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| **Intake Date**  | **Entry Date** | **ServicePoint (HoH) ID:**  |
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 |
| **Project Name**

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 |
| **HoH First Name Middle**

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**Last Suffix Alias**

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| [ ]  Full Name Reported [ ]  Partial, Street or Code Name [ ]  Client doesn’t know [ ]  Client prefers not to answer |
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**Date of Birth:*** Full DOB reported
* Client doesn’t know
* Approx or Partial DOB
* Client prefers not to answer

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**Social Security Number:*** Full SSN reported
* Client doesn’t know
* Approx or Partial SSN
* Client prefers not to answer
 |
| **Race and Ethnicity (Select all that apply)** |
| [ ]  American Indian, Alaska Native, or Indigenous [ ]  Native Hawaiian or Pacific Islander [ ]  Asian or Asian American [ ]  White[ ]  Black, African American, or African [ ]  Client doesn’t know [ ]  Hispanic/Latina/e/o [ ]  Client prefers not to answer[ ]  Middle Eastern or North African [ ]  Additional Race and Ethnicity detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gender (Select all that apply)** |
| [ ]  Woman (Girl, if child) [ ]  Questioning[ ]  Man (Boy, if child) [ ]  Different Identity [ ]  Culturally Specific Identity (e.g., Two-Spirit) [ ]  Client doesn’t know[ ]  Transgender [ ]  Client prefers not to answer[ ]  Non-Binary  [ ]  If Different Identity, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Veteran Status** | **Relationship to Head of Household (Must be an adult)** |
| [ ]  No [ ]  Yes | [ ]  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 (PSH Only)** |

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| **Health Insurance** |
| [ ]  No [ ]  Client doesn’t know[ ]  Yes (identify source below) [ ]  Client prefers not to answer |
| **Source** |
| [ ]  Medicaid [ ]  Medicare[ ]  State Children’s Health Insurance (KCHIP) [ ]  Veteran’s Health Administration (VHA)[ ]  Employer-Provided Health Insurance [ ]  Health Insurance obtained through COBRA [ ]  Private Pay Health Insurance [ ]  State Health Insurance for Adults[ ]  Indian Health Services Program [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 prefers not to answer |
|  |
|  | **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 [ ]  |

**🛑 \*\*IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE\*\***

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| **Income** |
| [ ]  No/None at all [ ]  Yes (identify source and amounts)[ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **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:** | **$** |

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| **Non-Cash Benefits** |
| [ ]  No/None at all [ ]  Yes (Identify source below)[ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **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’s Prior Living Situation - Prior to Project Entry** |
|  | (Select one Living Situation and **answer the corresponding questions in the order in which they appear**) |
| **Homeless Situations** | **Institutional Situations** | **Temporary Housing Situations** | **Permanent Housing Situation** | **Other** |
| [ ]  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)[ ]  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter[ ]  Safe Haven | [ ]  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 | [ ]  Transitional housing for homeless persons (including homeless youth)[ ]  Residential project or halfway house with no homeless criteria[ ]  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 | [ ]  Rental by client, no ongoing housing subsidy[ ]  Rental by client, with ongoing housing subsidy* GPD TIP housing subsidy
* VASH housing subsidy
* RRH or equivalent subsidy
* HCV voucher (tenant or project based) (not dedicated)
* Public housing unit
* Rental by client, with other ongoing housing subsidy
* Emergency Housing Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other permanent housing dedicated for formerly homeless persons

[ ]  Owned by client, with ongoing housing subsidy[ ]  Owned by client, no ongoing housing subsidy | [ ]  Other[ ]  Worker unable to determine[ ]  Client doesn’t know[ ]  Client prefers not to answer |
| **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) | **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 prefers not to answer |
| **[ ]  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) | **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 prefers not to answer |
| On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven?[ ]  No [ ]  Yes | Approximate date this episode of homelessness started:

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| 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 prefers not to answer | Total number of months homeless on the street, in emergency shelter, or SH in the past three years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Domestic Violence** |
| **Are you, or have you been a survivor of domestic or intimate partner violence?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **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 prefers not to answer |
| **If Yes, are you currently fleeing?****[ ]** No [ ]  Yes[ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **HOPWA Project: Medical Assistance** |
| **Receiving AIDS Drug Assistance Program (ADAP)?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ] Client prefers not to answer |
| **If No, reason (for not receiving ADAP)?**[ ]  Applied; decision pending [ ]  Applied; client not eligible[ ]  Client did not apply [ ]  Insurance type N/A for this client[ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **Receiving Ryan White funded Medical or Dental Assistance?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ] Client prefers not to answer |
| **If No, reason (for not receiving Ryan White)?**[ ]  Applied; decision pending [ ]  Applied; client not eligible[ ]  Client did not apply [ ]  Insurance type N/A for this client[ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **Has the participate been prescribed anti-retrovial drugs?**[ ]  No [ ]  Yes [ ]  Client doesn’t know [ ] Client prefers not to answer |
|  |
| **HIV/AIDS** |
| **Start Date:**

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 | **End Date:**

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| If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available? | [ ]  Yes [ ]  No [ ]  Client prefers not to answer |
| If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count? |  |
| If Yes for HIV/AIDs and a T-Cell (CD4) is recorded above, how was the information obtained? | [ ]  Medical report [ ]  Client report [ ]  Other |
| If Yes for HIV/AIDS, does the client have Viral Load Information available? | [ ]  Not Available [ ]  Available [ ]  Undetectable [ ]  Client doesn’t know[ ]  Client prefers not to answer  |
| If Yes for HIV/AIDS and Viral Load Information is available, what is the Viral Load? |  |
| If Yes for HIV/AIDS and Viral Load is recorded above, how was the information obtained? | [ ]  Medical report [ ]  Client report [ ]  Other |

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

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