

Homeless Youth Outreach Assessment

Basic Information

Full Name

Age

Gender

Contact Number

Current Situation

Current Living Situation

How long have you been without stable housing?

Are you currently attending school or working?

Needs Assessment

Immediate Needs

Are you experiencing any health concerns?

Do you feel safe?

Support System

Do you have family or friends you can rely on?

Are you connected to any support services/agencies?

Additional Notes

Other information or observations