



Emergency Shelter Intake Form

***Intake Date/Project Start Date:**

***Shelter Bed:**

Primary Worker: _____ **Enrollment CoC:** {Pre-Populated}

Information Sharing Level: (consent form)

Referred By: _____

***First Name:** _____ **Middle Name:** _____ ***Last Name:** _____

Alias/Preferred Name _____ **Suffix** _____

***Name Data Quality:** (Select one) ☐ Full name reported ☐ Partial, street name, or code name

☐ reported ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Social Security Number:** ____/____/____

***SSN Data Quality :** (select one)

- ☐ Full SSN Reported
☐ Approximate or Partial SSN Reported
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

***Gender:** (select one) ☐ Woman (Girl, if child)

☐ Man (Boy, if child)

☐ Culturally Specific Identity (e.g. Two-Spirited)

☐ Non-Binary

☐ Questioning

☐ Transgender

☐ Different Identity _____

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Birth Date: ____/____/____

***Birth date Data Quality :** (select one)

- ☐ Full DOB Reported
☐ Approximate or Partial DOB
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

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***Race**

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native / or Indigenous | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Black/African American, or African | <input type="checkbox"/> Hispanic/Latina/e/o |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

Translation Needed: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Preferred Language:

- ☐ American Sign Language
- ☐ Arabic
- ☐ Bengali
- ☐ Cantonese
- ☐ Chinese
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ French Creole
- ☐ German
- ☐ Hindi
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Mandarin
- ☐ Persian
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Samoan
- ☐ Spanish
- ☐ Tagalog
- ☐ Yiddish
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

***Veteran Status:** (select one)

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

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Prior Living Situation

***Type of Residence:** (select one)

-Homeless Situation-

- ☐ Place not meant for habitation
- ☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven

If a Homeless Situation is selected:

***Length of stay in prior living situation:** (select one)

- ☐ 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
- ☐ Data not collected
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer

***Approximate date this episode of homelessness started:** __/____/____

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- ☐ One month (this time is the first month)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

-Institutional Situation-

- ☐ 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

***Length of stay in prior living situation:** (select one)

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- ☐ One night or less
 ☐ 90 days or more, but less than one year
☐ Two to six nights
 ☐ One year or longer
☐ One week or more, but less than one month
 ☐ Client doesn't know
☐ One month or more, but less than 90 days
 ☐ Client prefers not to answer
☐ Data not collected

***Approximate date this episode of homelessness started:** __/____/____

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- ☐ One Time
 ☐ Two Times
 ☐ Three Times
 ☐ Four or more times
 ☐ Client doesn't know
☐ Client prefers not to answer
 ☐ Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- ☐ One month (this time is the first month)
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
☐ 9
 ☐ 10
 ☐ 11
 ☐ 12
 ☐ More than 12 months
 ☐ Client doesn't know
☐ Client prefers not to answer
 ☐ Data not collected

-Temporary Housing Situation

- ☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Transitional housing for homeless persons (including homeless youth)
☐ Host Home (non-crisis)
☐ Staying or living in a family room, apartment or house
☐ Staying or living in a friend's member's room, apartment or house

***Length of stay in prior living situation:** (select one)

- ☐ One night or less
 ☐ 90 days or more, but less than one year
☐ Two to six nights
 ☐ One year or longer
☐ One week or more, but less than one month
 ☐ Client doesn't know
☐ One month or more, but less than 90 days
 ☐ Client prefers not to answer
☐ Data not collected

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- ☐ One Time
 ☐ Two Times
 ☐ Three Times
 ☐ Four or more times
 ☐ Client doesn't know

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☐ Client prefers not to answer ☐ Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know

☐ Client prefers not to answer ☐ Data not collected

-Permanent Housing Situation

☐ Rental by client, no ongoing housing subsidy

☐ Rental by client, with ongoing housing subsidy

***Rental Subsidy Type** select one

☐ VASH housing subsidy

☐ Rental by client, with other housing subsidy

☐ GPD TIP housing subsidy

☐ RRH or equivalent subsidy

☐ HCV voucher (tenant or project based) (not dedicated)

☐ Public housing unit

☐ 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

☐ Dependency on a permanent subsidized option

***Length of stay in prior living situation:** (select one)

☐ One night or less

☐ 90 days or more, but less than one year

☐ Two to six nights

☐ One year or longer

☐ One week or more, but less than one month

☐ Client doesn't know

☐ One month or more, but less than 90 days

☐ Client prefers not to answer

☐ Data not collected

***Approximate Date this episode of Homelessness Started:** ____/____/____

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***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today: (select one)**

- ☐One Time ☐Two Times ☐Three Times ☐Four or more times ☐Client doesn't know
☐Client prefers not to answer ☐Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years: (select one)**

- ☐One month (this time is the first month) ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8
☐9 ☐10 ☐11 ☐12 ☐More than 12 months ☐Client doesn't know
☐Client prefers not to answer ☐Data not collected

***Length of stay in prior living situation: (select one)**

- ☐One night or less ☐90 days or more, but less than one year
☐Two to six nights ☐One year or longer
☐One week or more, but less than one month ☐Client doesn't know
☐One month or more, but less than 90 days ☐Client prefers not to answer
☐Data not collected

Chronically Homeless (auto-calculated)

***Current Living Situation**

-Homeless Situation-

- ☐Place not meant for habitation (e.g., vehicle, abandoned building, bus/train. Subway station/airport or anywhere outside)
☐Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
☐Safe Haven

Has a subsequent residence been identified?

- ☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***Does Individual or family have resources or support networks to obtain other permanent housing?**

- ☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**

- ☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***Has the client moved 2 or more times in the last 60 days?**

- ☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

-Institutional Situation-

- ☐Foster care home or foster care group home
☐Hospital or other residential non-psychiatric medical facility

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- ☐ 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

-Temporary Housing Situation

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a family room, apartment or house
- ☐ Staying or living in a friend's member's room, apartment or house

***Is client going to leave their current living situation within 14 days?**

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Has a subsequent residence been identified?

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Does Individual or family have resources or support networks to obtain other permanent housing?**

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Has the client moved 2 or more times in the last 60 days?**

- ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Income from any source:** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Monthly Income Sources: (select all that apply)**

- ☐ Earned Income \$_____ ☐ Unemployment Insurance \$_____
- ☐ Supplemental Security Income SSI: \$_____ ☐ Social Security Disability Income SSDI \$_____
- ☐ VA Service-Connected Disability Compensation \$_____ ☐ VA Non-Service-Connected Disability Pension \$_____
- ☐ Private disability insurance \$_____ ☐ Worker's compensation \$_____
- ☐ Temporary Assistance for Needy Families TANF \$_ ☐ General Public Assistance \$_____

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☐ Retirement income from Social Security

☐ Pension or retirement income from a former job \$_____

☐ Child Support \$_____

☐ Alimony or other spousal support \$_____

☐ Other \$_____

***Non-Cash Benefits from any source: (select one)**

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

☐ SNAP (Food Stamps)
Children (WIC)

☐ Special Supplemental Nutrition Program for Women, Infants, and

☐ TANF Child Care Services

☐ TANF transportation service

☐ Other TANF -funded services

☐ Other Source

***Covered by Health Insurance: (select one; if answer is yes, please complete below)**

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

MEDICAID: ☐ No

☐ Yes

MEDICARE: ☐ No ☐ Yes

State Children's Health Insurance program: ☐ No ☐ Yes

Veterans' Health Administrations (VHA) ☐ No ☐ Yes

Employer-Provided Health Insurance: ☐ No ☐ Yes

Health Insurance obtained through COBRA: ☐ No ☐ Yes

Private Pay Health Insurance ☐ No ☐ Yes

State Health Insurance for Adults: ☐ No ☐ Yes

Indian Health Insurance: ☐ No ☐ Yes

Other: ☐ No ☐ Yes – Please specify:

Special Needs:

***Physical Disability: (select one)**

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

(If yes to above) *Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? ☐ No ☐ Yes ☐ Client doesn't know

☐ Client prefers not to answer ☐ Data not collected

***Developmental Disability: (select one)**

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***Chronic Health Condition: (select one)**

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

(If yes to above) *Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

☐ Data not collected

***HIV/AIDS:** (select one)

☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***Mental Health Disorder:** (select one)

☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

(If yes to above) *Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?

☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***Substance Use Disorder:** (select one)

☐No ☐Alcohol Abuse ☐Drug Abuse ☐Both Alcohol & Drug Abuse ☐Client doesn't know
☐Client prefers not to answer ☐Data not collected

(If yes to above) *Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?

☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

Disabling Condition: (auto calculated)

Domestic Violence

***Information Date:**

***Domestic Violence Victim/Survivor:** (select one)

☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***(If Yes) When experience occurred:** (select one)

☐Within the past three months ☐Client doesn't know
☐Three to six months ago ☐Client prefers not to answer
☐From six to twelve months ago ☐Data not collected
☐More than a year ago

***Are you currently fleeing?** (select one)

☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

***Individual/Family Type**

- ☐ Individual Female
- ☐ Individual Male
- ☐ Individual Male Youth (<18)
- ☐ Individual Female Youth (<18)
- ☐ Single Parent Family-Male Head
- ☐ Single Parent Family-Female Head

- ☐ Single Parent Family-Youth Head
- ☐ Two Parent Family-Adult
- ☐ Two Parent Family-Youth
- ☐ Adult Couple without Children
- ☐ Household with only Children
- ☐ Other Household Type
- ☐ Household Member – Adult
- ☐ Household Member – Child

Homeless Cause (select one)

- | | |
|---|--|
| <input type="checkbox"/> Benefits Loss / Reduction | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Job Income Loss/Reduction | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Asked to leave shared residence |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Release from prison/jail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Release from Hospital | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Release from Psych. Facility | <input type="checkbox"/> Foreclosure -Rented Property |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Foreclosure -Owned Property |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not Homeless |
| <input type="checkbox"/> Rent Increase/Insufficient funds | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Household Breakup/Death in Household | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Impact from COVID -19 |

***Zip Code of Last Permanent Address** _____

Children's Education Questions:

***Education Enrollment Status:** (select one) ☐ Yes ☐ No ☐ Don't know ☐ Prefers not to answer

If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

(Select one) ☐ Yes ☐ No ☐ Don't know ☐ Prefers not to answer

Type of School: (select one)

☐ Public school ☐ Parochial or other private school ☐ Don't know ☐ Prefers not to answer

If not enrolled, last date of enrollment [MM/YYYY]: ____/____/____

***Student Body Age:** (select one)

- | | |
|--|--|
| <input type="checkbox"/> Nursery/Preschool | <input type="checkbox"/> Six-Year High School |
| <input type="checkbox"/> Kindergarten School | <input type="checkbox"/> High School – Other than listed above |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Special Elem/Sec. School for Handicapped |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Special Elementary School for Handicapped |
| <input type="checkbox"/> Approved Junior High School | <input type="checkbox"/> Special Secondary School for Handicapped |
| <input type="checkbox"/> Four-Year High School | <input type="checkbox"/> Three-Year School |
| <input type="checkbox"/> County Voc-Tech School or Institute | <input type="checkbox"/> Adult Education School |

☐ Evening High School (Approved)

☐ Evening School for Foreign Born (Approved)

***School County:** _____

***School District:** _____

***School Name:** _____

***Barriers to Enrollment:** (select all that apply)

☐ None

☐ School Records

☐ School Selection

☐ Transportation

☐ Immunization or Other Medical Records

☐ Other Enrollment Issues

☐ Residency Required

☐ Birth Certificates

☐ Legal Guardianship requirements

☐ Physical examination records

***Current Student:** (select one)

☐ Yes ☐ No ☐ Don't know ☐ Prefers not to answer

Post Secondary Degree: ☐ None ☐ Associates Degree ☐ Bachelors ☐ Masters ☐ Doctorate ☐ Other graduate/professional degree ☐ Certificate of advanced training or skilled artisan ☐ Don't Know ☐ Prefers not to answer

***Received vocational training or apprenticeship certificate:** (select one)

☐ Yes ☐ No ☐ Don't know ☐ Prefers not to answer

***Marital Status:** (select one)

☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Separated ☐ Remarried

☐ Widow(er) ☐ Civil Union

HA# _____

***Services Sought:** (select all that apply)

☐ Shelter/Housing

☐ Drug Treatment

☐ Mental Health Care

☐ Medical Care

☐ Legal Aid – CRSJ/Civil

☐ Legal Aid – Immigration

☐ Financial Assistance – Utilities

☐ Financial Assistance – Housing

☐ Financial Assistance – Moving Expense

☐ Financial Assistance – Other

☐ Other

