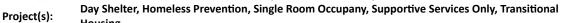
Assessment: Entry/Intake

Funder(s): HUD: CoC/ESG/ESG-RUSH/Unshelter Special NOFO/Rural Special NOFO





Applies To: Under 18

Step 1: Client Demographics

All fields with an * are required

First & Last Name:*					
Middle Name:		Alias:			
Name Data Quality:*					
☐ Full Name Reported	☐ Client Does	n't Know	☐ Data Not Collected		
□ Partial, Street, or Code Name Reported	☐ Client Prefers Not to Answer				
Social Security Number:*	-	Birth Date:* MM	/ DD / YYYY		
☐ Full SSN Reported		☐ Full DOB Reported			
☐ Approximate or Partial SSN Reported		☐ Approximate or Partial DOB Reported			
☐ Client Doesn't Know		☐ Client Doesn't Know			
☐ Client Prefers Not to Answer		☐ Client Prefers Not to Answer			
☐ Data Not Collected		☐ Data Not Collected			
	Race and Et	thnicity:*			
☐ American Indian, Alaska Native, or Indigenous	☐ Native Hawaiian or Pacific Islander		☐ Additional Race and Ethnicity		
☐ Asian or Asian American	\square White		Detail:		
☐ Black, African American, or African	an ☐ Client doesn't know				
☐ Hispanic/Latina/o	☐ Client prefers not to answer				
☐ Middle Eastern or North African ☐ Data not collected					
Sex:*					
☐ Female ☐ Client doe	☐ Client doesn't know		Data not collected		
☐ Male ☐ Client prefers not to answer					
Gender:					
☐ Woman (Girl, if child)	☐ Questioning		☐ If Different Identity, please		
☐ Man (Boy, if child)	☐ Different Identity specify:		specify:		
☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Client doesn't know					
☐ Transgender	☐ Transgender ☐ Client prefers not to answer				
□ Non-Binary □ Data not collected					
Pregnancy Status:					
□ Yes	1 🗆	No	\square Client prefers not to answer		
If Yes, Due Date:* MM / DD / Y	<u> </u>	Client doesn't know	☐ Data not collected		
Relationship to Head of Household:*					
☐ Head of Household's Child	Head of Household's Child ☐ Head of Household's Other Relation Member				
☐ Head of Household's Spouse or Partner			lember		
Step 2: Project Enrollment					
Project Start Date:* MM / DD / YYYY Case Manager:					
Step 3: Entry Assessments					
Disabling Condition:*					
☐ Yes ☐ Client do	☐ Client doesn't know ☐ Data not collected				
	☐ Client prefers not to answer				

Assessment: Entry/Intake

Funder(s): HUD: CoC/ESG/ESG-RUSH/Unshelter Special NOFO/Rural Special NOFO

Project(s): Day Shelter, Homeless Prevention, Single Room Occupany, Supportive Services Only, Transitional



Applies To: Under 18

Covered By Health Insurance*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to an	swer		
If "Yes, Covered by Health Insurance" - Specify:*				
☐ MEDICAID		☐ Health Insurance Obtained Through COBRA		
☐ MEDICARE		☐ Private Pay Health Insurance		
☐ State Children's Health Insurance (S-CHIP)		☐ State Health Insurance for Adults		
☐ Veteran's Health Administration (VHA)		☐ Indian Health Services Program		
\square Employer Provided Health Insurance		☐ Other (specify):		
Barriers (Disabling Conditions)				
Physical Disability*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		
Developmental Disability*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		
Chronic Health Condition*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a			
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a			
HIV/AIDS*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a			
Mental Health Disorder*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a			
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		
Alcohol Use Disorder*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□No	☐ Client prefers not to a	nswer		
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		
Drug Use Disorder*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		
If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently*				
□ Yes	☐ Client doesn't know	☐ Data not collected		
□ No	☐ Client prefers not to a	nswer		