

Assessment: Entry/Intake  
Funder(s): HUD: HOPWA  
Project(s): Hotel/Motel Vouchers, Short-Term Supportive Facility  
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 ☐ Client Doesn't Know ☐ Data Not Collected  
☐ Partial, Street, or Code Name Reported ☐ 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:\* 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 ☐ 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

### Veteran Status:\*

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

### Contact Information

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Relationship to Head of Household:\*

- ☐ Self (Head of Household) ☐ Head of Household's Spouse or Partner ☐ Other: Non-Relation Member  
☐ Head of Household's Child ☐ Head of Household's Other Relation Member

## Step 2: Project Enrollment

Project Start Date:\* MM / DD / YYYY

Case Manager: \_\_\_\_\_

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### Step 3: Entry Assessments

<b>Disabling Condition:*</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Data not collected
<b>Prior Living Situation*</b>	
<i>Identify where the client slept the night before enrollment - <b>ONLY SELECT ONE</b></i>	
<b>Homeless Situations</b>	
<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	
<b>Institutional Situations</b>	<b>Temporary Housing Situations</b>
<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
<b>Permanent Housing situation</b>	<b>Other</b>
<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
<b>If "Yes, Rental by Client, with Ongoing Housing Subsidy" – Specify:*</b>	
<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
<b>Length of stay in prior living situation:*</b>	
<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
<b>Approximate date this episode of homelessness started:*</b>	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <span style="margin: 0 5px;">/</span> <div style="border-bottom: 1px solid black; width: 50px;"></div> </div>	
<b>Number of times the client has been on the streets, ES or Safe Haven in the last 3 years (including today):*</b>	
<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	
<b>Total number of months homeless on the streets, in ES, or SH in the past three years:*</b>	
<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\*

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

**Indicate type of Insurance the client does OR does not have AND why they don't have that type of Insurance:**

#### MEDICAID

- ☐ Yes ☐ No

*If "No" for Medicaid, Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### MEDICARE

- ☐ Yes ☐ No

*If "No" for Medicare, Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### State Children's Health Insurance (S-CHIP)

- ☐ Yes ☐ No

*If "No" for State Children's Health Insurance (CHIP), Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### Veteran's Health Administration (VHA)

- ☐ Yes ☐ No

*If "No" for Veteran's Health Administration (VHA), Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### Employer Provided Health Insurance

- ☐ Yes ☐ No

*If "No" for Employer Provided Health Insurance, Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### Health Insurance Obtained Through COBRA

- ☐ Yes ☐ No

*If "No" for Health Insurance Obtained Through COBRA, Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### Private Pay Health Insurance

- ☐ Yes ☐ No

*If "No" for Private Pay Health Insurance, Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### State Health Insurance for Adults

- ☐ Yes ☐ No

*If "No" for State Health Insurance for Adults, Reason why*

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

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### Indian Health Services Program

☐ Yes ☐ No

*If "No" for Indian Health Services Program, Reason why*

☐ Applied; decision pending    ☐ Client did not apply    ☐ Client doesn't know    ☐ Data not collected  
☐ Applied; client not eligible    ☐ Insurance type N/A for this client    ☐ Client prefers not to answer

### Other

☐ Yes ☐ No

*If "Yes, Other", Specify: \_\_\_\_\_*

*If "No" for Other, Reason why*

☐ Applied; decision pending    ☐ Client did not apply    ☐ Client doesn't know    ☐ Data not collected  
☐ Applied; client not eligible    ☐ Insurance type N/A for this client    ☐ Client prefers not to answer

### Barriers (Disabling Conditions)

#### Physical Disability\*

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

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently?"*

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

#### Developmental Disability\*

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

#### Chronic Health Condition\*

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

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently?"*

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

#### HIV/AIDS\*

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

#### Mental Health Disorder\*

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

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently?"*

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

#### Alcohol Use Disorder\*

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

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently?"*

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

#### Drug Use Disorder\*

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

*If "Yes, is it Expected to be of Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently?"*

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

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### 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

### Medical Assistance

\*\*\*Complete only if client select "Yes, HIV/AIDS"\*\*\*

#### Receiving AIDS Drug Assistance Program (ADAP)\*

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

*If No for "Receiving AIDS Drug Assistance Program (ADAP)", Reason why:\**

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

#### Receiving Ryan White-funded Medical or Dental Assistance\*

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

*If No for "Receiving Ryan White-funded Medical or Dental Assistance", Reason why:\**

- ☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected  
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

### T-Cell (CD4) and Viral Load

\*\*\*Complete only if client select "Yes, HIV/AIDS"\*\*\*

#### T-Cell (CD4) Count Available\*

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

*If "Yes" for T-Cell (CD4) Count Available*

#### T-Cell Count (0 – 1500):

How was the information obtained: ☐ Medical Report ☐ Client Reports ☐ Other

#### Viral Load Information Available\*

- ☐ Not Available ☐ Undetectable ☐ Client prefers not to answer  
☐ Available ☐ Client doesn't know ☐ Data not collected

*If "Yes" for Viral Load Information Available*

#### Viral Load Count (0 – 999999):

How was the information obtained: ☐ Medical Report ☐ Client Reports ☐ Other

### Prescribed Anti-Retroviral

\*\*\*Complete only if client select "Yes, HIV/AIDS"\*\*\*

#### Has the participant been prescribed anti-retroviral drugs?\*

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

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### 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: \$ _____ |