

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality:*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:*

- ☐ _____
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:*

- ☐ _____
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* *(Select All That Apply)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused

If Female, Pregnancy Status:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Sexual Orientation:*

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*

- ☐ Self
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

Contact Information:

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____

Case Assignment:* _____

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status:* *(Based on housing condition just prior to project entry)*

- | | |
|--|---|
| <input type="checkbox"/> Category 1 – Homeless | <input type="checkbox"/> Stably Housed – Rent |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing | <input type="checkbox"/> Stably Housed – Own |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence | <input type="checkbox"/> Refused |
| <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> Other |

Residence Prior to Program Entry:*

- | | |
|---|--|
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Rental by client, with VASH housing subsidy |
| <input type="checkbox"/> Transitional Housing for Homeless Persons (Including Homeless Youth) | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Permanent Housing for Formerly Homeless Persons (such as; a CoC project; HUD legacy programs; or HOPWA PH) | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility | <input type="checkbox"/> Rental by client, with no ongoing housing subsidy |
| <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Jail, Prison or Juvenile Detention Center | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Staying or living in a family member's room, apartment or house | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house | |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | |
| <input type="checkbox"/> Foster care home or foster care group home | |

Length of Stay:*

- | | |
|--|---|
| <input type="checkbox"/> One day or less | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> Two days to one week | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or less | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One to three months | |

Time on Streets, Emergency Shelter (ES), or Safe Haven (SH):*

Client entering from the streets, ES or SH:

- ☐ Yes, approximate date started: _____
☐ No

- ☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Regardless of where they stayed last night – number of TIMES the client has been on the streets, in ES, or SH in the PAST THREE YEARS including today:

- ☐ Never in the 3 years ☐ Two times ☐ Four or more times ☐ Client Refused
☐ One time ☐ Three times ☐ Client Doesn't Know ☐ Data Not Collected

Total number of MONTHS homeless on the street, in ES, or SH in the PAST THREE YEARS:*

- ☐ One month (this time is the first month) ☐ Client Doesn't Know
☐ 2-12 months ☐ Client Refused
☐ Number of months (2-12):* _____
☐ More than 12 months ☐ Data Not Collected

Health Insurance:*

If Yes, Type:*

- ☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

- ☐ Private – Employer
☐ Private – Individual
☐ Medicare
☐ Medicaid
☐ State Children's Health Insurance Program
(S-CHIP; not Medicaid or HIP)

- ☐ Military Insurance
☐ State Funded (HIP or HIP 2.0)
☐ Indian Health Service (Native American)
☐ Other Public
☐ Other _____

Status:*

- ☐ Active ☐ No
☐ Start Date: _____
☐ End Date: _____
☐ Applied; decision pending ☐ Client Doesn't Know
☐ Applied; client not eligible ☐ Client Refused
☐ Client did not apply ☐ Data Not Collected
☐ Insurance type N/A for this client

Basic Care Program (BCP) Status Assessment:*

Date Status Determined:* _____

Enroll Status:*

- ☐ Yes
☐ No

If No, Reason:

- ☐ Out of Age Range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification
☐ Other

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Employment:*

Employed:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If No, Why Not Employed:*

- | | |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work | |

Child Education Assessment:*

Highest Grade Completed:*

- ☐ No School Completed
- ☐ Nursery School to 4th Grade
- ☐ 5th Grade or 6th Grade
- ☐ 7th Grade or 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |

Health Assessment:*

General Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

Dental Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

If Yes, Type of Employment:*

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) | |

Hours Worked In Last Week:*

Employment Tenure:*

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Refused | |

Attendance Status:*

- | | |
|--|--|
| <input type="checkbox"/> Attending Regularly | <input type="checkbox"/> Attending Irregularly |
| <input type="checkbox"/> Graduated High School | <input type="checkbox"/> Obtained GED |
| <input type="checkbox"/> Dropped Out | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

If Yes, Type of School:*

- | | |
|--|--|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Technical/Career |
| <input type="checkbox"/> Homeschool | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Parochial or Other Private School | |

School Name:*

Connected w/McKinney-Vento School Liaison?*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |

If not enrolled, Last Enrollment Date:*

Reason Not Enrolled:*

Mental Health Status:*

- | | |
|---|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

Pregnancy Status:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Referral Source:*

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Residential Project: Other Agency Project |
| <input type="checkbox"/> Individual: Parent/Guardian | <input type="checkbox"/> Residential Project: Other Project |
| <input type="checkbox"/> Individual: Relative/Friend | <input type="checkbox"/> Hotline: National Runaway Switchboard |
| <input type="checkbox"/> Individual: Other Adult or Youth | <input type="checkbox"/> Hotline: Other |
| <input type="checkbox"/> Individual: Partner/Spouse | <input type="checkbox"/> Other Agency: Child Welfare/CPS |
| <input type="checkbox"/> Individual: Foster Parent | <input type="checkbox"/> Other Agency: Non-Residential Independent Living Project |
| <input type="checkbox"/> Outreach Project: FYSB | <input type="checkbox"/> Other Project Operated by Your Agency |
| <input type="checkbox"/> Outreach Project: Other | <input type="checkbox"/> Other Youth Services Agency |
| <input type="checkbox"/> Temporary Shelter: FYSB Basic Center Project | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Temporary Shelter: Other Youth Only Emergency Shelter | <input type="checkbox"/> Law Enforcement/Police |
| <input type="checkbox"/> Temporary Shelter: Emergency Shelter for Families | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Temporary Shelter: Emergency Shelter for Individuals | <input type="checkbox"/> Mental Hospital |
| <input type="checkbox"/> Temporary Shelter: Domestic Violence Shelter | <input type="checkbox"/> School |
| <input type="checkbox"/> Temporary Shelter: Safe Haven | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Residential Project: Independent Living Project | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Residential Project: Job Corps | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Residential Project: Drug Treatment Center | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Residential Project: Treatment Center | |
| <input type="checkbox"/> Residential Project: Educational Institute | |

Ever Received Something In Exchange For Sex in the Past 3 Months:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Yes, In the Last Three Months:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

How Many Times:*

- | | |
|---|--|
| <input type="checkbox"/> 1-3 times | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 4-7 times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 8-11 times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 12 or more times | |

Ever made/persuaded to have sex in exchange for something?:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Yes, In the Last Three Months:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Ever afraid to quit/leave work due to threats of violence to yourself, family or friends:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Ever promised work where work or payment different than you expected:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Felt forced, pressured or tricked into continuing the job:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Yes, In the Last Three Months:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Critical Issue:

- ☐ Household Dynamics
- ☐ Sexual Orientation/Gender Identity-Youth
- ☐ Sexual Orientation/Gender Identity-Family Member
- ☐ Housing Issues-Youth
- ☐ Housing Issues-Family Member
- ☐ School or Educational Issues-Youth
- ☐ School or Education Issues-Adult
- ☐ Unemployment-Youth
- ☐ Unemployment-Family Member
- ☐ Mental Health Issues-Youth
- ☐ Mental Health Issues-Family Member
- ☐ Health Issues-Youth
- ☐ Health Issues-Family Member
- ☐ Physical Disability-Youth
- ☐ Physical Disability-Family Member
- ☐ Mental Disability-Youth
- ☐ Mental Disability-Family Member
- ☐ Abuse and Neglect-Youth
- ☐ Abuse and Neglect-Family Member
- ☐ Alcohol or Other Drug Abuse-Youth
- ☐ Alcohol or Other Drug Abuse-Family Member
- ☐ Insufficient Income to Support Youth-Family Member
- ☐ Active Military Parent-Family Member
- ☐ Incarcerated Parent of Youth
 - ☐ One Parent/Legal Guardian is Incarcerated
 - ☐ Both Parents/Legal Guardians are Incarcerated
 - ☐ The Only Parent/Legal Guardian is Incarcerated

Formerly Ward Of:*

- ☐ Child Welfare/Foster Care Agency
 - ☐ Yes
 - ☐ No
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

If Ward of Child Welfare/Foster Care, Number of Years:

- ☐ Less Than One Year
 - ☐ Number of Months (1-11): _____
- ☐ 1 to 2 Years
 - ☐ 3 to 5 Years
- ☐ Juvenile Justice System
 - ☐ Yes
 - ☐ No
 - ☐ Client Doesn't Know
 - ☐ Client Refused
 - ☐ Data Not Collected

If Ward of Juvenile Justice System, Number of Years:

- ☐ Less Than One Year
 - ☐ Number of Months (1-11): _____
- ☐ 1 to 2 Years
- ☐ 3 to 5 Years

Other helpful resources at www.IndianaBOS.org.