

Agency: \_\_\_\_\_ Project Entry Date: \_\_\_\_\_

Project: \_\_\_\_\_ Case Worker: \_\_\_\_\_

**Hawaii HMIS Add New Client: Identifying**

Name Quality\*:  Full name  Partial, street/code name  Client doesn't know  Client refused  
 Data Not Collected

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix \_\_\_\_\_ Deceased Date \_\_\_\_\_

Birth Date\*: \_\_\_\_\_  Full DOB  Partial (DD/YY)  Client Refused  
 Partial (MM/YY)  Client Doesn't Know  Data Not Collected Age: \_\_\_\_\_

Social Security#\*: \_\_\_\_\_  Full  Partial  Client Refused  
 Client Doesn't Know  Data Not Collected

Gender\*  Male  Gender Non-Conforming (not exclusively male or female)  
 Female  Client Doesn't Know  
 Trans Female (MTF or Male to Female)  Client Refused  
 Trans Male (FTM or Female to Male)  Data Not Collected

Citizenship Status  U.S. Citizen  U.S. National (American Samoa or Swains Island)  Client Doesn't Know  
 Eligible Non-Citizen  Client Refused  
 Non-US Citizen COFA  Ineligible Non-Citizen  Data Not Collected  
 Undocumented

Primary Language\*  Chinese  Korean **If Non-US Citizen COFA\***  Pohnpei-Micronesia  
 Chuukese  Marshallese  Chuuk-Micronesia  Yap-Micronesia  
 English  Spanish  Kosrae-Micronesia  Client Doesn't Know  
 Ilocano  Tagalog  Marshall Islands  Client Refused  
 Japanese  Vietnamese  Palau  Data Not Collected  
 Other: \_\_\_\_\_

Relations to HOH\*  Self (H of H)  Guardian **Veteran Status\***  Client Doesn't Know  
 Spouse  Grandchild  No  Client Refused  
 Child  Other Relative  Yes  Data Not Collected  
 Step Child  Other Non-Relative  
 Foster Child  Unknown  
 Grandparent

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

**Ethnicity\* (Select One)**  
 Non-Hispanic or Latino  Client Doesn't Know  
 Hispanic or Latino  Client Refused  
 Data Not Collected  
*(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)*

Hawaii HMIS Add New Client: Identifying (Continued)

If Asian Chosen Above\*
 Asian Indian
 Chinese/Taiwanese
 Filipino
 Korean
 Japanese
 Vietnamese
 Other Asian

If Native Hawaiian/Other Pacific Islander chosen above\*
 Native Hawaiian
 Guamanian/Chamorro
 Marshallese
 Micronesia
 Samoan
 Other Pacific Islander
 Tongan

What race do you identify with most?\*:
 American India/Alaskan Native
 Asian Indian
 Black/African American
 Chinese/Taiwanese
 Filipino
 Guamanian/Chamorro
 Native Hawaiian
 Japanese
 Korean
 Marshallese
 Micronesia
 Other Asian
 Other Pacific Islander
 Portuguese
 Samoan
 Tongan
 Vietnamese
 White
 Client doesn't know
 Client refused
 Data not collected

Contact Information

Address\*:
Zip Code\*:
City:
Country\*:
Cell Phone:
Email Address:
Apt. Number:
County:
State:
Home Phone:
Work Phone:

Other Information - CONSENT

Was Consent given to share data? :  Yes  No (Use HMIS Consent Form)

Date of Consent:

\*\*\*All consent forms must be uploaded into the HMIS

Hawaii Add Family

If more than one adult in household, complete additional adult entry form; if child, complete child form

Hawaii Enrollment Add/Edit

Enrollment Entry Date\*:
Program\*:
Case Manager:
Enrollment Exit Date: DO NOT CHANGE
Provider\*: MATCH PROGRAM NAME
 Individual
 Family

**HUD Universal Data**

Client location\*(provider)                     MATCH PROGRAM NAME                     Continuum of Care Code: Self Populates in HMIS

**Disabling Condition\***       No     Yes     Client doesn't know     Client refused     Data not collected

**LIVING SITUATION – Type of Residence Prior to Project Entry (Select only one answer)**

**A. HOMELESS SITUATION**

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven (SH)

**B. INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**C. TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Residential project or halfway house with no homeless criteria
- Rental by client with RRH or equivalent subsidy
- Host Home (non-crisis)
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Client doesn't know
- Client refused
- Data not collected

**A. If HOMELESS situation selected above, answer these questions: (if not, skip to next question)**

<b>Approximate date homelessness started*</b> <hr style="width: 200px; margin-left: 0;"/>	<b><u>Length of Stay in the Prior Living Situation*</u></b>	
	<input type="checkbox"/> One night or less	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client refused
	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 90 days or more, but less than one year	

(Regardless of where they stayed last night)  
**Number of times** the client has been on the streets, in ES, or SH in the past three years including today\*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

**Total number of months** homeless on the streets, in ES, or SH in the past three years\*

- One month (This is the 1st month)
- 2     6     10
- 3     7     11
- 4     8     12
- 5     9     More than 12
- Client doesn't know
- Client refused
- Data not collected

**HUD Universal Data - LIVING SITUATION (Continued)**

**B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)**

Did you stay less than 7 nights? \*  Yes  No

If no, what was the **Length of Stay in the Prior Living Situation** \*

- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

If yes, what was the **Length of Stay in the Prior Living Situation** \*

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days

If yes, on the night before, **did you stay on the "streets", ES or SH?** \*  Yes  No

Approximate date homelessness started\* \_\_\_\_\_

If **"Yes"** (Regardless of where they stayed last night) **Number of times** the client has been on the streets, in ES, or SH in the past three years including today\*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

If **"Yes"**, Total **number of months** homeless on the streets, in ES, or SH in the past three years\*

- One month (This is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

**C. If TRANSITIONAL AND PERMANENT HOUSING situation selected, answer these questions: (if not, skip to HUD Program)**

Did you stay less than 7 nights? \*  Yes  No

If no, what was the **Length of Stay in the Prior Living Situation** \*

- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

If yes, what was the **Length of Stay in the Prior Living Situation** \*

- One night or less
- Two to six nights

If yes, on the night before, **did you stay on the "streets", ES or SH?** \*  Yes  No

Approximate date homelessness started\* \_\_\_\_\_

If **"Yes"** (Regardless of where they stayed last night) **Number of times** the client has been on the streets, in ES, or SH in the past three years including today\*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

If **"Yes"**, Total **number of months** homeless on the streets, in ES, or SH in the past three years\*

- One month (This is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

**HUD Program Data**

**Non-Cash Benefits from Any Sources** \*(Received non-cash benefits in the past 30 days; expect to receive them again next month?)

- No
- Yes
- Client doesn't know
- Client Refused
- Data not collected

**If yes, please mark all that are applicable:**

- SNAP (Previously known as Food Stamps)
- WIC-Nutrition for Women, Infants, Children
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Section 8, Public Housing, Other Ongoing Rental Assistance
- Temporary Rental Assistance
- Other source: Specify \_\_\_\_\_

**Health Insurance** \* Are you covered by health insurance?

- No
- Yes
- Client doesn't know
- Client Refused
- Data not collected

**HUD Program Data (continued)**

**Education: Last Grade Completed (4.24)\***

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Grade 12 / High school diploma            | <input type="checkbox"/> Associate’s degree       | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Grades 5-6        | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Bachelor’s degree        | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Grades 7-8        | <input type="checkbox"/> GED                                       | <input type="checkbox"/> Graduate degree          | <input type="checkbox"/> Data not collected  |
| <input type="checkbox"/> Grades 9-11       | <input type="checkbox"/> Some college                              | <input type="checkbox"/> Vocational certification |  |

**Employment Information: Employed\***

- No     Yes     Client doesn’t know     Client Refused     Data not collected
- \*If “Yes”, Employment type:  Full time     Part time     Seasonal/sporadic (including day labor)
- \*If “No”, Why not employed:  Looking for work     Unable to work     Not looking for work

**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"/> Data not collected |
| <input type="checkbox"/> Lesbian      | <input type="checkbox"/> Client doesn’t know |   |

**General Health Status\***

- |                                    |                               |  |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Good      |                               | <input type="checkbox"/> Data not collected  |

**Pregnancy Status\* (females only)**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused      |
|                              | <input type="checkbox"/> Data not collected  |

If Yes, Due Date\* \_\_\_\_\_

**Disabling Condition\***

**Substance Abuse\* (If “NO” selected, skip to Mental Health)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> No                          | <input type="checkbox"/> Alcohol Abuse       | <input type="checkbox"/> Drug Abuse     |   |
| <input type="checkbox"/> Both Alcohol and Drug Abuse | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Mental Health Problem\* (If “NO” selected, skip to Developmental Disability)**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Developmental Disability\* (If “NO” selected, skip to Chronic Health Condition)**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Chronic Health Condition\* (If “NO” selected, skip to HIV / AIDS)**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Physical Disability\* (If “NO” selected, skip to Health Insurance Assessment)**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|
- a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn’t know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Health Insurance Assessment (if yes to health insurance)**

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid                                     | <input type="checkbox"/> Health Insurance obtained through Cobra |
| <input type="checkbox"/> Medicare                                     | <input type="checkbox"/> State Health Insurance for Adults       |
| <input type="checkbox"/> State Children’s Health Insurance            | <input type="checkbox"/> Private Pay Health Insurance            |
| <input type="checkbox"/> VA-Veteran’s Administration Medical Services | <input type="checkbox"/> Indian Health Services Program          |
| <input type="checkbox"/> Employer-Provided Health Insurance           | <input type="checkbox"/> Other: Specify _____                    |

**HUD Financial Assessment**

Area Median Income\*  Big Island  Kauai  Maui

Income from Any Source\*  No  Yes  Client doesn't know  Client Refused  Data not collected

Please check all resources and enter the amount per MONTH\*

<u>Income Type</u>	<u>Amount</u>	<u>Income Type</u>	<u>Amount</u>
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Retirement from Social Security:	\$ _____
<input type="checkbox"/> Earned Income (employment):	\$ _____	<input type="checkbox"/> VA Non-Service Disability Pension	\$ _____
<input type="checkbox"/> SSI:	\$ _____	<input type="checkbox"/> Pension or Retirement Income (job):	\$ _____
<input type="checkbox"/> SSDI:	\$ _____	<input type="checkbox"/> Child Support:	\$ _____
<input type="checkbox"/> VA Service Disability Compensation:	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support:	\$ _____
<input type="checkbox"/> Private Disability Insurance:	\$ _____	<input type="checkbox"/> Worker's Compensation:	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> General Assistance:	\$ _____	<b>TOTAL INCOME:</b>	\$ _____

**Hawaii Specific Assessment**

**Hawaii Residence Information**

Did you arrive in Hawaii during the past 12 months?\*

No  Yes  Client doesn't know  Client Refused

If yes, how long have you been in Hawaii?\* # of months: \_\_\_\_\_ If in Hawaii less than one month, # of days: \_\_\_\_\_

How long have you lived in Hawaii over your lifetime?\* # of years: \_\_\_\_\_

Before your 18<sup>th</sup> birthday, were you placed in an out of home placement and/or experience homelessness?

Check all that apply.

Foster Care  Juvenile Home  No  Client doesn't know  
 Group Home  Homeless  Client refused

**Personal Information**

**Marital Status\*:**

Single/never married  Married  Widowed  Client refused  
 Living with partner  Separated/divorced  Other \_\_\_\_\_

**What is your current criminal justice status\*:**

Parole  Formerly in system & completed requirements  Client doesn't know  
 Probation  Drug court  Client refused  
 Supervised release  None  Data not collected  
 Other \_\_\_\_\_

If the client's residence just prior to project entry was an ES, TH, or PSH project, please specify which one? \_\_\_\_\_

Zip code of last permanent address\* \_\_\_\_\_

Zip Code Data Quality\*:  Full or Partial  
 Client doesn't know  Client refused

If currently working, # hours worked in past week? \_\_\_\_\_

**Referral Information\* (How were you referred to this agency?)**

Aloha United Way  Homeless services agency  Self  Client doesn't know  
 Criminal justice  Hospital  VA  Other \_\_\_\_\_

If homeless service agency, which one?\* \_\_\_\_\_

**Hawaii Specific Assessment (continued)**

**Medical Information**

Name of Medical Insurer: \_\_\_\_\_

**Emergency Services**

**How many times in the past 12 months have you used the following emergency or medical services?**

Hospital emergency room services .....# of times used: \_\_\_\_\_

Other hospital services (medical or psychiatric) # of times used: \_\_\_\_\_

911/ambulance emergency services.....# of times used: \_\_\_\_\_

Access (Crisis) hotline .....# of times used: \_\_\_\_\_

Other emergency service: .....# of times used: \_\_\_\_\_ Name of Service: \_\_\_\_\_

**HUD RHY Data Assessment**

**Referral Source\***

- |   |   |
|---|---|
| <input type="checkbox"/> Self-Referral  | <input type="checkbox"/> Law Enforcement/Police |
| <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual   | <input type="checkbox"/> Mental Hospital        |
| <input type="checkbox"/> Outreach Project:*Number of times approached prior to entering project _____ | <input type="checkbox"/> School                 |
| <input type="checkbox"/> Temporary Shelter  | <input type="checkbox"/> Other Organization     |
| <input type="checkbox"/> Residential Project  | <input type="checkbox"/> Client doesn't know    |
| <input type="checkbox"/> Hotline  | <input type="checkbox"/> Client refused         |
| <input type="checkbox"/> Child Welfare/CPS  | <input type="checkbox"/> Data not collected     |
| <input type="checkbox"/> Juvenile Justice   |   |

**Date of Status Determination\***

Youth Eligible for RHY\*  No  Yes

If "Yes", is youth Runaway

- No  Yes  Client doesn't know  
 Client Refused  Data not collected

If "No", reason why services not funded by BCP grant

- Out of age range  Other  
 Ward of the State – Immediate Reunification  
 Ward of the Criminal Justice System – Immediate Reunification

**School Status\***

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attending school regularly   | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Suspended   | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Graduated from high school   | <input type="checkbox"/> Expelled    | <input type="checkbox"/> Data not collected  |
| <input type="checkbox"/> Obtained GED                 |                                      |  |

**Dental Health Status\***

- |                                    |                               |  |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Good      |                               | <input type="checkbox"/> Data not collected  |

**Mental Health Status\***

- |                                    |                               |  |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Good      |                               | <input type="checkbox"/> Data not collected  |

**HUD RHY Data Assessment (continued)**

**Formerly a Ward of Child Welfare/Foster Care Agency\***

- No
- Client doesn't know
- Yes
- Client refused
- Data not collected

**If yes, Number of Years\*:**

- Less than one year
- 1 to 2 Years
- 3 to 5 or more Years

**Formerly a Ward of the Juvenile Justice System\***

- No
- Client doesn't know
- Yes
- Client refused
- Data not collected

**If yes, Number of Years\*:**

- Less than one year
- 1 to 2 Years
- 3 to 5 or more Years

**HUD RHY Family Critical Issues Assessment (select all that apply)**

- Household Dynamics
- Sexual Orientation/Gender Identity-Youth
- Sexual Orientation/Gender Identity-Family Member
- Housing Issues-Youth
- Housing Issues-Family Member
- School or Educational Issues-Youth
- School or Education Issues-Adult
- Unemployment-Youth
- Unemployment-Family Member
- Mental Health Issues-Youth
- Mental Health Issues-Family Member
- Health Issues-Youth
- Health Issues-Family Member
- Physical Disability-Youth
- Physical Disability-Family Member
- Mental Disability-Youth
- Mental Disability-Family Member
- Abuse and Neglect-Youth
- Abuse and Neglect-Family Member
- Alcohol or Other Drug Abuse-Youth
- Alcohol or Other Drug Abuse-Family Member
- Insufficient Income to Support Youth-Family Member
- Active Military Parent-Family Member
- One Parent/Legal Guardian is Incarcerated
- Both Parents/Legal Guardians are Incarcerated
- The Only Parent/Legal Guardian is Incarcerated