Assessment: Entry/Intake
Funder(s): VA: GPD
Project(s): Case Management/Housing Retention
Applies To: Accompanied Youth - Under 18

HOUSING FORWARD

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:* __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
☐ 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:* __MM__/__DD__/__YYYY____
☐ No
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Relationship to 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:* __MM__/__DD__/__YYYY___ Case Manager: _____

Step 3: Entry Assessments

Revised: September 2025

HOUSING FORWARD

Disabling Condition:*

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

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):_____

Revised: September 2025