

Assessment: Entry/Intake  
Funder(s): HUD: HUD/VASH  
Project(s): HUD/VASH (PH)  
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                  |  |

### 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"/> Data not collected           |
| <input type="checkbox"/> Client doesn't know |                             |   |

### 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:\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing Move-In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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"/> Client prefers not to answer
<b>VAMC Station Number:*</b> (549) Dallas, TX	
<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>FOR INSTITUTIONAL SITUATIONS</b>	<b>FOR TEMPORARY, PERMANENT, &amp; OTHER SITUATIONS</b>
<b>Did you stay less than 90 days: *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Did you stay less than 7 nights: *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes, Stayed in a Temporary, Permanent or Other Situation for less than 7 nights <b>OR</b> Stayed in an Institutional Situation for less than 90 days</i>	
<b>On the night before did you stay on the streets, ES, or SH:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If "Yes, On the night before did you stay on the streets, ES, or SH" or if Prior Living Situation was a "Homeless Situation"</i>	
<b>Approximate date this episode of homelessness started:*</b> <u>MM</u> / <u>DD</u> / <u>YYYY</u>	
<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	

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**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"/> Client doesn't know          |
| <input type="checkbox"/> 2-12 months (specify number of months): _____ | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> More than 12 months                           | <input type="checkbox"/> Data not collected           |

**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:\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Service Exit Date:\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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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### 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: \$ _____ |

### Employment Assessment

#### Employed:\*

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

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*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

**Education Assessment**

**Last Grade Completed:\***

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than Grade 5            | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Graduate degree              |
| <input type="checkbox"/> Grades 5-6                   | <input type="checkbox"/> GED                                       | <input type="checkbox"/> Vocational Certification     |
| <input type="checkbox"/> Grades 7-8                   | <input type="checkbox"/> Some college                              | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Grades 9-11                  | <input type="checkbox"/> Associate's degree                        | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Grade 12/High school diploma | <input type="checkbox"/> Bachelor's degree                         | <input type="checkbox"/> Data Not Collected           |

**Health Assessment**

**General Health Status:\***

- |                                    |                               |  |   |
|------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor                | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data not collected           |

**Dental Health Status:**

- |                                    |                               |  |   |
|------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor                | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data not collected           |

**Mental Health Status:**

- |                                    |                               |  |   |
|------------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor                | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Data not collected           |