

# CHILD APPLICATION

*Fill out information pertaining to the child*  
(1 application for each child in the household)

## Utah Homeless Prevention – Assessment of Eligibility and Suitability

**Screening Date:** \_\_/\_\_/\_\_\_\_ **Staff:** \_\_\_\_\_  
 Assessment Type (circle one) Entry    Annual    During Program Enrollment    Exit  
**Referral Source:**  Self    Community Provider (Name: \_\_\_\_\_)    School District \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Relationship to head of household:**  
 Son    Daughter    Niece    Nephew    Brother    Sister    Grandchild    Other Non-family

**Child Education Only (ages 5-17)**

**Currently Enrolled in School:**    Yes    No    Unsure    Refused  
**If yes, name of child's school** \_\_\_\_\_  
**If yes, was/is the child connected with a School Liaison?**    Yes    No    Unsure    Refused  
**If yes, type of school**    Public    Private    Unsure    Refused

**If NOT enrolled, what was the last date of enrollment:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**If not enrolled, identify problems for enrolling child:**  
 None                       Residency Requirements                       Availability of School Records  
 Birth Certificates    Legal Guardianship Requirements                       Lack of available preschool programs  
 Transportation                       Immunization Requirements                       Physical Examination Records  
 Other                       Unsure                       Refused

**Gender:** (check all that apply)    Male    Transgender    A gender that is not singularly "female" or "male"  
 Female    Questioning    Refused to answer

**Ethnicity:**    Hispanic/Latin (a) (o) (x)    Non-Hispanic/Latin (a) (o) (x)    Unsure    Refused to Answer

**What is your primary race?**    White    Black/African-American, or African    American Indian/Alaskan Native  
 Asian or Asian American    Native Hawaiian or Pacific Islander    Other, Multi-racial  
 Unsure    Refused to Answer

**Has your child received any income in the past 30 days?** Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_ Refused \_\_\_\_

**If yes, what is the source of income:** \_\_\_\_\_

**How much income has your child received in the past 30 days? \$** \_\_\_\_\_

**Does your child have a disabling condition?** Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_ Refused \_\_\_\_

<b><i>BARRIERS (check all that apply)</i></b>	
<input type="checkbox"/>	Alcohol Use Disorder                      Indefinite? Yes ____ No ____ Unsure ____ Refused ____
<input type="checkbox"/>	Chronic Health Condition                      Indefinite? Yes ____ No ____ Unsure ____ Refused ____
<input type="checkbox"/>	Developmental Disability
<input type="checkbox"/>	Drug Use Disorder                      Indefinite? Yes ____ No ____ Unsure ____ Refused ____
<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Mental Health Disorder                      Indefinite? Yes ____ No ____ Unsure ____ Refused ____
<input type="checkbox"/>	Physical Disability                      Indefinite? Yes ____ No ____ Unsure ____ Refused ____
<input type="checkbox"/>	<b>NONE</b> — Child has no reported barriers