|  |  |  |  |
| --- | --- | --- | --- |
| **Intake Date** | **Entry Date** | | **ServicePoint**  **(HoH) ID:** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Project Name**   |  | | --- | |  | | | | |
| **HoH First Name Middle**   |  |  | | --- | --- | |  |  |   **Last Suffix Alias**   |  |  |  | | --- | --- | --- | |  |  |  | | | | |
| Full Name Reported  Partial, Street or Code Name  Client doesn’t know  Client Refused | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   **Date of Birth:**   * Full DOB reported * Client doesn’t know * Approx or Partial DOB * Client refused  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Social Security Number:**   * Full SSN reported * Client doesn’t know * Approx or Partial SSN * Client refused | | | |
| **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 | | | |
| **Gender** | | | |
| Female  Client doesn’t know  Male  Client refused  A gender other than singulary female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)  Transgender  Questioning | | | |
| **Ethnicity** | | | |
| Non-Hispanic/Non-Latin(a)(o)(x)  Client doesn’t know  **Standard Intake**  Hispanic/Latin(a)(o)(x)  Client refused | | | |
| **Veteran Status** | | **Relationship to Head of Household (Must be an adult)** | |
| No  Yes   |  | | --- | | **Client Location/CoC Code** | | KY-501 (Louisville/Jefferson County) | | | Self (Head of Household)  HoH’s child  HoH’s spouse or partner  HoH’s other  Other: non-relation  relation member member | |
| **Housing Move-in Date** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

**\*\*Only answer the following questions for Adults and HoH. \*\***

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | |
| **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** |
| **Are you, or have you been a survivor of domestic or intimate partner violence?**  No  Yes  Client doesn’t know  Client refused |
| **If YES, how long ago did you have this experience?**  Within the past 3 months  1 year ago or more  3 to 6 months ago  6 months to 1 year ago  Client doesn’t know  Client refused |
| **If Yes, are you currently fleeing?**  No  Yes  Client doesn’t know  Client refused |

|  |  |
| --- | --- |
| **Foster Care** | **Zip Code of Last Permanent Address** |
| Yes  No | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

|  |
| --- |
| **Client perceives their life has value and worth.** |
| Strongly disagree  Strongly agree  Somewhat disagree  Client doesn’t know  Neither agree nor disagree  Client refused  Somewhat agree |
| **Client perceives they have support from others who will listen to problems.** |
| Strongly disagree  Strongly agree  Somewhat disagree  Client doesn’t know  Neither agree nor disagree  Client refused  Somewhat agree |
| **Client perceives they have a tendency to bounce back after hard times.** |
| Strongly disagree  Strongly agree  Somewhat disagree  Client doesn’t know  Neither agree nor disagree  Client refused  Somewhat agree |
| **Client’s frequency of feeling nervous, tense, worried, frustrated, or afraid.** |
| Not at all  At least every da  Once a month  Client doesn’t know  Several times a month  Client refused  Several times a week |
| **General Health Status** |
| Excellent  Poor  Very Good  Client doesn’t know  Good  Client refused  Fair |

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

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