

Assessment: Entry/Intake
Funder(s): VA: GPD
Project(s): Bridge Housing, Clinical Treatment, Hospital to Housing, Service Intensive TH, Transition in Place
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 ☐ Partial, Street, or Code Name Reported	☐ Client Doesn't Know ☐ Client Prefers Not to Answer	☐ Data Not Collected
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 ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o ☐ Middle Eastern or North African	☐ Native Hawaiian or Pacific Islander ☐ White ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	☐ Additional Race and Ethnicity Detail: _____
Sex:*		
☐ Female ☐ Male	☐ Client doesn't know ☐ Client prefers not to answer	☐ Data not collected
Gender:		
☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender ☐ Non-Binary	☐ Questioning ☐ Different Identity ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	☐ If Different Identity, Please Specify: _____
Pregnancy Status:		
☐ Yes If Yes, Due Date: * ____/____/____	☐ No ☐ Client doesn't know	☐ Client prefers not to answer ☐ Data not collected
Veteran Status:*		
☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer	☐ Data not collected
Contact Information		
Address: _____		City/State/Zip: _____
Email: _____		Phone: _____
Relationship to Head of Household:*		
☐ Self (Head of Household) ☐ Head of Household's Child	☐ Head of Household's Spouse or Partner ☐ Head of Household's Other Relation Member	☐ Other: Non-Relation Member

Step 2: Project Enrollment

Project Start Date:* ____/____/____	Case Manager: _____
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Step 3: Entry Assessments

Disabling Condition:*	
☐ Yes	☐ Client doesn't know
☐ No	☐ Client prefers not to answer
VAMC Station Number:* (549) Dallas, TX	
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
FOR INSTITUTIONAL SITUATIONS	FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS
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" of if Prior Living Situation was a "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 ☐ Two Times	☐ Three Times ☐ Four or More Times
☐ Client prefers not to answer ☐ Data not collected ☐ Client doesn't know	

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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 |
| ☐ Employer Provided Health Insurance | ☐ Other (specify): _____ |

VETERAN INFORMATION:

Branch of the Military:*

- | | | |
|------------------------------------|--------------------------------------|---|
| ☐ Army | ☐ Marines | ☐ Client doesn't know |
| ☐ Air Force | ☐ Coast Guard | ☐ Client prefers not to answer |
| ☐ Navy | ☐ Space Force | ☐ Data not collected |

Discharge Status:*

- | | | |
|--|--|---|
| ☐ Honorable | ☐ Bad Conduct | ☐ Client doesn't know |
| ☐ General under honorable conditions | ☐ Dishonorable | ☐ Client prefers not to answer |
| ☐ Other than honorable conditions (OTH) | ☐ Uncharacterized | ☐ Data not collected |

Military Service Dates:

Service Entry Date:* ____/____/____ **Service Exit Date:*** ____/____/____

Theatre(s) of Operation:

For each Theatre of Operation select a value (Yes/No/Client Doesn't Know/Client Refused/Data Not Collected)

Theatre of Operations: World War I*

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

Theatre of Operations: World War II*

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

Theatre of Operations: Korean War*

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

Theatre of Operations: Vietnam War*

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

Theatre of Operations: Persian Gulf War (Operation Desert Storm)*

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

Theatre of Operations: Afghanistan (Operation Enduring Freedom)*

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

Theatre of Operations: Iraq (Operation Iraqi Freedom)*

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

Theatre of Operations: Iraq (Operation New Dawn)*

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

Theatre of Operations: Other Peace-keeping Operations or Military Interventions (e.g. Lebanon, Panama, Somalia)*

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

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Connection with SOAR*

Has client been connected to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, regardless of whether that connection was established by the PATH provider or not.

- ☐ 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: \$ _____ |

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Employment Assessment

Employed:*

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

*If Yes, "Employed":**

Type of Employment:*

☐ Full-Time ☐ Part-Time ☐ Seasonal/sporadic (includes day labor)

*If No, "Why Not Employed":**

Why Not Employed:*

☐ Looking for work ☐ Unable to work ☐ Not looking for work