

Assessment: Entry/Intake
Funder(s): HUD: CoC/ESG/ESG-RUSH/Unshelter Special NOFO/Rural Special NOFO
Project(s): Joint Component TH/RRH (RRH) & Rapid Re-Housing
Applies To: Head of Household (Primary) & Adults (18+)



Step 1: Client Demographics

All fields with an * are required

First & Last Name:*

Middle Name:

Alias:

Name Data Quality:*

☐ Full Name Reported

☐ Client Doesn't Know

☐ Data Not Collected

☐ Partial, Street, or Code Name Reported

☐ Client Prefers Not to Answer

Social Security Number:*

☐ Full SSN Reported

☐ Approximate or Partial SSN Reported

☐ Client Doesn't Know

☐ Client Prefers Not to Answer

☐ Data Not Collected

Birth Date:*

☐ Full DOB Reported

☐ Approximate or Partial DOB Reported

☐ Client Doesn't Know

☐ Client Prefers Not to Answer

☐ Data Not Collected

Race and Ethnicity:*

☐ American Indian, Alaska Native, or Indigenous

☐ Native Hawaiian or Pacific Islander

☐ Additional Race and Ethnicity Detail:

☐ Asian or Asian American

☐ White

☐ Black, African American, or African

☐ Client doesn't know

☐ Hispanic/Latina/o

☐ Client prefers not to answer

☐ Middle Eastern or North African

☐ Data not collected

Sex:*

☐ Female

☐ Client doesn't know

☐ Data not collected

☐ Male

☐ Client prefers not to answer

Gender:

☐ Woman (Girl, if child)

☐ Questioning

☐ If Different Identity, please specify:

☐ Man (Boy, if child)

☐ Different Identity

☐ Culturally Specific Identity (e.g., Two-Spirit)

☐ Client doesn't know

☐ Transgender

☐ Client prefers not to answer

☐ Non-Binary

☐ Data not collected

Pregnancy Status:

☐ Yes

☐ No

☐ Client prefers not to answer

If Yes, Due Date:*

☐ Client doesn't know

☐ Data not collected

Veteran Status:*

☐ Yes

☐ Client doesn't know

☐ Data not collected

☐ No

☐ Client prefers not to answer

Contact Information

Address:

City/State/Zip:

Email:

Phone:

Relationship to Head of Household:*

☐ Self (Head of Household)

☐ Head of Household's Spouse or Partner

☐ Other: Non-Relation Member

☐ Head of Household's Child

☐ Head of Household's Other Relation Member

Step 2: Project Enrollment

Project Start Date:*

Housing Move-In Date:*

Case Manager:

Assessment: Entry/Intake
Funder(s): HUD: CoC/ESG/ESG-RUSH/Unshelter Special NOFO/Rural Special NOFO
Project(s): Joint Component TH/RRH (RRH) & Rapid Re-Housing
Applies To: Head of Household (Primary) & Adults (18+)



Step 3: Entry Assessments

Disabling Condition:*	
☐ Yes	☐ Client doesn't know
☐ No	☐ Data not collected
Prior Living Situation*	
<i>Identify where the client slept the night before enrollment - ONLY SELECT ONE</i>	
Homeless Situations	
☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/station/airport, or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher ☐ Safe Haven	
Institutional Situations	Temporary Housing 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	☐ Residential project or halfway house with no homeless criteria ☐ Transitional housing for homeless persons (including homeless youth) ☐ 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 situation	Other
☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy ☐ Rental by client, no ongoing housing subsidy	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If "Yes, Rental by Client, with Ongoing Housing Subsidy" – Specify:*	
☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ HCV voucher (tenant or project based) (not dedicated) ☐ Public housing unit ☐ Other permanent housing dedicated for formerly homeless persons	☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing
Length of stay in prior living situation:*	
☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	☐ 90 days or more, but less than one year ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
<u>FOR INSTITUTIONAL SITUATIONS</u>	<u>FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS</u>
Did you stay less than 90 days: * ☐ Yes ☐ No	Did you stay less than 7 nights: * ☐ Yes ☐ No
<i>If "Yes, Stayed in a Temporary, Permanent or Other Situation for less than 7 nights OR Stayed in an Institutional Situation for less than 90 days</i>	
On the night before did you stay on the streets, ES, or SH:* ☐ Yes ☐ No	
<i>If "Yes, On the night before did you stay on the streets, ES, or SH" or if Prior Living Situation is "Homeless Situation"</i>	
Approximate date this episode of homelessness started:* <u>MM / DD / YYYY</u>	
Number of times the client has been on the streets, ES or Safe Haven in the last 3 years (including today):*	
☐ One Time ☐ Three Times ☐ Client prefers not to answer ☐ Data not collected ☐ Two Times ☐ Four or More Times ☐ Client doesn't know	

Assessment: Entry/Intake
Funder(s): HUD: CoC/ESG/ESG-RUSH/Unshelter Special NOFO/Rural Special NOFO
Project(s): Joint Component TH/RRH (RRH) & Rapid Re-Housing
Applies To: Head of Household (Primary) & Adults (18+)



Total number of months homeless on the streets, in ES, or SH in the past three years:*

- | | |
|--|---|
| ☐ One month (this time is the first month) | ☐ Client doesn't know |
| ☐ 2-12 months (specify number of months): _____ | ☐ Client prefers not to answer |
| ☐ More than 12 months | ☐ Data not collected |

Covered By Health Insurance*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

*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 |

Barriers (Disabling Conditions)

Physical Disability*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

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 answer | |

Developmental Disability*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Chronic Health Condition*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

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 answer | |

HIV/AIDS*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Mental Health Disorder*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

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 answer | |

Alcohol Use Disorder*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

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 answer | |

Drug Use Disorder*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Assessment: Entry/Intake
Funder(s): HUD: CoC/ESG/ESG-RUSH/Unshelter Special NOFO/Rural Special NOFO
Project(s): Joint Component TH/RRH (RRH) & Rapid Re-Housing
Applies To: Head of Household (Primary) & Adults (18+)



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 answer | |

Survivor of Domestic Violence*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

If "Yes, Survivor of Domestic Violence"

When experience occurred:*

- | | |
|--|---|
| ☐ Within the past three months | ☐ Client doesn't know |
| ☐ Three to six months ago (excluding six months exactly) | ☐ Client prefers not to answer |
| ☐ Six months to one year ago (excluding one year exactly) | ☐ Data not collected |
| ☐ One year ago, or more | |

Are you currently fleeing?:*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Income from Any Source*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

*If "Yes, Income from Any Source" – Specify Type & Monthly Amount:**

- | | |
|---|------------------|
| ☐ Earned Income | Amount: \$ _____ |
| ☐ Unemployment Insurance | Amount: \$ _____ |
| ☐ Supplemental Security Income (SSI) | Amount: \$ _____ |
| ☐ Social Security Disability Insurance (SSDI) | Amount: \$ _____ |
| ☐ VA Service-Connected Disability Compensation | Amount: \$ _____ |
| ☐ VA Non-Service-Connected Disability Pension | Amount: \$ _____ |
| ☐ Private disability insurance | Amount: \$ _____ |
| ☐ Worker's Compensation | Amount: \$ _____ |
| ☐ Temporary Assistance for Needy Families (TANF) | Amount: \$ _____ |
| ☐ General Assistance (GA) | Amount: \$ _____ |
| ☐ Retirement income from Social Security | Amount: \$ _____ |
| ☐ Pension or retirement income from a former job | Amount: \$ _____ |
| ☐ Child support | Amount: \$ _____ |
| ☐ Alimony and other spousal support | Amount: \$ _____ |
| ☐ Other income source (specify): _____ | Amount: \$ _____ |

Non-Cash Benefits from Any Source*

- | | | |
|------------------------------|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

*If "Yes, Non-Cash from Any Source" – Specify Type & Monthly Amount:**

- | | |
|---|------------------|
| ☐ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | Amount: \$ _____ |
| ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | Amount: \$ _____ |
| ☐ TANF Child Care services | Amount: \$ _____ |
| ☐ TANF transportation services | Amount: \$ _____ |
| ☐ Other TANF-funded services | Amount: \$ _____ |
| ☐ Other source (specify): _____ | Amount: \$ _____ |