

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:* _____ - _____ - _____ | | Birth Date:* <u>MM</u> / <u>DD</u> / <u>YYYY</u> |
| <input type="checkbox"/> Full SSN Reported | <input type="checkbox"/> Full DOB Reported | |
| <input type="checkbox"/> Approximate or Partial SSN Reported | <input type="checkbox"/> Approximate or Partial DOB Reported | |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Doesn't Know | |
| <input type="checkbox"/> Client Prefers Not to Answer | <input type="checkbox"/> Client Prefers Not to Answer | |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> 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: * <u>MM</u> / <u>DD</u> / <u>YYYY</u> | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
| 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: * <u>MM</u> / <u>DD</u> / <u>YYYY</u> |
| Housing Move-In Date: <u>MM</u> / <u>DD</u> / <u>YYYY</u> Case Manager: _____ |

Assessment: Entry/Intake
 Funder(s): HUD/ HUD/VASH
 Project(s): HUD/VASH (PH)
 Applies To: Head of Household (Primary) & Adults (18+)



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 |
| <input type="checkbox"/> Data not collected | |
| VAMC Station Number:* (549) Dallas, TX | |
| 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 |
| <i>If "Yes, Rental by Client, with Ongoing Housing Subsidy" – Specify:*</i> | |
| <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 |
| <i>FOR INSTITUTIONAL SITUATIONS</i> | <i>FOR TEMPORARY, PERMANENT, & OTHER SITUATIONS</i> |
| 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" or if Prior Living Situation was a "Homeless Situation"</i> | |
| Approximate date this episode of homelessness started:* <u> </u> MM / <u> </u> DD / <u> </u> YYYY | |
| 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"/> 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 | |

Assessment: Entry/Intake
Funder(s): HUD: HUD/VASH
Project(s): HUD/VASH (PH)
Applies To: Head of Household (Primary) & Adults (18+)



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 |
|------------------------------|-----------------------------|---|--|---|

Assessment: Entry/Intake
Funder(s): HUD: HUD/VASH
Project(s): HUD/VASH (PH)
Applies To: Head of Household (Primary) & Adults (18+)



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 (<i>specify</i>): _____ | 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 (<i>specify</i>): _____ | Amount: \$ _____ |

Employment Assessment

Employed:*

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

Assessment: Entry/Intake
Funder(s): HUD: HUD/VASH
Project(s): HUD/VASH (PH)
Applies To: Head of Household (Primary) & Adults (18+)



*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 |

HUD-VASH Voucher Tracking

General Health Status:

- | | |
|--|---|
| <input type="checkbox"/> Referral package forwarded to PHA | <input type="checkbox"/> Voucher was administratively absorbed by new PHA |
| <input type="checkbox"/> Voucher denied by PHA | <input type="checkbox"/> Voucher was converted to Housing Choice Voucher |
| <input type="checkbox"/> Voucher issued by PHA | <input type="checkbox"/> Veteran exited – voucher was returned |
| <input type="checkbox"/> Voucher revoked or expired | <input type="checkbox"/> Veteran exited – family maintained the voucher |
| <input type="checkbox"/> Voucher in use – veteran moved into housing | <input type="checkbox"/> Veteran exited – prior to ever receiving a voucher |
| <input type="checkbox"/> Voucher was ported locally | |