|  |  |  |
| --- | --- | --- |
| **Intake Date** | **Entry Date** | **ServicePoint (HoH) ID:** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |  |

|  |
| --- |
| **Project Name** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HoH Name First** | **Middle** | | **Last** |
|  |  | |  |
| **Suffix** | | **Alias** | |
|  | |  | |
| **Name Data Quality** | | | |
| Full Name Reported  Partial, Street or Code Name  Client doesn’t know  Client Refused | | | |
| **Social Security Number** | | **Date of Birth** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |
| Full SSN Reported (HUD)  Approx or partial SSN reported (HUD)  Client doesn’t know (HUD)  Client refused (HUD)  Data Not collected (HUD) | | Full DOB Reported (HUD)  Approx or partial SSN reported (HUD)  Client doesn’t know (HUD)  Client refused (HUD)  Data Not collected (HUD) | |
| **Gender** | | | |
| Female  Client doesn’t know  Male  Client refused  A gender other than singularly female or male  (e.g., non-binary, genderfluid, agender, culturally specific gender)  Transgender  Questioning | | | |
| **Race (select all that apply)** | | | |
| American Indian, Alaska Native, or Indigenous  Black, African American, or African  Native Hawaiian or Pacific Islander  Client doesn’t know  Asian or Asian American  Client refused  White | | | |
| **Ethnicity** | | | |
| Non-Hispanic/Non-Latino(a)(o)(x)  Client doesn’t know  Hispanic/Latino(a)(o)(x)  Client refused | | | |
|  | | | |
| **Veteran Status** | | **Relationship to HoH** | |
| No  Yes | | Self (Head of Household)  HoH’s child  HoH’s spouse or partner  HoH’s other  Other: non-relation  relation member member | |
| **Health Insurance** | | | |
| No  Client doesn’t know  Yes (identify source below)  Client | | | |
| **Source** | | | |
| Medicaid  Medicare  State Children’s Health Insurance (KCHIP)  VA Medical Services  Employer-Provided Health Insurance  Health Insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **If you receive Medicaid, who is your provider?** | |  | |
| **If Medicaid provider is other, please specify:** | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Disability** | | | | | | |
| **Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**  No  Yes (indicate type(s) below)  Client doesn’t know  Client refused | | | | | | |
|  | | | | | | |
|  | **Physical** | **Mental Health** | **Chronic Health Condition** | **Alcohol**  **Drugs**  **Both** | **Developmental** | **HIV/AIDS** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

|  |  |  |  |
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| **Client’s Prior Living Situation - Prior to Project Entry** | | | |
| (Select one Living Situation and **answer the corresponding questions in the order in which they appear**) | | | |
| **Literally Homeless Situation** | **Institutional Situation** | **Transitional/Permanent Housing Situation** | **Other** |
| Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  Emergency shelter, including hotel or motel paid for with emergency shelter voucher  Safe Haven | Foster care home or foster 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 | Residential project or halfway house with no homeless criteria  Hotel or motel paid for without emergency shelter voucher  Transitional housing for homeless persons (including homeless youth)  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  Rental by client, with GPD TIP housing subsidy  Rental by client, with VASH housing subsidy  Permanent housing (other than RRH) for formerly homeless persons  Rental by client, with RRH or equivalent subsidy  Rental by client, with HCV voucher (tenant or project based)  Rental by client in a public housing unit  Rental by client, no ongoing housing subsidy  Rental by client with other ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Owned by client, no ongoing housing subsidy | Client doesn’t know  Client refused |
| **Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer | **Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer  **Did you stay in the institutional situation less than 90 days?**  Yes (If YES – Complete SECTION III)  No (If NO – End Homeless History Interview) | **Length of Stay in Prior Living Situation (i.e. the housing situation identified above)**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer  **Did you stay in the housing situation less than 7 nights?**  Yes (If YES – Complete SECTION III)  No (If NO – End Homeless History Interview) | Client doesn’t know  Client refused |
| **N/A**  (Complete SECTION IV Below) | **On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?**  Yes (If YES – Complete SECTION IV)  No (If NO – End Homeless History Interview) | **On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?**  Yes (If YES – Complete SECTION IV)  No (If NO – End Homeless History Interview) | Client doesn’t know  Client refused |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven?**  No  Yes | | **Approximate start of homelessness (latest episode)**:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |
| **Total number of times homeless on the street, in ES, or SH in the past three years**  One time  Two times  Three times  Four times  Client doesn’t know  Client refused | | **Total number of months homeless on the street, in emergency shelter, or SH in the past three years:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Domestic violence victim/survivor?** | Yes  No  Client doesn’t know  Client refused |
| **If yes for Domestic violence victim/survivor, when experience occurred** | Within the past three months  Three to six months ago  From six to twelve months ago  More than a year ago  Client doesn’t know  Client refused |
| **If yes for Domestic violence victim/survivor, are you currently fleeing?** | Yes  No  Client doesn’t know  Client refused |

**\*\*Complete the following questions for ALL HOUSEHOLD MEMBERS AGE 18 AND OVER \*\***

|  |  |
| --- | --- |
| **Income** | |
| No/None at all  Yes (identify source and amounts)  Client doesn’t know  Client refused | |
| **Source** | **Amount:** |
| Earned income (i.e., employment income) | $ . 00 |
| Unemployment Insurance | $ . 00 |
| Supplemental Security Income (SSI) | $ . 00 |
| Social Security Disability Income (SSDI) | $ . 00 |
| Retirement Income from Social Security | $ . 00 |
| VA Service-Connected Disability Compensation | $ . 00 |
| VA Non-Service-Connected Disability Pension | $ . 00 |
| Worker’s Compensation | $ . 00 |
| Temporary Assistance for Needy Families (TANF) | $ . 00 |
| General Assistance (GA) | $ . 00 |
| Private disability Insurance | $ . 00 |
| Pension or retirement income from a former job | $ . 00 |
| Child Support | $ . 00 |
| Alimony or other spousal support | $ . 00 |
| Other source: | $ . 00 |
| **Total Monthly Income:** | **$** |
| **Non-Cash Benefits** | |
| No/None at all  Yes (Identify source below)  Client doesn’t know  Client refused | |
| **Source** | |
| Supplemental Nutrition Assistance Program (SNAP)  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)  TANF Child Care services  TANF transportation services  Other TANF-funded services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| --- | --- |
| **Client ever in the foster care system?** | Yes  No |

**Client Contact Information**

|  |  |
| --- | --- |
| **Client Phone Number** |  |
| **Head of Household’s Email address** |  |

**Coordinated Entry Assessment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Assessment** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |
| **Assessment Location** | UnSheltered/Street Outreach  Emergency Shelter  Permanent Housing Provider  Supportive Services Provider  Transitional Housing Provider  Victim Service Provider |
| **Assessment Type** | Phone  Virtual  In person |
| **Assessment Level** | Crisis Needs Assessment  Housing Needs Assessment |
| **Prioritiaztion Status** | Placed on Prioritization List  Not placed on Prioritization list |

**Coordinated Entry Event**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |
| **Date of Event** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |
| **Event** | **Access Event**  Referral to Prevention Assistance project  Problem Solving/Diversion/Rapid Resolution intervention or service  Referral to scheduled Coordinated Entry Crisis Needs Assessment  Referral to scheduled Coordinated Entry Housing Needs Assessment  **Referral Events**  Referral to post-placement/follow-up case management  Referral to Street Outreach project or services  Referral to Housing Navigation project or services  Referral to Non-continuum services: Ineligible for continuum services  Referral to Non-continuum services: No availability in continuum services  Referral to Emergency Shelter bed opening  Referral to Transitional Housing bed/unit opening  Referral to Joint TH-RRH project/unit/resource opening  Referral to RRH project resource opening  Referral to PSH project resource opening  Referral to Other PH project/unit/resource opening |
| **If: Problem Solving/Diversion/Rapid Resolution intervention or service result:** | |
| **Client housed/re-housed in a safe alternative** | Yes  No |
| **If Referral to post-placement/follow-up case management result:** | |
| **Enrolled in Aftercare project** | Yes  No |
| **If Referral to an ES, TH, Joint TH-RRH, PSH, or Other PH opening:** | |
| **Location of Crisis Housing or Permanent Housing Referral** |  |
| **Referral Result** | Successful referral: client accepted  Unsuccessful referral: client rejected  Unsuccessful referral: provider rejected |
| **Date of Result** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |

**Staff Completing (Printed Name): Date:**

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| --- | --- |
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