



# Homeless Youth Continuum

## Step 4b (Assessments): Crisis Shelter

COMPLETE FOR EACH HOUSEHOLD MEMBER:

ServicePoint Client ID	First Name	M.I.	Last Name	Suffix (Jr, II, etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Crisis Shelter Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day	Year		

**Monthly Crisis Shelter Nights**

<input type="text"/>	<input type="text"/>
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**Primary Referral Destination  
(from Crisis Shelter)**

- ☐ Adult Homeless Services
- ☐ Alcohol/Drug Program
- ☐ DHS
- ☐ Domestic Violence Program
- ☐ Emergency Shelter
- ☐ Family/Friend
- ☐ Harry's Mother/Other Runaway Shelter
- ☐ Hospital
- ☐ Housing Authority of Portland (HAP)
- ☐ Juvenile Court
- ☐ Mental Health Program
- ☐ Other Social Services
- ☐ Police
- ☐ School
- ☐ Service Coordination: Outside In
- ☐ Service Coordination: New Avenues for Youth
- ☐ Street Outreach Program
- ☐ Transitional Housing for Homeless Persons

Referral Destination - Other (must specify)