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| **Intake Date** | **Entry Date** | **ServicePoint (HoH) ID:** |
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| **Project Name** |
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| **HoH Name First**  | **Middle** | **Last** |
|  |  |  |
| **Suffix** | **Alias** |
|  |  |
| **Name Data Quality** |
| [ ]  Full Name Reported [ ]  Partial, Street or Code Name [ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **Social Security Number** | **Date of Birth** |
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| [ ]  Full SSN Reported (HUD)[ ]  Approx or partial SSN reported (HUD)[ ]  Client doesn’t know (HUD)[ ]  Client prefers not to answer (HUD)[ ]  Data Not collected (HUD) | [ ]  Full DOB Reported (HUD)[ ]  Approx or partial SSN reported (HUD)[ ]  Client doesn’t know (HUD)[ ]  Client prefers not to answer (HUD)[ ]  Data Not collected (HUD) |
| **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 HoH** |
| [ ]  No [ ]  Yes | [ ]  Self (Head of Household)[ ]  HoH’s child [ ]  HoH’s spouse or partner[ ]  HoH’s other [ ]  Other: non-relation relation member member  |
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| **Date of Engagement – Street Outreach 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 [ ]  |

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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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| **Are you, or have you been a survivor of domestic or intimate partner violence?** | [ ]  Yes [ ]  No [ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **If YES, how long ago did you have this experience?** | [ ]  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 prefers not to answer |
| **If Yes, are you currently fleeing?** | [ ]  Yes [ ]  No [ ]  Client doesn’t know [ ]  Client prefers not to answer |

**🛑 \*\*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:** | **$** |
|  |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Client Contact Information**

|  |  |
| --- | --- |
| **Client Phone Number** |  |
| **Alt. Client Phone Number** |  |
| **Email address/other electronic communication**  |  |
| **Mailing Address** |  |
| **Translation Assistance Needed** |
| [ ]  No [ ]  Yes (identify preferred language(s))[ ]  Client doesn’t know [ ]  Client prefers not to answer |
| **Preferred Language(s)** |  |
| [ ]  Amharic[ ]  Arabic[ ]  Bosnian[ ]  Burmese[ ]  Cambodian[ ]  Chinese[ ]  Croatian[ ]  Dari[ ]  English[ ]  French[ ]  German[ ]  Gujarati[ ]  Haitian Creole[ ]  Hawaiian[ ]  Hindi[ ]  Ilocano[ ]  Japanese[ ]  Karen[ ]  Kinyarwand[ ]  Korean[ ]  Lingala[ ]  Luganda[ ]  Mandarin | [ ]  Marathi[ ]  Nepali[ ]  Pashto[ ]  Portuguese[ ]  Russian[ ]  Samoan[ ]  Serbian[ ]  Somali[ ]  Spanish[ ]  Swahili[ ]  Tamil [ ]  Telugu[ ]  Ukrainian[ ]  Vietnamese[ ]  Wolof[ ]  Yiddish[ ]  Different Preferred Language[ ]  Client Doesn’t Know[ ]  Client Prefers Not to Answer[ ]  Data Not Collected |
| **If Different Preferred Language, please specify** |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_