Assessment: Entry/Intake
Funder(s): VA: SSVF
Project(s): Prevention
Applies To: Head of Household (Primary) & Adults (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
☐ Partial, Street, or Code Name Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

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
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic/Latina/o
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected
☐ Additional Race and Ethnicity Detail:

Sex:*

☐ Female
☐ Male
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Gender:

☐ Woman (Girl, if child)
☐ Man (Boy, if child)
☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender
☐ Non-Binary
☐ Questioning
☐ Different Identity
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected
☐ If Different Identity, Please Specify:

Pregnancy Status:

☐ Yes
If Yes, Due Date:* __MM__/__DD__/__YYYY____
☐ No
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Veteran Status:*

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

Contact Information

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Relationship to Head of Household:*

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

Step 2: Project Enrollment

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

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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

Household Income as a Percentage of AMI:*

☐ 30% or Less ☐ 31% - 50% ☐ 51% - 80% ☐ 80% or greater

VAMC Station Number:* (549) Dallas, TX

Mental Health Consultation:*

☐ Mental Health Consultation Being Coordinated/Arranged with **VA** Provider ☐ Mental Health Consultation Completed
☐ Mental Health Consultation Being Coordinated/Arranged with **Other** Provider ☐ Offer Declined

Prior Living Situation*

*Identify where the client slept the night before enrollment - **ONLY SELECT ONE***

Homeless Situations

☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/station/airport, or anywhere outside)
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐ Safe Haven

Institutional Situations	Temporary Housing Situations
☐ Foster care home or foster care group home	☐ Residential project or halfway house with no homeless criteria
☐ Hospital or other residential non-psychiatric medical facility	☐ Transitional housing for homeless persons (including homeless youth)
☐ Jail, prison, or juvenile detention facility	☐ Hotel or motel paid for without emergency shelter voucher
☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living in a friend's room, apartment, or house
☐ Substance abuse treatment facility or detox center	☐ Staying or living in a family member's room, apartment, or house

Permanent Housing situation	Other
☐ Owned by client, with ongoing housing subsidy	☐ Client doesn't know
☐ Owned by client, no ongoing housing subsidy	☐ Client prefers not to answer
☐ Rental by client, with ongoing housing subsidy	☐ Data not collected
☐ Rental by client, no ongoing housing subsidy	

*If "Yes, Rental by Client, with Ongoing Housing Subsidy" – **Specify**:**

☐ GPD TIP housing subsidy	☐ Rental by client, with other ongoing housing subsidy
☐ VASH housing subsidy	☐ Housing Stability Voucher
☐ RRH or equivalent subsidy	☐ Family Unification Program Voucher (FUP)
☐ HCV voucher (tenant or project based) (not dedicated)	☐ Foster Youth to Independence Initiative (FYI)
☐ Public housing unit	☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons	

Length of stay in prior living situation:*

☐ One night or less	☐ 90 days or more, but less than one year
☐ Two to six nights	☐ Client doesn't know
☐ One week or more, but less than one month	☐ Client prefers not to answer
☐ One month or more, but less than 90 days	☐ Data not collected

FOR INSTITUTIONAL SITUATIONS	*FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS*
Did you stay less than 90 days: * ☐ Yes ☐ No	**Did you stay less than 7 nights:** * ☐ Yes ☐ No

*If "Yes, Stayed in a Temporary, Permanent or Other Situation for less than 7 nights **OR** Stayed in an Institutional Situation for less than 90 days*

On the night before did you stay on the streets, ES, or SH:* ☐ Yes ☐ No

If "Yes, On the night before did you stay on the streets, ES, or SH"

Approximate date this episode of homelessness started:* MM / DD / YYYY

Number of *times* the client has been on the streets, ES or Safe Haven in the last 3 years (including today):*

☐ One Time ☐ Three Times ☐ Client prefers not to answer ☐ Data not collected
☐ Two Times ☐ Four or More Times ☐ Client doesn't know

Total number of months homeless on the streets, in ES, or SH in the past three years:*

☐ One month (this time is the first month) ☐ Client doesn't know
☐ 2-12 months (specify number of months): _____ ☐ Client prefers not to answer
☐ More than 12 months ☐ Data not collected

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):_____

VETERAN INFORMATION:

Branch of the Military:*

☐ Army ☐ Marines ☐ Client doesn't know
☐ Air Force ☐ Coast Guard ☐ Client prefers not to answer
☐ Navy ☐ Space Force ☐ Data not collected

Discharge Status:*

☐ Honorable ☐ Bad Conduct ☐ Client doesn't know
☐ General under honorable conditions ☐ Dishonorable ☐ Client prefers not to answer
☐ Other than honorable conditions (OTH) ☐ Uncharacterized ☐ 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*

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

Theatre of Operations: World War II*

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

Theatre of Operations: Korean War*

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

Theatre of Operations: Vietnam War*

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

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

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

Theatre of Operations: Afghanistan (Operation Enduring Freedom)*

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

Theatre of Operations: Iraq (Operation Iraqi Freedom)*

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

Theatre of Operations: Iraq (Operation New Dawn)*

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

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

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

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:***

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

☐ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) Amount: $_____
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Amount: $_____
☐ TANF Child Care services Amount: $_____
☐ TANF transportation services Amount: $_____
☐ Other TANF-funded services Amount: $_____
☐ Other source *(specify):*_____ Amount: $_____

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HP Targeting Criteria

Is Homeless Prevention targeting screening required?:*

☐ Yes ☐ No

If "Yes, HP Screening Required":

Housing loss expected within:*

☐ 1-6 Days ☐ 7-13 Days ☐ 14-21 Days ☐ More than 21 Days

Current household income:*

☐ $0 (i.e., not employed, not receiving cash benefits, no other current income)
☐ 1-14% of Area Median Income (AMI) for household size
☐ 15-30% of AMI for household size
☐ More than 30% of AMI for household size

Past experience of homelessness? (street/shelter/transitional housing) (<u>any adult</u>):*

☐ Most recent episode occurred within the last year ☐ None
☐ Most recent episode occurred more than one year ago

Head of Household is not a current leaseholder/renter of unit:*

☐ Yes ☐ No

Head of Household has never been a leaseholder/renter of unit:*

☐ Yes ☐ No

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (<u>household</u>):*

☐ Yes ☐ No

Rental Evictions within the past 7 years (<u>any adult</u>):*

☐ No prior rental evictions ☐ 1 prior rental eviction ☐ 2 or more prior rental evictions

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property:*

☐ Yes ☐ No

Incarcerated As Adult (<u>any adult in household</u>):*

☐ Not incarcerated ☐ Incarcerated once ☐ Incarcerated two or more times

Discharged from jail or prison within last six months after incarceration of 90 days or more (<u>adults</u>):*

☐ Yes ☐ No

Registered sex offender (<u>any household members</u>):*

☐ Yes ☐ No

Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing:*

☐ Yes ☐ No

Currently pregnant (<u>any household member</u>):*

☐ Yes ☐ No

Single parent/guardian household with minor child(ren):*

☐ Yes ☐ No

Household includes one or more young children (age six or under), or a child who requires significant care:*

☐ No ☐ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care
☐ Youngest child is under 1 year old

Household size of 5 or more requiring at least 3 bedrooms (due to household composition):*

☐ Yes ☐ No

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Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC:*

☐ Yes ☐ No

HP applicant total points: ***WILL AUTO POPULATE***

Grantee targeting threshold score:_____

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

Adult Education Assessment

Last Grade Completed:*

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