This form was prepared by the Office of Homeless Services and is optional and not required for HMIS monitoring.

Assessment Date: \_\_\_\_\_\_\_\_\_\_\_

Client Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_ -\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

Section 1: Complete for All Household Members (Adults and Minors)

# DISABILITY INFORMATION

Does the client have a Disabling Condition?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer  |

If yes, check all that apply

|  |  |  |
| --- | --- | --- |
| ☐ Alcohol abuse  | ☐ HIV/AIDS  | ☐ Substance Use Disorder  |
| ☐ Chronic health condition  | ☐ Mental Health Disorder  |    |
| ☐ Developmental  | ☐ Physical  |

# HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

If yes, check all that apply

|  |  |
| --- | --- |
| ☐ \_\_\_\_\_\_\_\_ Medicaid  | ☐ \_\_\_\_\_\_\_\_ COBRA  |
| ☐ \_\_\_\_\_\_\_\_ Medicare  | ☐ \_\_\_\_\_\_\_\_ Private Pay Health Insurance  |
| ☐ \_\_\_\_\_\_\_\_ State Children’s Health Insurance  | ☐ \_\_\_\_\_\_\_\_ State Health Insurance for Adults  |
| ☐ \_\_\_\_\_\_\_\_ Veteran’s Health Administration (VHA)  | ☐ \_\_\_\_\_\_\_\_ Indian Health Services Program  |
| ☐ \_\_\_\_\_\_\_\_ Employer-Provided Health Insurance  | ☐ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Section 2: Complete for Head of Household and All Adults

# INCOME INFORMATION

Record each adult’s income on their own intake form. If a minor child has income, include it on the HoH’s intake.

Does the client have Income from any source?

Total Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

If yes, check all that apply and include amount per month:

|  |  |
| --- | --- |
| $\_\_\_\_\_\_\_\_ Alimony or other spousal support  | $\_\_\_\_\_\_\_\_ SSI  |
| $\_\_\_\_\_\_\_\_ Child support  | $\_\_\_\_\_\_\_\_ SSDI  |
| $\_\_\_\_\_\_\_\_ Earned income  | $\_\_\_\_\_\_\_\_ TANF  |
| $\_\_\_\_\_\_\_\_ General Assistance  | $\_\_\_\_\_\_\_\_ Unemployment Insurance  |
| $ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | $\_\_\_\_\_\_\_\_ VA non-service connected disability pension  |
| $\_\_\_\_\_\_\_\_ Pension or retirement income  | $\_\_\_\_\_\_\_\_ VA service connected disability compensation  |
| $\_\_\_\_\_\_\_\_ Private disability insurance  | $\_\_\_\_\_\_\_\_ Worker’s Compensation  |
| $\_\_\_\_\_\_\_\_ Retirement income from social security  |   |

# NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

If yes, check all that apply and include amount per month:

|  |  |  |
| --- | --- | --- |
| $\_\_\_\_\_\_\_\_ SNAP  | $\_\_\_\_\_\_\_\_ TANF Child Care Services  | $\_\_\_\_\_\_\_\_ Other TANF-Funded Services  |
| $\_\_\_\_\_\_\_\_ WIC  | $\_\_\_\_\_\_\_\_ TANF Transportation Services  | $\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# CURRENT LIVING SITUATION

**What is the client’s Current Living Situation?**

|  |  |  |
| --- | --- | --- |
| **HOMELESS SITUATION** |  | **TEMPORARY HOUSING SITUATION** |
| ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/aiport or anywhere outside) |  | ☐ Transitional housing for homeless persons (including homeless youth) |
| ☐ Emergency shelter, including hotel/motel paid for with an emergency shelter voucher, Host Home shelter |  | ☐ Residential project or halfway house with no homeless criteria |
| ☐ Safe Haven (this is a type of emergency shelter bed - not Safe Haven Family Shelter) |  | ☐ Hotel or motel paid for without emergency shelter voucher |
| **INSTITUTIONAL SITUATION** |  | ☐ Host Home (non-crisis) |
| ☐ Jail, prison, or juvenile detention facility |  | ☐ Staying or living in a friend's room, apartment, or house |
| ☐ Long-term care facility or nursing home |  | ☐ Staying or living in a family member's room, apartment, or house |
| ☐ Substance abuse treatment or detox center |  | **PERMANENT HOUSING SITUATION** |
| ☐ Foster care home or foster care group home |  | ☐ Rental by client, no ongoing housing subsidy |
| ☐ Psychiatric Hospital or other psychiatric facility |  | ☐ Rental by client, with ongoing housing subsidy |
| ☐ Hospital or other residential non-psychiatric medical facility |  | ☐ Owned by client, with ongoing housing subsidy |
| **OTHER** |  | ☐ Owned by client, no ongoing housing subsidy |
| ☐ Other |  |  |
| ☐ Worker unable to determine |  |  |
| ☐ Client doesn’t know |  |  |
| ☐ Client Prefers not to Answer |  |  |
| ☐ Data not collected |  |  |

*SUBSIDY- IF PERMANENT HOUSING*

|  |  |  |
| --- | --- | --- |
| ☐ GPD TIP Housing Subsidy | ☐ Public housing unit | ☐ Foster Youth to Independence Initiative (FYI) |
| ☐ VASH Housing Subsidy | ☐ Rental by client with other ongoing housing subsidy | ☐ Permanent Supportive Housing |
| ☐ RRH or equivalent subsidy | ☐ Emergency Housing Voucher | ☐ Other permanent housing dedicated for formerly homeless persons |
| ☐ HCV voucher (tenant or project based) (not dedicated) | ☐ Family Unification Program Voucher (FUP) |

OTHER

|  |  |  |
| --- | --- | --- |
| ☐ Client doesn’t know | ☐ Client Prefers not to Answer | ☐ Data Not Collected  |

Is the client going to have to leave their current living situation within 14 days?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer  |

If yes, answer the following questions:

Has a subsequent residence been identified?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

Does individual or family have resources or support networks to obtain other permanent housing?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

 Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |
| If yes, has the client moved 2 or more times in the last 60 days?  |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

Location details/Are of Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 3: Complete for Head of Household and All Adults

Agency Collecting Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EXIT DETAILS

If client was Inactive, what is their last known location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If client was housed, is the individual/family connected to supportive services?

|  |  |
| --- | --- |
| ☐ Yes  | ☐ No  |

If yes, please indicate the agency providing support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_