not currently attending school
- \_\_\_ Obtained bachelors degree
- \_\_\_ Other – Specify \_\_\_\_\_

If not enrolled in school, are you interested in enrolling in school? yes\_\_\_ no\_\_\_

If enrolled in school, what school? \_\_\_\_\_

What best describes your current employment status?

- \_\_\_ Employed Part-Time
- \_\_\_ Employed Full-Time
- \_\_\_ Not employed but actively seeking employment
- \_\_\_ Not employed and not actively seeking employment

If employed, what is your total income from employment in the last month? \$ \_\_\_\_\_

What is your primary source of income? \_\_\_\_\_ Total monthly income from all sources: \$ \_\_\_\_\_

**WELLNESS**

Which of the following describes your general emotional state? (More than one is OK)

Stable\_\_\_ Happy\_\_\_ Sad\_\_\_ Confused\_\_\_ A little depressed\_\_\_ Very depressed\_\_\_ Unstable\_\_\_ None of them\_\_\_

Staff: Describe participant affect: \_\_\_\_\_

Have you ever had a mental health diagnosis? yes\_\_\_ no\_\_\_ unknown\_\_\_

If yes, please specify: \_\_\_\_\_

Do you currently have a therapist? yes\_\_\_ no\_\_\_ Do you currently have a psychiatrist? yes\_\_\_ no\_\_\_

Do you receive SSI/SSDI: yes\_\_\_ no\_\_\_ If yes, what do you receive SSI/SSDI for? \_\_\_\_\_

Is your kinship/family network...: Very supportive\_\_\_ Supportive\_\_\_ Not supportive\_\_\_ No contact\_\_\_

Is your social network...: Very supportive\_\_\_ Supportive\_\_\_ Not supportive\_\_\_ No contact\_\_\_

Have you been convicted of a violent felony as an adult? yes\_\_\_ no\_\_\_

Do you have health insurance? No\_\_\_ Yes, MediCal\_\_\_ Yes, other health insurance\_\_\_ >> Specify insurer \_\_\_\_\_

If insured >> MediCal # \_\_\_\_\_ MediCal Issue Date: \_\_\_\_\_ Other Insurance ID # \_\_\_\_\_

**LOCATION & HOUSING**

What Bay Area city or neighborhood best describes the location of the following people or things?

Your job: \_\_\_\_\_

Your school: \_\_\_\_\_

Your kinship/family network: \_\_\_\_\_

Your social network: \_\_\_\_\_

Where in Alameda County do you want to live: \_\_\_\_\_

Do you feel you have safe and stable housing? yes\_\_\_ no\_\_\_ If no, do you need emergency shelter? yes\_\_\_ no\_\_\_

What best describes your current living situation?

- Foster care or out of home placement >> Specify: \_\_\_\_\_
- Renting own or shared housing (paying rent)
- Living with relative or other person in stable housing (rent free)
- College dorm
- THP-Plus program >>Specify: \_\_\_\_\_
- Other supportive transitional housing program >> Specify: \_\_\_\_\_
- Motel or hotel
- Other unstable housing situation (couch surfing with relatives, friends, or other people)
- Emergency shelter, homeless or other unstable housing (street, car, etc.)
- Institutionalized (just exited hospital, jail, mental health facility with no place to go) >> Specify: \_\_\_\_\_

**ASSISTANCE**

**What can we help you with?** Housing\_\_\_ Employment\_\_\_ Education\_\_\_ Other\_\_\_ >> Specify: \_\_\_\_\_

**Within how many months do you need housing?** \_\_\_\_\_ (enter "0" if participant needs housing immediately or less than a month)

**If you were to be placed into one of our housing programs, what type of housing do you think you would prefer? Please rank from first choice to last choice:**

- Individual or shared apartment at scattered sites
- Host home with a permanent adult
- Community/single-site housing (*also known as staffed housing*)

**If interested in host housing, do you have a permanent adult that you can live with?** yes\_\_\_ no\_\_\_ unknown\_\_\_ n/a\_\_\_

**(If applicable) Contact information of permanent adult:** Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**How do you think our program could help you achieve your educational goals?**

**How do you think our program could help you achieve your employment goals?**

**How do you think our program could help you achieve your housing goals?**

**How would the people that know you well describe you?**

What are your greatest strengths that would help you be successful in our program?

Have you ever been housed by a THP-Plus program or transitional housing program, such as First Place for Youth, Beyond Emancipation, Project Independence/Abode Services (TRI City Homeless Coalition), or Bay Area Youth Center? yes\_\_\_ no\_\_\_

If yes, which one(s) and for how long? Agency(ies): \_\_\_\_\_ # of Months: \_\_\_\_\_

Staff: Is participant THP-Plus Eligible? yes\_\_\_ no\_\_\_ pending\_\_\_ If yes, eligibility confirmed by: \_\_\_\_\_

BAYC Staff: Is MediCal Active? yes\_\_\_ no\_\_\_

Youth's signature verifying that the above information is true: \_\_\_\_\_