

Assessment: Entry/Intake
 Funder(s): HUD: CoC/ESG/ESG-RUSH/Rural Special NOFO/Unsheltered Special NOFO
 Project(s): Street Outreach
 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:*

MM / DD / YYYY

☐ 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:*

MM / DD / YYYY

☐ 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:*

MM / DD / YYYY

Date of Engagement:

MM / DD / YYYY

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
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
If "Yes, Rental by Client, with Ongoing Housing Subsidy" – Specify:*	
<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:*	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> / <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> / <div style="border-bottom: 1px solid black; width: 40px;"></div> </div>	
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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Covered By Health Insurance*

- | | | |
|------------------------------|---|---|
| <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 | |

*If "Yes, Covered by Health Insurance" - Specify:**

- | | |
|---|--|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Insurance Obtained Through COBRA |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> State Children's Health Insurance (S-CHIP) | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Veteran's Health Administration (VHA) | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer Provided Health Insurance | <input type="checkbox"/> Other (specify): _____ |

Barriers (Disabling Conditions)

Physical Disability*

- | | | |
|------------------------------|---|---|
| <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 | |

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently"**

- | | | |
|------------------------------|---|---|
| <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 | |

Developmental Disability*

- | | | |
|------------------------------|---|---|
| <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 | |

Chronic Health Condition*

- | | | |
|------------------------------|---|---|
| <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 | |

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently"**

- | | | |
|------------------------------|---|---|
| <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 | |

HIV/AIDS*

- | | | |
|------------------------------|---|---|
| <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 | |

Mental Health Disorder*

- | | | |
|------------------------------|---|---|
| <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 | |

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently"**

- | | | |
|------------------------------|---|---|
| <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 | |

Alcohol Use Disorder*

- | | | |
|------------------------------|---|---|
| <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 | |

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently"**

- | | | |
|------------------------------|---|---|
| <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 | |

Drug Use Disorder*

- | | | |
|------------------------------|---|---|
| <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 | |

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently"**

- | | | |
|------------------------------|---|---|
| <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 | |

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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

Current Living Situation*

*Identify where the client slept the night before enrollment - **ONLY SELECT ONE***

Homeless Situation

- ☐ 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 Situation

- ☐ 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

- ☐ 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

- ☐ 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

Other

- ☐ 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 ☐ Rental by client, with other ongoing housing subsidy
☐ VASH housing subsidy ☐ Housing Stability Voucher
☐ RRH or equivalent subsidy ☐ Family Unification Program Voucher (FUP)
☐ HCV voucher (tenant or project based) (not dedicated) ☐ Foster Youth to Independence Initiative (FYI)
☐ Public housing unit ☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons

FOR ALL NON-HOMELESS CURRENT LIVING SITUATION RESPONSES:

Is client going to have to leave their current living situation within 14 days?*

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

If "Yes, Client Will Have to Leave in 14 Days":

Has a subsequent residence been identified?*

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

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Does individual or family have resources or support networks to obtain other permanent housing?*

- | | | |
|------------------------------|---|---|
| <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 | |

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?*

- | | | |
|------------------------------|---|---|
| <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 | |

Has the client moved 2 or more times in the last 60 days?*

- | | | |
|------------------------------|---|---|
| <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 | |

Location Details: _____