



## **Emergency Shelter Intake Form**

\*Intake Date/Project Start Date: \*Shelter Bed: Primary Worker: \_\_\_\_\_Enrollment CoC:{Pre-Populated} Referred By: **Information Sharing Level:** (consent form) \*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  $\square$ Questioning  $\Box$ 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

*Race	□American Indian/Alaska Native / or Indigenous □Black/African American, or African □Middle Eastern/North African □White □Client prefers not to answer	□Asian or Asian American □Hispanic/Latina/e/o □Native Hawaiian/Pacific Islander □Client doesn't know □Data not collected
Translation Needed:	□No □Yes □Client doesn't know □Client prefers not t	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	ge	
□Tagalog □Yiddish □Other □Client Doesn't Know □Client prefers not to ans □Data Not Collected	swer	
<b>Veteran Status:</b> (select o	ne)	

□Client prefers not to answer

 $\square No$ 

 $\Box Yes$ 

□Client doesn't know

 $\Box Data \ not \ collected$ 

## **Prior Living Situation**

*Type	of Resider	nce: (sel	ect one)									
-Home	less Situat	tion-										
□Place	not meant	for habi	tation									
□Emerg	gency Shel	lter, incl	uding ho	tel or mo	tel paid f	or with en	nergency	shelter	voucher			
□Safe I	Iaven											
If a Ho	meless Sit	tuation i	is selecte	d:								
	*Length	of stay	in prior	living si	tuation:	(select on	ne)					
	□One nig	ght or les	ss				□90 day	ys or mo	re, but les	s than or	ne year	
	□Two to	six nigh	nts				□One y	ear or lo	nger			
	□One we	eek or m	ore, but l	less than	one mont	ih	□Client	doesn't	know			
	□One me	onth or n	nore, but	less than	90 days		□Clien	t prefers	not to ans	swer		
	□Data no	ot collect	ted									
	*Approx	ximate d	late this	episode o	f homele	essness st	arted:	/	/			
						ght) Nun ng today:			e client ha	s been o	on the st	reets, in
	□One Ti	me	□Two Т	Γimes	□Three	Times	□Four o	or more	times	□Clien	t doesn't	t know
	□Client 1	prefers n	ot to ans	wer □Da	ta not col	lected						
	*Total n	number (	of montl	ns homel	ess on th	e street,	in ES or	SH in t	he past th	ree yeai	rs: (selec	et one)
	□One me	onth (thi	s time is	the first 1	month)	$\Box 2$	□3	□4	□5	□6	□7	□8
	□9	□10	□11	□12	□More	than 12 n	nonths	□Clien	ıt doesn't l	know		
	□Client 1	prefers n	ot to ansv	wer □Dat	a not col	lected						
-Institu	itional Sit	uation-										
□Foster	care hom	e or fost	er care g	roup hon	ne							
□Hospi	tal or othe	r residen	ntial non-	psychiati	ric medic	al facility	,					
□Jail, p	rison or ju	venile d	etention	facility								
□Long-	term care	facility o	or nursing	g home								
□Psych	iatric Hos <sub>l</sub>	pital or o	other psyc	chiatric fa	acility							
	ance abuse			•								
*Lengt	h of stay i	in prior	living sit	tuation:	(select or	1e)						

	□One night or	less	$\Box 90$ days or more, but less than one year						
	□Two to six ni	ghts	□One year or longer						
	□One week or	more, but less than	one month	□Client doesn't know					
	□One month or	r more, but less tha	n 90 days	□Clie	nt prefers	not to ar	iswer		
	□Data not colle	ected							
	*Approximate	e date this episode	of homelessness s	tarted:_	/	/	_		
		of where they stay he past three year				client h	as been	on the st	reets, in
	□One Time	□Two Times	□Three Times	□Four	or more t	imes	□Clie	nt doesn'	t know
	□Client prefers	not to answer □Da	ata not collected						
	*Total numbe	r of months home	less on the street,	in ES or	r SH in tl	ne past t	hree yea	ı <b>rs</b> : (selec	ct one)
	□One month (t	his time is the first	month) □2	□3	□4	□5	□6	□7	□8
	□9 □10	□11 □12	□More than 12 i	months	□Clien	t doesn't	know		
	□Client prefers	not to answer $\Box I$	Data not collected						
-Tempo	rary Housing S	Situation							
□Reside	ntial project or	halfway house with	no homeless crite	eria					
□Hotel o	or motel paid for	r without emergend	ey shelter voucher						
□Transit	tional housing fo	or homeless person	s (including home	less yout	th)				
□Host H	Iome (non-crisis	s)							
□Staying	g or living in a f	family room, apartr	nent or house						
□Staying	g or living in a f	riend's member's	room, apartment or	r house					
	*Length of sta	y in prior living s	ituation: (select or	ne)					
	□One night or	less		□90 da	ys or mo	re, but le	ss than c	ne year	
	□Two to six ni	ghts		□One :	year or lo	nger			
	□One week or	more, but less than	one month	□Clien	it doesn't	know			
	□One month or	r more, but less tha	n 90 days	□Clie	nt prefers	not to ar	iswer		
	□Data not colle	ected							
		of where they stay he past three year				client h	as been	on the st	reets, in
	□One Time	□Two Times	□Three Times	□Four	or more t	imes	□Clie	nt doesn'	t know

*Total number of months homeless on the street, in ES or SH in the past three years: (select one)  Done month (this time is the first month)		□Clie	nt prefers	not to an	swer □Da	ita not co	llected						
□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 □Rental by client, with other housing subsidy □RRH or equivalent subsidy □RRH or equivalent subsidy □RHCV voucher (tenant or project based) (not dedicated) □Public housing unit □Emergency Housing Voucher □Pamily 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 □Owned by client, no ongoing housing subsidy □Owned by client, no ongoing housing subsidy □Oened by client, no ongoing housing subsidy □Oened by client, with ongoing housing subsidy □Owned by client, with ongoing housing subsidy □Oened by client,		*Tota	l numbe	r of mon	ths home	less on th	ie street	, in ES o	r SH in 1	he past	three ye	ars: (selec	et one)
-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 □Rental by client, with ore quivalent subsidy □Rental by client, on the 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 □Owned by client, no ongoing housing subsidy □Opendency 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 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://		□One	month (tl	his time is	s the first	month)	□2	□3	□4	□5	□6	□7	□8
-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   Rental by client, with ore quivalent subsidy   Revised 01/30/2024   Revised 01/30/2024		□9	□10	□11	□12	□More	than 12	months	□Clie	nt doesn'	t know		
Rental by client, no ongoing housing subsidy  *Rental Subsidy Type select one  UVASH housing subsidy  Rental by client, with other housing subsidy  Rent or equivalent subsidy  Rent or equivalent subsidy  Rent or equivalent subsidy  Rent or equivalent subsidy  Remergency Housing Voucher  Family Unification Program Voucher (FUP)  Permanent Supportive Housing  Other permanent housing dedicated for formerly homeless persons  Owned by client, with ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Dependency on a permanent subsidized option  *Length of stay in prior living situation: (select one)  One night or less  Done 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:/		□Clie	nt prefers	not to an	swer □Da	ita not co	llected						
Rental by client, no ongoing housing subsidy  *Rental Subsidy Type select one  UVASH housing subsidy  Rental by client, with other housing subsidy  Rent or equivalent subsidy  Rent or equivalent subsidy  Rent or equivalent subsidy  Rent or equivalent subsidy  Remergency Housing Voucher  Family Unification Program Voucher (FUP)  Permanent Supportive Housing  Other permanent housing dedicated for formerly homeless persons  Owned by client, with ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Dependency on a permanent subsidized option  *Length of stay in prior living situation: (select one)  One night or less  Done 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:/													
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 Y outh 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://  Revised 01/30/2024	-Perm	anent H	lousing S	ituation									
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□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 □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://		*Rental	Subsidy	Type sel	lect one								
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□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 □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:			□Rental	by client	, with oth	er housin	g subsid	У					
□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 □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://  Revised 01/30/2024			□GPD T	TP housing	ng subsidy	<b>y</b>							
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□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:/			□HCV v	oucher (t	enant or p	project ba	ased) (no	t dedicate	ed)				
□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:// Revised 01/30/2024			□Public	housing 1	unit								
□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 □Data not collected  *Approximate Date this episode of Homelessness Started://  Revised 01/30/2024			□Emerg	ency Hou	sing Vou	cher							
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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			□Foster	Youth to	Independ	ence Init	iative (F	YI)					
□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://  Revised 01/30/2024			□Permai	nent Supp	ortive Ho	ousing							
□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://  Revised 01/30/2024			□Other p	permanen	t housing	dedicate	d for for	merly hor	meless p	ersons			
□ 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://  Revised 01/30/2024	□Own	ed by cli	ent, with	ongoing l	housing s	ubsidy							
*Length of stay in prior living situation: (select one)  One night or less	□Own	ed by cli	ent, no or	ngoing ho	ousing sub	sidy							
□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://  Revised 01/30/2024	□ Depe	endency	on a pern	nanent su	bsidized o	option							
□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:// Revised 01/30/2024		*Leng	gth of sta	y in prio	r living si	ituation:	(select o	one)					
□One week or more, but less than one month □Client doesn't know □Client prefers not to answer □Data not collected  *Approximate Date this episode of Homelessness Started://  Revised 01/30/2024		□One	night or l	less				□90 da	ys or mo	ore, but l	ess than	one year	
□One month or more, but less than 90 days □Client prefers not to answer □Data not collected  *Approximate Date this episode of Homelessness Started://  Revised 01/30/2024		□Two	to six nig	ghts				□One :	year or l	onger			
□Data not collected  *Approximate Date this episode of Homelessness Started://  Revised 01/30/2024		□One	week or i	more, but	less than	one mon	th	□Clien	t doesn'	t know			
*Approximate Date this episode of Homelessness Started://		□One	month or	more, bu	it less that	n 90 days	3	□Clie	nt prefer	s not to a	nswer		
Revised 01/30/2024		□Data	not colle	ected									
_		*App	roximate	Date thi	s episode	of Hom	elessnes	s Started	:/_	/			
3												Kevised (	01/30/2024 5

						ight) Nun ng today:			e client h	as been (	on the st	reets, in
	□One Ti	ime	□Two	Times	□Three	Times	□Four	or more	times	□Clier	nt doesn'	t know
	□Client	prefers 1	not to an	swer □Da	ata not co	llected						
	*Total ı	number	of mont	hs home	less on th	ne street,	in ES or	· SH in t	the past t	three yea	rs: (selec	ct one)
	□One m	onth (th	is time is	s the first	month)	□2	□3	□4	□5	□6	□7	□8
	□9	□10	□11	□12	□More	than 12 n	nonths	□Clie	nt doesn'	t know		
	□Client	prefers 1	not to an	swer □Da	ata not co	llected						
	*Lengtl	ı of stay	in prio	r living si	ituation:	(select or	ie)					
	□One ni	ght or le	ess				□90 da	ys or mo	ore, but le	ess than o	ne year	
	□Two to	six nig	hts				□One y	ear or le	onger			
	□One w	eek or n	nore, but	less than	one mon	th	□Clien	t doesn'	t know			
	□One m	onth or	more, bu	t less that	n 90 days	;	□Clien	nt prefer	s not to a	nswer		
	□Data n	ot collec	eted									
Chroni	cally Hon	neless (a	uto-calc	ulated)								
*Curr	ent Liv	ing S	ituatio	n								
-Hom	eless Sit	uation	ı <b>-</b>									
□Place r	not meant f	or habita	tion (e.g.,	vehicle, a	bandoned	building, b	ous/train. S	Subway s	station/air <sub>l</sub>	ort or any	where out	tside)
□Emerg	ency Shelto	er, includ	ing hotel	or motel p	aid for wi	th emergen	cy shelter	r voucher	•			
□Safe H	aven											
Has a sı □No	ubsequent □Yes		e been id nt doesn'			□Client	prefers	not to ar	iswer	□Data	not colle	ected
* <b>Does</b> ☐	Individua □Yes		nily have nt doesn'		es or sup		vorks to prefers 1				housing not colle	
*Has th □No	e client ha □Yes		or owner nt doesn'	-	rest in a p		housing prefers			•	not colle	ected
*Has tl □No	he client r □Yes		or more nt doesn'		n the last		prefers i	not to ar	iswer	□Data	not colle	ected
-Instit	tutional	Situat	ion-									
□Foste	care hom	ne or fos	ter care g	group hor	ne							
□Hospi	tal or othe	er reside	ntial non	-psychiat	ric medic	cal facility	•					

□Jail,	prison or	juvenile detention facility	I			
□Lon	g-term ca	re facility or nursing home	e			
□Psyc	hiatric H	ospital or other psychiatric	c facility			
		use treatment facility or de <b>Iousing Situation</b>	etox center			
□Resi	dential p	roject or halfway house wi	th no home	less criteria		
□Hote	el or mote	el paid for without emerge	ncy shelter v	voucher		
□Trar	sitional l	nousing for homeless person	ons (includir	ng homeless youth)		
□Hos	t Home (1	non-crisis)				
□Stay	ing or liv	ing in a family room, apar	tment or ho	use		
□Stay	ing or liv	ing in a friend's member's	s room, apai	tment or house		
<b>*Is cl</b> □No	ient goin □Yes	g to leave their current li Client doesn't know		ion within 14 days?  □Client prefers not to	answer	□Data not collected
Has a	subsequ	ent residence been ident	ified?			
□No	□Yes	□Client doesn't know	□Client pr	refers not to answer	□Data no	ot collected
	s Individ □Yes	ual or family have resour		port networks to obtain	_	manent housing?
*Has	the clien	t had a lease or ownershi	ip interest i	n a permanent housin	ng unit in the	e last 60 days?
□No	□Yes	□Client doesn't know	□Client p	refers not to answer	□Data no	ot collected
*Has	the clien	t moved 2 or more times	in the last	60 days?		
□No	□Yes	□Client doesn't know	□Client p	refers not to answer	□Data no	ot collected
*Inco	me from	any source: □No □Yes □	Client does	n't know □Client prefe	rs not to ans	wer □Data not collected
*Mon	thly Inco	ome Sources: (select all the	hat apply)			
□Earr	ed Incon	ne \$		□Unemployment Insu	rance \$	
□Supj	olemental	Security Income SSI: \$		□ Social Security Disa	ability Incon	ne SSDI \$
□VAS	Service-Co	onnected Disability Compens	ation \$	□VA Non-Service-Co	onnected Dis	ability Pension \$
□Priv	ate disabi	lity insurance \$		□Worker's compensa	tion \$	_
□Tem	porary A	ssistance for Needy Famil	ies TANF \$	_ □General Public Ass	istance\$	

□Retirement income from Social Security	□Pension or retirement income from a former job \$					
□Child Support \$	□Alimony or other s	pousal support \$				
□Other \$						
*Non-Cash Benefits	from any source: (select one)					
□No □Yes □Client doesn't know	□Client prefers not to answer	er □Data not collected				
□SNAP (Food Stamps)	□Special Supplemental Nut	rition Program for Women, Infants, and				
Children (WIC)  □ TANF Child Care Services	☐ TANF transportation serv	rice				
□ Other TANF -funded services	□Other Source					
*Covered by Health Insurance: (select of	one: if answer is ves inlease con	mplete below)				
□No □Yes □Client doesn't know	□Client prefers not to answer					
MEDICAID: □No □Yes	MEDICARE					
State Children's Health Insurance program:		ealth Administrations (VHA) □No □Yes				
Employer-Provided Health Insurance: □No □Y		ance 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-independently? ¬No ¬Yes ¬Client	continued and indefinite durati doesn't know	on and substantially impairs ability to live				
□Client prefers not to answer □Da	ata 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)	1					
□No □Yes □Client doesn't know	□Client prefers not to answer	□Data not collected				
(If yes to above) *Expected to be of long-independently? ¬NO ¬Yes ¬Client do	continued and indefinite durati esn't know   Client prefers not					
□Data not collected						

	/AIDS: (	(select one)		
□No	$\Box Yes$	□Client doesn't kno	ow Client prefers not to answer	□Data not collected
*Men	ıtal Heal	th Disorder: (select	one)	
□No	□Yes	□Client doesn't kno	ow □Client prefers not to answer	□Data not collected
	s to abov endently'		ong-continued and indefinite duration	and substantially impairs ability to live
□No	$\Box Yes$	□Client doesn't kno	ow Client prefers not to answer	□Data not collected
*Sub	stance U	se Disorder: (select	one)	
□No	□Alcoh	ol Abuse □Drug Ab	use □Both Alcohol & Drug Abuse	c □Client doesn't know
□Clie	nt prefers	s not to answer	Data not collected	
	s to abov endently'		ong-continued and indefinite duration	and substantially impairs ability to live
□No	$\Box Yes$	□Client doesn't kno	ow Client prefers not to answer	□Data not collected
Disab	oling Cor	ndition: (auto calcula		
			<b>Domestic Violence</b>	
*Info	rmation	Date:	Domestic Violence	
		Date: olence Victim/Survi		
*Don			vor: (select one)	□Data not collected
* <b>Don</b> □No	nestic Vio	olence Victim/Survi	vor: (select one) ow □Client prefers not to answer	□Data not collected
* <b>Don</b> □No *( <b>If Y</b>	nestic Vio □Yes Yes) Whe	olence Victim/Survi □Client doesn't kno en experience occurr	vor: (select one) ow □Client prefers not to answer	□Data not collected
*Don □No *(If Y	□Yes  (es) When the particular content of t	collence Victim/Survi	vor: (select one)  OW	□Data not collected
*Don  No  *(If Y	□Yes  Ves) When the pare to six 1	collence Victim/Survi	vor: (select one)  OW Client prefers not to answer  red: (select one)  Client doesn't know  Client prefers not to answer	□Data not collected
*Don  No  *(If Y  With  Three	□Yes  Ves) When the pare to six 1	collence Victim/Survi  Client doesn't known experience occurrent three months  months ago	vor: (select one)  OW Client prefers not to answer  red: (select one)  Client doesn't know  Client prefers not to answer	□Data not collected
*Don  No  *(If Y  With  Three  From	□Yes  Zes) When  The particular of the particul	collence Victim/Survi  Client doesn't known experience occurrent three months  months ago	vor: (select one)  Dow	□Data not collected
*Don  No  *(If Y  With  Three  From  More	□Yes  Zes) When  The particular of the particul	collence Victim/Survi	vor: (select one)  Dow	□Data not collected

□ 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)  Benefits Loss / Reduction  Job Income Loss/Reduction  Eviction  Relocation  Release from prison/jail  Release from Hospital  Release from Psych. Facility  Illness  Unknown  Rent Increase/Insufficient funds  Household Breakup/Death in Household  Sexual Orientation	□Injury □ Domestic Violence □ Asked to leaved shared residence □Drug/Alcohol Abuse □Other □ Natural Disaster □Foreclosure -Rented Property □Foreclosure -Owned Property □Not Homeless □Mental Illness □Substandard Housing □ Impact from COVID -19
*Zip Code of Last Permanent Addr	ess Children's Education Questions:
*Education Enrollment Status: (select of	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) $\Box$ Yes $\Box$ No $\Box$ Don	't know □Prefers not to answer
Type of School: (select one)	
□Public school □Parochial or other priv	vate school Don't know Prefers not to answer
If not enrolled, last date of enrollment [	MM/YYYY]:/
*Student Body Age: (select one)	
□Nursery/Preschool	□Six-Year High School
□Kindergarten School	□High School – Other than listed above
□Elementary School	□Special Elem/Sec. School for Handicapped
□Middle School	□Special Elementary School for Handicapped
□Approved Junior High School	□Special Secondary School for Handicapped
□Four-Year High School	□Three-Year School
□County Voc-Tech School or Institute	□Adult Education School

□Evening High	School (Approved)	)	□Evening School for Foreign Born (Approved)					
*School County	y:							
*School Distric	t:							
*School Name:								
*Barriers to Er	arollment: (select a	all that apply)						
□None			□School Records					
□School Selection	on		□Transportation					
□Immunization	or Other Medical F	Records	□Other Enrollment Issu	es				
□Residency Rec	luired		□Birth Certificates					
□Legal Guardia	nship requirements		□Physical examination	records				
*Current Stude	ent: (select one)							
□Yes □No	□Don't know	□Prefers not to a	nswer					
•	-	_	e □Bachelors □Masters □ d training or skilled artis					
*Received voca	tional training or	apprenticeship c	ertificate: (select one)					
□Yes □No	□Don't know	□Prefers not to a	nswer					
*Marital Status	s: (select one)							
□Single	□Married	□Common Law	□Divorced	□Separated	□Remarried			
□Widow(er)	□Civil Union							
HA#								
*Services Soug	ht: (select all that a	apply)						
□Shelter/Housin	ıg		□Drug Treatment					
□Mental Health	Care		□Medical Care					
□Legal Aid – CRSJ/Civil			□Legal Aid – Immigration					
□Financial Assi	stance – Utilities		□Financial Assistance -	- Housing				
□Financial Assi	stance – Moving E	xpense	□Financial Assistance – Other					
□Other								