

CES Questionnaire

Are you a youth (18-24)?

- YES (STOP & COMPLETE a YHDP Assessment)
 NO

Are you a Veteran?

- YES
 NO

Do you have Dependent Children?

- YES

_____ & AGES _____

- NO

Do you have a Disability

- YES
- Physical Disability
 - Chronic Condition
 - Development Disability
 - Mental Health Disorder
 - HIV/AIDS
 - Substance Abuse Disorder
 - Other: _____

- NO

Where did you sleep last night?

- Shelter
 Transitional Housing
 Car
 Couch Surfing
 Place not meant for human habitation

Do you have income from any source?

- YES
- Earned Income
 - SSI/SSDI
 - SNAP
 - Child Support
 - TANF
 - Applied, Decision Pending
 - Applied, Application Denied
 - Other Source: _____

- NO

Are you able to independently manage your daily activities, such as personal care, meal preparation, and household tasks?

- YES
 NO
 CLIENT DOESN'T KNOW
 CLIENT PREFERS NOT TO ANSWER
 DATA NOT COLLECTED

Contact Information

Phone number

Email address

Frequented location