

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:

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**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:

**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  Client Doesn't Know  
 YES  Client Refused  
 Data Not Collected

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

**Substance Abuse**

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