

Name:

ID:

Entry Date:

Project:

Number: Adults Children Total

Number: Beds Cribs

Residence Prior to Entry

- | | |
|---|--|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with ER voucher | <input type="checkbox"/> Permanent housing for formerly homeless persons |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Residential project/halfway house with no homeless criteria |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Staying or living in a family member's apartment or house |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Staying or living in a friend's room, apartment or house |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Rental by client, with VASH subsidy | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data Not Collected |

Length of Stay

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Day or Less | <input type="checkbox"/> 1 Year or Longer | |
| <input type="checkbox"/> 2 Days to 1 Week | <input type="checkbox"/> More than 3 Months, less than 1 Year | |
| <input type="checkbox"/> More than 1 week but less than 1 month | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> 1 to 3 Months | | <input type="checkbox"/> Data Not Collected |

Housing Status

- | | |
|--|---|
| <input type="checkbox"/> C1 - Homeless | <input type="checkbox"/> C4 - Fleeing domestic violence |
| <input type="checkbox"/> C2 - At imminent risk of losing housing | <input type="checkbox"/> At-risk of homelessness |
| <input type="checkbox"/> C3 - Homeless only under other federal statutes | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data Not Collected |

Housing Status Verification Documentation

- | | |
|---|---|
| <input type="checkbox"/> Formal eviction documentation | <input type="checkbox"/> Verification from institution |
| <input type="checkbox"/> Signed Self-Declaration statement w/ 3rd party confirmatio | <input type="checkbox"/> Verification from referring agency/shelter |
| <input type="checkbox"/> Verification from street outreach worker | |

Length of Time on Street, in an Emergency Shelter, or Safe Haven?

- (a) Continuously Homeless at Least 1 Year? NO YES
 Client doesn't know Client refused Data Not Collected
- (b) Number of Times the Client has been Homeless in Past 3 Years? 0 1 2 3 4 or more
 Client doesn't know Client refused Data Not Collected
- (c) Total Number of Months Homeless in Past 3 Years? 0-12 12+
 Client doesn't know Client refused Data Not Collected
- (d) Total number of months continuously homeless immediately prior to project entry (partial months ie 1day-30 days=1 month) ?
- (e) Status Documented? NO YES

Last Permanent Address Zip Code?

- Zip Code Data Quality Full Address reported (HUD) Incomplete or estimated address re
 Client doesn't know Client refused Data Not Collected

Name:

ID:

Project:

Entry Date:

Name Data Quality

- Full Name Reported Partial Name reported
 Client doesn't know Client refused Data Not Collected

Social Security Number

 Full SSN Reported Approx or partial SSN Reported
 Client doesn't know Client refused Data Not Collected

Gender

- Female Transgender Male to Female Other : Specify
 Male Transgender Female to Male
 Client doesn't know Client refused Data Not Collected

Relationship to Head of Household

- Self (head of household) Head of household's spouse or partner Head of household's child
 Head of household's other relation member Other: non-relation member Data Not Collected

Date of Birth

 Full DOB Reported Approx or partial DOB Reported
 Client doesn't know Client refused Data Not Collected

Primary Race

- American Indian/Alaska Native Black or African American Native Hawaiian or Other Pacific Islande
 Asian White Client doesn't know Client refused Data Not Collected

Secondary Race

- American Indian/Alaska Native Black or African American Native Hawaiian or Other Pacific Islande
 Asian White Client doesn't know Client refused Data Not Collected

Ethnicity

- Non-Hispanic/Non-Latino Hispanic/Latino
 Client doesn't know Client refused Data Not Collected

Education

- No schooling completed 9th grade High School Diploma Some College
 Nursery School - 4th grade 10th grade GED College Degree
 5th grade or 6th grade 11th grade Post- secondary school
 7th grade or 8th grade 12th grade, no diploma Client doesn't know Client refused Data Not Collected

U.S. Military Veteran?

- NO YES Client doesn't know Client refused Data Not Collected

Name:

Exact Date Entered Military Service:

Exact Date Separated from Military Service:

Military Branch?

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Client Doesn't KNow
- Client Refused
- Data Not Collected

Discharge status?

- Honorable
- General under honorable conditions
- Under other than honorable conditions
- Bad conduct
- Dishonorable
- Uncharacterized
- Client Doesn't KNow
- Client Refused
- Data Not Collected

Theatre of Operations:

- Persian Gulf War (Operation Desert Storm)
- Afghanistan (Operation Enduring Freedom)
- Iraq (Operation Iraqi Freedom)
- Iraq (Operation New Dawn)
- World War II
- Korean War
- Vietnam War
- Client Doesn't KNow
- Client Refused
- Data Not Collected
- Other Peacekeeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

Percent of AMI

Household Income (Percentage AMI)

- Less than 30%
- 30% to 50%
- Greater than 50%

Last Permanent Address

Data Quality

Street Address

City

State

Zip Code

- Full address reported
- Incomplete or estimated address reported
- Client Doesn't KNow
- Client Refused
- Data Not Collected

Name:

Income (Complete for adults only)

Income received from any source at time of assessment? If yes, complete the following question.

NO YES Data NOT Collected

Income Sub-Assessment

Earned income (i.e., employment income)	<input type="text"/>	Temporary Assistance for Needy Families (TANF)	<input type="text"/>
Unemployment Insurance	<input type="text"/>	General Assistance (GA)	<input type="text"/>
Supplemental Security Income (SSI)	<input type="text"/>	Retirement Income from Social Security	<input type="text"/>
Social Security Disability Income (SSDI)	<input type="text"/>	Pension or retirement income from a former job	<input type="text"/>
VA Service-Connected Disability Comp	<input type="text"/>	Child support	<input type="text"/>
VA NonService-Connected Disability Pension	<input type="text"/>	Alimony or other spousal support	<input type="text"/>
Private disability insurance	<input type="text"/>	Other source	<input type="text"/>
Worker's Compensation	<input type="text"/>	Specify (if Other)	<input type="text"/>

Employment (Complete for adults only)

Employed?

NO YES Client doesn't know Client refused Data Not Collected

If YES, Employment Status

Permanent Temporary Seasonal
 Client doesn't know Client refused Data Not Collected

If NO, Why not Employed?

Looking for Work Not Looking for Wor Unable to Work Data NOT Collected

Non-Cash (Complete for Adults only)

Non-cash benefit received at time of assessment?

NO YES Data NOT Collected

Non-Cash Sub-Assessment

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Section 8, public housing/other ongoing rental assistance
<input type="checkbox"/> Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other source
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Temporary rental assistance
<input type="checkbox"/> TANF transportation services	<input type="checkbox"/> Specify (if Other)
<input type="checkbox"/> Other TANF-funded services	

Domestic Violence (Complete for adults only)

Domestic violence victim/survivor?

NO YES Client doesn't know Client refused Data Not Collected

If Yes, Extent of Domestic Violence

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 Data Not Collected

Name:

Health Insurance Coverage (ALL)

Covered by insurance? NO YES Client Doesn't Know Client Refused Data Not Collected

Health Insurance Sub-Assessment

Medicaid	<input type="checkbox"/> NO <input type="checkbox"/> YES	Employer Health Insurance	<input type="checkbox"/> NO <input type="checkbox"/> YES
Medicare	<input type="checkbox"/> NO <input type="checkbox"/> YES	COBRA	<input type="checkbox"/> NO <input type="checkbox"/> YES
Child Health Plus	<input type="checkbox"/> NO <input type="checkbox"/> YES	Private Pay Health Insurance	<input type="checkbox"/> NO <input type="checkbox"/> YES
VA Medical Services	<input type="checkbox"/> NO <input type="checkbox"/> YES	Family Health Plus	<input type="checkbox"/> NO <input type="checkbox"/> YES

Disability (ALL)

Does the client have a disabling condition? NO YES Client Doesn't Know Client Refused Data Not Collected

Disability Sub-Assessment	Expected to be of long-continued & indefinite duration & substantially impairs ability to live independently	Documentation re: disability/severity on file	Currently receiving services/treatment for disability
Physical Disability <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Developmental Disability <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Chronic Health Condition <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
HIV/AIDS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Mental Health Problem <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Substance Abuse

Alcohol abuse <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Drug abuse <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected