

Assessment: Entry/Intake
Funder(s): VA: SSVF
Project(s): Rapid Rehousing
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

☐ Asian or Asian American

☐ White

Detail:

☐ 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

☐ 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 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

Housing Move-In Date:

MM / DD / YYYY

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
Household Income as a Percentage of AMI:*	
<input type="checkbox"/> 30% or Less	<input type="checkbox"/> 31% - 50%
<input type="checkbox"/> 51% - 80%	<input type="checkbox"/> 80% or greater
VAMC Station Number:* (549) Dallas, TX	
Mental Health Consultation:*	
<input type="checkbox"/> Mental Health Consultation Being Coordinated/Arranged with VA Provider	<input type="checkbox"/> Mental Health Consultation Completed
<input type="checkbox"/> Mental Health Consultation Being Coordinated/Arranged with Other Provider	<input type="checkbox"/> Offer Declined
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
FOR INSTITUTIONAL SITUATIONS	FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS
Did you stay less than 90 days: * <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you stay less than 7 nights: * <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>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</i>	
On the night before did you stay on the streets, ES, or SH:* <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If "Yes, On the night before did you stay on the streets, ES, or SH"</i>	
Approximate date this episode of homelessness started:*	
<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 10px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 10px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	

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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"/> Three Times | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Four or More Times | <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"/> 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: * 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

Adult Education Assessment

Last Grade Completed:*

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