|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 prefers not to answer | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   **Date of Birth:**   * Full DOB reported * Client doesn’t know * Approx or Partial DOB * Client prefers not to answer  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **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)**  **It is not typical that a client will move into housing on the same day they enroll in the project.** | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | |

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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:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | |
| 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 | |

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| --- | --- |
| **HIV/AIDS** | |
| **Start Date:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | | **End Date:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | |
| 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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