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

# Agency/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Date: \_\_\_\_\_\_\_\_\_\_\_

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

### CLIENT INFORMATION

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Enrollment (CoC code): \_\_\_\_\_\_\_\_\_\_\_\_

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

Name Data Quality

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Full Name Reported  | ☐ Partial, Street, or Code Name Reported  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |
|  Social Security Number \_\_\_\_\_\_\_\_ -\_\_\_\_\_ - \_\_\_\_\_\_\_\_  Social Security Number Data Quality  |  |  |
| ☐ Full SSN Reported  | ☐ Approximate or Partial SSN Reported  | ☐ Client Doesn’t Know  | ☐ Client Prefers not to Answer |

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

Relationship to Head of Household

|  |  |  |
| --- | --- | --- |
| ☐ Self  | ☐ Head of household’s spouse or partner  | ☐ Other: non-relation member  |
| ☐ Head of household’s child  | ☐ Head of household’s other relation member  |   |  |  |
|  Date of Birth \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth Data Quality  |
| ☐ Full DOB Reported  | ☐ Approximate or Partial DOB Reported  | ☐ Client Doesn’t Know  |  | ☐ Client Prefers not to Answer |

 Gender (select as many as apply)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Woman (Girl, if child)  | ☐ Culturally specific Identity (e.g., Two-Spirit)  | ☐ Non-Binary | ☐ Questioning  |
| ☐ Man (Boy, if child) | ☐ Different Identity  | ☐ Transgender  |
| ☐ Client Doesn’t Know | ☐ Client prefers not to answer | ☐ Data Not Collected | If Different Identity Please Specify: |

 Race & Ethnicity

|  |  |
| --- | --- |
| ☐ American Indian, Alaska Native, or Indigenous  | ☐ White  |
| ☐ Asian or Asian American  | ☐ Client Doesn’t Know |
| ☐ Black, African American, or African  | ☐ Client Prefers Not to Answer |
| ☐ Hispanic/Latina/e/o | ☐ Data not collected |
| ☐ Middle Eastern or North African | Additional Info: |
| ☐ Native Hawaiian or Pacific Islander  |  |

 **Translation Assistance Needed (Only Complete for HoH)**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

 If yes, preferred language

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Spanish  | ☐ Arabic | ☐ Kurdish | ☐ American Sign Language (ASL) |
| ☐ Somali  | ☐ Other: |   |   |

### 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  |
| ☐ \_\_\_\_\_\_\_\_ Veterans Health Administration (VHA) | ☐ \_\_\_\_\_\_\_\_ Indian Health Services Program  |
| ☐ \_\_\_\_\_\_\_\_ Employer-Provided Health Insurance  | ☐ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

## Section 2: Complete for Head of Household and All Adults

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOMELESS HISTORY QUESTIONS

Living Situation (Check where the client stayed last night):

HOMELESS SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter | ☐ Safe Haven  |

INSTUTIONAL SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Foster care home or foster care group home | ☐ Hospital or other residential non-psychiatric medical facility  | ☐ Jail, prison, or juvenile detention facility |
| ☐ Long-term care facility or nursing home  | ☐ Psychiatric hospital or other psychiatric facility | ☐ Substance abuse treatment facility or detox center |

TEMPORARY HOUSING SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Transitional housing for homeless persons (including homeless youth) | ☐ Residential Project or halfway house with no homeless criteria | ☐ Hotel or motel paid for without emergency shelter voucher |
| ☐ Host Home (non-crisis) | ☐ Staying or living in a friend's room, apartment, or house | ☐ Staying or living in a family member's room, apartment, or house |

PERMANENT HOUSING SITUATIONS

|  |  |  |
| --- | --- | --- |
| ☐ Rental by client, no ongoing housing subsid | ☐ Rental by client, with ongoing housing subsidy | ☐ Owned by client, with ongoing housing subsidy |
| ☐ Owned by client, on ongoing housing subsidy |

*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  |

How long did the client stay there (the place they stayed last night)?

|  |  |  |
| --- | --- | --- |
| ☐ One night or less  | ☐ One week or more, but less than one month  | ☐ 90 days or more, but less than one year  |
| ☐ Two to six nights  | ☐ One month or more, but less than 90 days  | ☐ One year or longer  |

**What is the approximate start date of this episode of homelessness? \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

Regardless of where they stayed last night, total # of times (episodes) the client has been on the streets or in an emergency shelter in the past 3 years including today:

|  |  |  |
| --- | --- | --- |
| ☐ One time  | ☐ Three times  | ☐ Client doesn’t know  |
| ☐ Two times  | ☐ Four or more times  | ☐ Client Prefers not to Answer  |

 Total # of months the client has been on the street or in an emergency shelter in the past 3 years (round up):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ 1 (this is the 1st month)  | ☐ 4 months total  | ☐ 7 months total  | ☐ 10 months total  | ☐ More than 12 months  |
| ☐ 2 months total  | ☐ 5 months total  | ☐ 8 months total  | ☐ 11 months total  | ☐ Client doesn’t know  |
| ☐ 3 months total  | ☐ 6 months total  | ☐ 9 months total  | ☐ 12 months total  | ☐ Client Prefers not to Answer  |

#### 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 |

RRH Permanent Housing Move-in Date (enter at occurrence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete one form for each household member at Entry.*