



## Youth Homelessness Demonstration Project Assessment

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

1. Assessment Date \_\_\_/\_\_\_/\_\_\_\_\_

2. What is your date of birth? \_\_\_/\_\_\_/\_\_\_\_\_

3. What would you like to be called?

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4. What are your pronouns?

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5. Do you Identify as LGBTQ2+?

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6. What services are you seeking?

- Housing
- Food
- Medical
- Dental
- Clothing
- Employment

7. On the night before-stayed on the streets, ES, or Safe Haven?

- Yes
- No

8. Where will you sleep tonight?

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9. What trouble are you having?

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10. Do you have any identification?

Yes

No

11. Do you have transportation?

Yes

No

12. Are you in danger?

Yes

No

13. YHDP Assessment Outcome

Self-Resolved

Referred to non-CoC provider

Referred to Coordinated Entry

14. Additional Comments

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