



Colorado's Adapted TAY-Triage Pre-Screen Risk Assessment /



Embedded Screening Assessment (Homelessness Pilot)

Purpose of the Assessment: This assessment tool is used to identify youth at risk of homelessness.

Homelessness is defined as living in a place that is not permanent, predictable or consistent or moving from place to place and/or relying on the kindness of others for a place to stay or couch surfing.

		Check each box that applies ↓	Doesn't Apply	Youth Refused	Unknown
1.	Are you a current foster youth or were you at any time in the foster care system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever become homeless because you ran away from your family home, group home, a foster home or placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever become homeless because there was violence at home between family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever become homeless because you had differences in religious beliefs with parents, guardians or caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been pregnant or got someone else pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you used marijuana? If yes, how old were you when you first tried marijuana? (age: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Before your 18th birthday did you spend any time in jail or detention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been homeless, used an overnight shelter, or got housing assistance like public housing or a housing voucher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has your mother ever spent time in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has your father ever spent time in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has your mother ever been in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has your father ever been in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you ever engaged in a sexual act for something of value, such as money, food, housing, gifts or favors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter Total Number of Yes Responses →					

Youth First and Last Name: _____ Youth Date of Birth: ____/____/____	Youth Gender Identity: Woman Man Genderqueer (non-binary) Trans woman (male to female) Trans man (female to male) Other (Describe: _____)
Referring organization: _____	Date: ____/____/____
Referring Caseworker/Chafee-worker/Community-worker/Client Manager (circle one) Name: _____	Phone: _____ E-mail: _____
Coordinator's Name: _____ Phone: _____ E-mail: _____	<input type="checkbox"/> Assessment completed <input type="checkbox"/> Youth declined