

Assessment: Entry/Intake
Funder(s): VA: HCHV/HCHV CRS
Project(s): Low Demand Safe Haven, Emergency Shelter E/E
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:*

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Name Reported | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Partial, Street, or Code Name Reported | <input type="checkbox"/> 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:* ____/____/____

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

Race and Ethnicity:*

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Additional Race and Ethnicity Detail: |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White | |
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Hispanic/Latina/o | <input type="checkbox"/> Client prefers not to answer | |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Data not collected | |

Sex:*

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Male | <input type="checkbox"/> Client prefers not to answer | |

Gender:

- | | | |
|--|---|---|
| <input type="checkbox"/> Woman (Girl, if child) | <input type="checkbox"/> Questioning | <input type="checkbox"/> If Different Identity, Please Specify: |
| <input type="checkbox"/> Man (Boy, if child) | <input type="checkbox"/> Different Identity | |
| <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Client prefers not to answer | |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Data not collected | |

Pregnancy Status:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |
| If Yes, Due Date:* ____/____/____ | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |

Veteran Status:*

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

Contact Information

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Relationship to Head of Household:*

- | | | |
|--|--|---|
| <input type="checkbox"/> Self (Head of Household) | <input type="checkbox"/> Head of Household's Spouse or Partner | <input type="checkbox"/> Other: Non-Relation Member |
| <input type="checkbox"/> Head of Household's Child | <input type="checkbox"/> Head of Household's Other Relation Member | |

Step 2: Project Enrollment

Project Start Date:* ____/____/____ 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
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	
<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 prefers not to answer <input type="checkbox"/> Data not collected <input type="checkbox"/> Client doesn't know	
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): _____ |

VETERAN INFORMATION:

Branch of the Military:*

- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marines | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force | <input type="checkbox"/> Data not collected |

Discharge Status:*

- | | | |
|--|--|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad Conduct | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Other than honorable conditions (OTH) | <input type="checkbox"/> Uncharacterized | <input type="checkbox"/> Data not collected |

Military Service Dates:

Service Entry Date:* __MM__ / __DD__ / __YYYY__

Service Exit Date:* __MM__ / __DD__ / __YYYY__

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*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

Theatre of Operations: World War II*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

Theatre of Operations: Korean War*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

Theatre of Operations: Vietnam War*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

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

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

Theatre of Operations: Afghanistan (Operation Enduring Freedom)*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

Theatre of Operations: Iraq (Operation Iraqi Freedom)*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

Theatre of Operations: Iraq (Operation New Dawn)*

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
|------------------------------|-----------------------------|---|--|---|

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

- | | | | | |
|------------------------------|-----------------------------|---|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> 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:**

- | | |
|---|------------------|
| <input type="checkbox"/> Earned Income | Amount: \$ _____ |
| <input type="checkbox"/> Unemployment Insurance | Amount: \$ _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | Amount: \$ _____ |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | Amount: \$ _____ |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | Amount: \$ _____ |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension | Amount: \$ _____ |
| <input type="checkbox"/> Private disability insurance | Amount: \$ _____ |
| <input type="checkbox"/> Worker's Compensation | Amount: \$ _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | Amount: \$ _____ |
| <input type="checkbox"/> General Assistance (GA) | Amount: \$ _____ |
| <input type="checkbox"/> Retirement income from Social Security | Amount: \$ _____ |
| <input type="checkbox"/> Pension or retirement income from a former job | Amount: \$ _____ |
| <input type="checkbox"/> Child support | Amount: \$ _____ |
| <input type="checkbox"/> Alimony and other spousal support | Amount: \$ _____ |
| <input type="checkbox"/> 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:**

- | | |
|---|------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | Amount: \$ _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | Amount: \$ _____ |
| <input type="checkbox"/> TANF Child Care services | Amount: \$ _____ |
| <input type="checkbox"/> TANF transportation services | Amount: \$ _____ |
| <input type="checkbox"/> Other TANF-funded services | Amount: \$ _____ |
| <input type="checkbox"/> 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