

Assessment: Entry/Intake
Funder(s): HUD: CoC - YHDP
Project(s): Street Outreach
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 | 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 | 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:*(18 and Older)

- | | | |
|------------------------------|---|---|
| <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:* ____/____/____

Date of Engagement: ____/____/____ Case Manager: _____

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Step 3: Entry Assessments

Disabling Condition:*

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

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

- ☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center

Temporary Housing Situations

- ☐ Residential project or halfway house with no homeless criteria
☐ Transitional housing for homeless persons (including homeless youth)
☐ Hotel or motel paid for without emergency shelter voucher
☐ Host Home (non-crisis)
☐ Staying or living in a friend's room, apartment, or house
☐ Staying or living in a family member's room, apartment, or house

Permanent Housing situation

- ☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Rental by client, with ongoing housing subsidy
☐ Rental by client, no ongoing housing subsidy

Other

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

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

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

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*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): _____ |

Barriers (Disabling Conditions)

Physical Disability*

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

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

Developmental Disability*

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

Chronic Health Condition*

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

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

HIV/AIDS*

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

Mental Health Disorder*

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

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

Alcohol Use Disorder*

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

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

Drug Use Disorder*

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

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

Survivor of Domestic Violence*

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

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If "Yes, Survivor of Domestic Violence"

When experience occurred:*

- | | |
|--|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three to six months ago (excluding six months exactly) | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Six months to one year ago (excluding one year exactly) | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> One year ago, or more | |

Are you currently fleeing?:*

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

Income from Any Source*

- | | | |
|------------------------------|---|---|
| <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, 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*

- | | | |
|------------------------------|---|---|
| <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, 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: \$ _____ |

RHY Assessment

Sexual Orientation:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other - If "Other", please specify:* | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Lesbian | | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Bisexual | _____ | |

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Current Living Situation*

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

Homeless Situation

- ☐ 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 Situation

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

Temporary Housing Situations

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house

Permanent Housing situation

- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy
- ☐ Rental by client, no ongoing housing subsidy

Other

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

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

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

FOR ALL NON-HOMELESS CURRENT LIVING SITUATION RESPONSES:

Is client going to have to leave their current living situation within 14 days?*

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

If "Yes, Client Will Have to Leave Within 14 Days":

Has a subsequent residence been identified?*

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

Does individual or family have resources or support networks to obtain other permanent housing?*

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

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?*

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

Has the client moved 2 or more times in the last 60 days?*

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

Location Details: _____