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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Is client pregnant?**

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

**If yes, does client know their approximate birth date? \_\_\_\_\_\_\_\_ If yes, projected birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer | Total Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DOMESTIC VIOLENCE INFORMATION

**Is Client a Survivor of Domestic Violence?**

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

If yes, when did experience occur?

|  |  |  |
| --- | --- | --- |
| ☐ Within the past 3 months | ☐ 6 to 12 months ago | ☐ Client doesn’t know |
| ☐ 3 to 6 months ago | ☐ More than a year ago | ☐ Client Prefers not to Answer |

If yes, is the client currently fleeing domestic violence?

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

CURRENT LIVING SITUATION

**What is the client’s Current Living Situation?** *(record at every contact)*

|  |  |  |
| --- | --- | --- |
| **HOMELESS SITUATION** |  | **TEMPORARY HOUSING SITUATION** |
| ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport 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) |

**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 Data:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CE ASSESSMENT INFORMATION

**Does the household want to work toward permanent housing?**

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

**Does the household want assistance and/or resources finding permanent housing?**

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

If client is experiencing Literal Homelessness and answered yes to both questions above, and does not

already have a VI-SPDAT, complete the appropriate VI-SPDAT.

CLIENT CONTACT INFORMATION

**Area of Town** (Street Outreach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ Mailing Address Only | ☐ Emergency Shelter Address | ☐ Transitional Housing Address | ☐ Physical Location (Rents or Owns) | ☐ Physical Location (Staying with Family or Friends) | ☐ Physical Location (Place not Meant for Habitation) |

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Social Media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_