

Assessment: Entry/Intake
Funder(s): HUD: ESG/ESG RUSH
Project(s): Emergency Shelter Entry-Exit
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:*		
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Partial, Street, or Code Name Reported	<input type="checkbox"/> Client Prefers Not to Answer	
Social Security Number:* _____ - _____ - _____		Birth Date:* <u>MM</u> / <u>DD</u> / <u>YYYY</u>
<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Full DOB Reported	
<input type="checkbox"/> Approximate or Partial SSN Reported	<input type="checkbox"/> Approximate or Partial DOB Reported	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Prefers Not to Answer	
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	
Race and Ethnicity:*		
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Additional Race and Ethnicity Detail:
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White	
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Hispanic/Latina/o	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Data not collected	
Sex:*		
<input type="checkbox"/> Female	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Male	<input type="checkbox"/> Client prefers not to answer	
Gender:		
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning	<input type="checkbox"/> If Different Identity, please specify:
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity	
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Data not collected	
Pregnancy Status:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
If Yes, Due Date: * <u>MM</u> / <u>DD</u> / <u>YYYY</u>	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
Veteran Status:*		
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer	
Contact Information		
Address: _____		City/State/Zip: _____
Email: _____		Phone: _____
Relationship to Head of Household:*		
<input type="checkbox"/> Self (Head of Household)	<input type="checkbox"/> Head of Household's Spouse or Partner	<input type="checkbox"/> Other: Non-Relation Member
<input type="checkbox"/> Head of Household's Child	<input type="checkbox"/> Head of Household's Other Relation Member	

Step 2: Project Enrollment

Project Start Date: * <u>MM</u> / <u>DD</u> / <u>YYYY</u>	Case Manager: _____
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Step 3: Entry Assessments

Disabling Condition:*	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Data not collected	
Prior Living Situation*	
<i>Identify where the client slept the night before enrollment - ONLY SELECT ONE</i>	
Homeless Situations	
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/station/airport, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	
Institutional Situations	Temporary Housing Situations
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house
Permanent Housing situation	Other
<input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
<i>If "Yes, Rental By Client, with Ongoing Housing Subsidy" – Specify:*</i>	
<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing
Length of stay in prior living situation:*	
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Approximate date this episode of homelessness started:*	
_____ / _____ / _____	
Number of times the client has been on the streets, ES or Safe Haven in the last 3 years (including today):*	
<input type="checkbox"/> One Time <input type="checkbox"/> Two Times	<input type="checkbox"/> Three Times <input type="checkbox"/> Four or More Times <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Total number of months homeless on the streets, in ES, or SH in the past three years:*	
<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2-12 months (specify number of months): _____ <input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

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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:**

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

- | | |
|---|------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | Amount: \$ _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | Amount: \$ _____ |
| <input type="checkbox"/> TANF Child Care services | Amount: \$ _____ |
| <input type="checkbox"/> TANF transportation services | Amount: \$ _____ |
| <input type="checkbox"/> Other TANF-funded services | Amount: \$ _____ |
| <input type="checkbox"/> Other source (<i>specify</i>): _____ | Amount: \$ _____ |