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





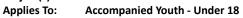
Step 1: Client Demographics

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			
\square Partial, Street, or Code Name Reported	rtial, Street, or Code Name Reported			
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:*				
\square American Indian, Alaska Native, or Indigenous	☐ Native Haw	aiian or Pacific Islander	☐ Additional Race and Ethnicity	
☐ Asian or Asian American	☐ White		Detail:	
☐ Black, African American, or African ☐ Client does				
☐ Hispanic/Latina/o ☐ Client prefe		ers not to answer		
☐ Middle Eastern or North African ☐ Data not collected				
Sex:*				
☐ Female ☐ Client doe			Data not collected	
☐ Male ☐ Client prefers not to answer				
Gender:				
☐ Woman (Girl, if child)	☐ Questioning		\square If Different Identity, Please	
☐ Man (Boy, if child)	☐ Different Identity		Specify:	
☐ Culturally Specific Identity (e.g., Two-Spirit)	☐ Client doesn't know			
☐ Transgender	☐ Client prefers not to answer			
☐ Non-Binary	☐ Data not co			
Pregnancy Status:				
☐ Yes		•	☐ Client prefers not to answer	
If Yes, Due Date:* MM / DD /	•	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		

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Step 3: Entry Assessments

Disabling Condition:*			
☐ Yes	☐ Client doesn't know	☐ Data not collected	
□ No	☐ Client prefers not to ar	swer	
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):	