Assessment: **Entry/Intake**
Funder(s):   **VA: GPD**
Project(s):   **Low Demand**
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   ☐ Client Doesn't Know   ☐ Data Not Collected

☐ Partial, Street, or Code Name Reported   ☐ Client Prefers Not to Answer

Social Security Number:* _____ - _____ - _____   **Birth Date:*** __MM__/__DD__/__YYYY__

☐ Full SSN Reported	☐ Full DOB Reported
☐ Approximate or Partial SSN Reported	☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know	☐ Client Doesn't Know
☐ Client Prefers Not to Answer	☐ Client Prefers Not to Answer
☐ Data Not Collected	☐ 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

Relationship to Head of Household:*

☐ Head of Household's Child   ☐ Head of Household's Other Relation Member

☐ Head of Household's Spouse or Partner   ☐ Other: Non-Relation Member

Step 2: Project Enrollment

Project Start Date:* __MM__/__DD__/__YYYY__   Case Manager: _____

Assessment: **Entry/Intake**
Funder(s):   **VA: GPD**
Project(s):   **Low Demand**
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HOUSING FORWARD

Step 3: Entry Assessments

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