



**VA SSVF RRH Intake Form:**

**\*Intake/Admission Date:** \_\_\_/\_\_\_/\_\_\_      **Primary Worker:** \_\_\_\_\_

**Client Location (Continuum of Care):** {Pre-Populated}

**Information Sharing Level:** (consent form)      **Referred By:** \_\_\_\_\_

**\*First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_

**Alias** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**\*Name Data Quality:**  Full name reported    Partial, street name, or code name reported

(Select one)     Client doesn't know     Client refused     Data not collected

**\*Social Security Number:** \_\_\_/\_\_\_/\_\_\_

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

- Full SSN Reported  
 Approximate or Partial SSN Reported  
 Client doesn't know  
 Client refused  
 Data not collected

**Birth Date:** \_\_\_/\_\_\_/\_\_\_

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

- Full DOB Reported  
 Approximate or Partial DOB  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Gender:** (select one)     Female  Male     A gender that is not singularly 'Female 'or 'Male'  
 Transgender     Questioning     Client doesn't know  
 Client refused     Data not collected

**\*Ethnicity:** (select one)     Non-Hispanic/Non-Latin(a)(o)(x)     Hispanic/Latin(a)(o)(x)  
 Client doesn't know     Client refused     Data not collected

**\*Race:** (select all that apply)

- American Indian/Alaskan Native     White     Native Hawaiian/Pacific Islander     Black/African American  
 Asian     Client doesn't know     Client refused     Data not collected

**Prior Living Situation**

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

**-Homeless Situation-**

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bust/train subway station/airport or anywhere outside)  
 Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter

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Safe Haven

**-Institutional Situations-**

- 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

**-Temporary and Permanent 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 friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH subsidy
- Permanent Housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

**-Unknown Options-**

- Client doesn't know
- Client refused
- Data not collected

**\*Length of stay in previous place: (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 day's

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

**\*Approximate date 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 Refused     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 Refused  
 Data not collected

***Chronically Homeless (auto-calculated)***

**Housing Move-In Date**

**\*Has the client been placed in Permanent Housing?**

- No     Yes

**\*(If Yes,) Specify Permanent Housing Move In Date?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Resident Unit (select from drop down menu)**

**\*Income from any source:**  No     Yes     Client doesn't know     Client refused     Data not collected

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

- Earned Income \$ \_\_\_\_\_  
 SSI: \$ \_\_\_\_\_  
 VA service-connected disability compensation \$ \_\_\_\_\_  
 Private disability insurance \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_  
 Retirement income from SSA \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Unemployment Insurance \$ \_\_\_\_\_  
 SSDI \$ \_\_\_\_\_  
 VA non-service-connected disability pension \$ \_\_\_\_\_  
 Worker's compensation \$ \_\_\_\_\_

General public assistance \$ \_\_\_\_\_

Pension or retirement income from a former job \$ \_\_\_\_\_

Alimony or other spousal support \$ \_\_\_\_\_

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

No  Yes  Client doesn't know  Client refused  Data not collected

**\*Non-Cash Benefits:** (select all that apply)

SNAP (Food Stamps)

Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)

TANF Child Care services

TANF transportation services

Other TANF-funded services

Section 8, public housing, or other ongoing rental assistance

Temporary Rental Assistance

Other source: \_\_\_\_\_

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

No  Yes  Client doesn't know  Client refused  Data not collected

**MEDICAID:**  No

Yes

**MEDICARE:**  No

Yes

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

**Veterans Administrations (VA) Medical Services:**  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 Services:**  No  Yes

**Other:**  No  Yes – Please specify: \_\_\_\_\_

### Special Needs:

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

No  Yes  Client doesn't know  Client refused  Data not collected

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:**  No  Yes  Client doesn't know  Client refused  Data not collected

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

No  Yes  Client doesn't know  Client refused  Data not collected

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

No  Yes  Client doesn't know  Client refused  Data not collected

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?** No Yes Client doesn't know Client refused Data not collected

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

No Yes Client doesn't know Client refused Data not collected

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

No Yes Client doesn't know Client refused Data not collected

(If client has a mental health disorder) **Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?**

No Yes Client doesn't know Client refused Data not collected

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

No Alcohol Abuse Drug Abuse Both Alcohol & Drug Abuse Client doesn't know  
Client refused Data not collected

(If client has a substance abuse disorder) **Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?**

No Yes Client doesn't know Client refused Data not collected

**Disabling Condition: (auto calculated)**

### Domestic Violence

**\*Information Date:** \_\_\_\_\_

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

No Yes Client doesn't know Client refused 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 refused

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 refused Data not collected

**\*Connection with SOAR:**

No Yes Client doesn't know Client refused Data not collected

**\*Last Grade Completed:** (select one)

Less than grade 5 Grades 5 – 6 Grades 7 – 8 Grades 9 – 11 Grade 12

School program does not have grade levels GED Some college

Associates Degree Bachelor's Degree Graduate Degree

Vocational Certification  Client doesn't know  Client Refused  Data not collected

**Employment Status:**

No  Yes  Client doesn't know  Client refused  Data not collected

**Military Service:**

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

No  
 Yes  
 Client doesn't know  
 Client refused  
 Data not collected

**\*(If Yes) Veteran Discharge Status:** (select one)

Honorable  
 General under honorable conditions  
 Under other than honorable conditions (OTH)  
 Bad Conduct  
 Dishonorable  
 Uncharacterized  
 Client doesn't know  
 Client refused  
 Data not collected

**\*(If Yes) Branch of Military:** (select one) **\*(If Yes) Year Entered Military Service (year):** \_\_\_\_\_

Army  Air Force  
 Navy  Marines  
 Coast Guard  Client doesn't know  
 Client refused  Data not collected

**VAMC Station Number:** \_\_\_\_\_ **\*(If Yes) Year Separated from Military Service (year):** \_\_\_\_\_

**Theatre of Operations:**

**\*World War II:** (select one)

No  
 Yes  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Korean War:** (select one)

No  
 Yes  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Vietnam War:** (select one)

No  
 Yes  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Persian Gulf War (Operation Desert Storm):** (select one)

No  Yes  Client doesn't know  Client refused  Data not collected

**\*Afghanistan (Operation Enduring Freedom):** (select one)

No  Yes  Client doesn't know  Client refused  Data not collected

**\*Iraq (Operation Iraqi Freedom):** (select one)

- No  
 Yes  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Operation New Dawn:** (select one)

- No  
 Yes  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo):** (select one)  No  Yes  Client doesn't know  Client refused  Data not collected

**\*Household Income as a Percentage of AMI:** (select one)  Less than 30%  30% to 50%  Greater than 50%

**Last Permanent Address:**

**\*Address Data Quality:** (select one)

- Full address reported  
 Incomplete or estimated address reported  
 Client doesn't know  
 Client refused  
 Data not collected

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Household Composition:**

**\*Individual/Family Type:**

- |                                                             |                                                    |
|-------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Individual Male                    | <input type="checkbox"/> Two Parent Family – Adult |
| <input type="checkbox"/> Individual Female                  | <input type="checkbox"/> Two Parent Family – Youth |
| <input type="checkbox"/> Individual Male Youth (<18)        | <input type="checkbox"/> Adult Couple w/o Children |
| <input type="checkbox"/> Individual Female Youth (<18)      | <input type="checkbox"/> Household w/only Children |
| <input type="checkbox"/> Single Parent Family – Male Head   | <input type="checkbox"/> Other household type      |
| <input type="checkbox"/> Single Parent Family – Female Head | <input type="checkbox"/> Household member - adult  |
| <input type="checkbox"/> Single Parent Family – Youth Head  | <input type="checkbox"/> Household member – child  |

**Household Size** \_\_\_\_\_

**Non-HMIS Data Elements:**

**\*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                    |

**Zip Code of Last Permanent Address:** \_\_\_\_\_ (enter five 9's if they don't know zip code)

**Zip Code Data Quality:** (select one)

Full/Partial Zip Code Reported       Don't know       Refused

**Date Left Last Permanent Address** \_\_\_\_/\_\_\_\_/\_\_\_\_

**City /Town of Last Permanent Address** \_\_\_\_\_

**County of Last Permanent Address**

Atlantic       -Cumberland       Mercer       Passaic       Warren  
 Bergen       Essex       Middlesex       -Salem       NJ – Unknown  
 Burlington       -Gloucester       -Monmouth       Somerset       -USA not NJ  
 Camden       -Hudson       -Morris       Sussex       Non USA  
 Cape May       -Hunterdon       -Ocean       -Union       Unknown

**Birth Place** \_\_\_\_\_

**Citizen**    US Citizen       Registered Alien       Undocumented Alien

**Alien Registration** \_\_\_\_\_

**Primary Language Primary Language:**

English       Spanish       French       Chinese       Arabic       Hebrew  
 Russian       Sign Language       Other       Creole       Greek       Italian  
 Japanese       Vietnamese       Braille

**Mother's Maiden Name** \_\_\_\_\_

**Optional Military Data Elements**

**Duration of Active Duty (months)** \_\_\_\_\_

**Served in a war zone:**

No       Yes       Doesn't know       Refused

**Name of war zone:**

Europe    North Africa    Vietnam    Laos and Cambodia    South China Sea    China , Burma, India    Korea  
 South Pacific    Persian Gulf    Other    Afghanistan    Don't know    Refused

**Number of months in war zone:** \_\_\_\_\_

**Received hostile or friendly fire:**  No       Yes       Doesn't know       Refused

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

Yes       No       Don't know       Refused

**Post Secondary Degree:**  None    Associates Degree    Bachelors    Masters    Doctorate    Other  
graduate/professional degree    Certificate of advanced training or skilled artisan    Don't Know    Refused

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

Yes       No       Don't know       Refused

**Children's Education Questions:**

**\*Education Enrollment Status:** (select one)       Yes       No       Don't know       Refused

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**If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?**(Select one) Yes No Don't know Refused**Type of School:** (select one)Public school Parochial or other private school Don't know Refused**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                     |
| <input type="checkbox"/> Evening High School (Approved)      | <input type="checkbox"/> Evening School for Foreign Born (Approved) |

**\*School County:** \_\_\_\_\_**\*School District:** \_\_\_\_\_**\*School Name:** \_\_\_\_\_**\*Barriers to Enrollment:** (select all that apply)

- |                                                                |                                                       |
|----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> None                                  | <input type="checkbox"/> School Records               |
| <input type="checkbox"/> School Selection                      | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Immunization or Other Medical Records | <input type="checkbox"/> Other Enrollment Issues      |
| <input type="checkbox"/> Residency Required                    | <input type="checkbox"/> Birth Certificates           |
| <input type="checkbox"/> Legal Guardianship requirements       | <input type="checkbox"/> Physical examination records |

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

- |                                    |                                      |                                     |                                   |                                    |                                    |
|------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Single    | <input type="checkbox"/> Married     | <input type="checkbox"/> Common Law | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried |
| <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Civil Union |                                     |                                   |                                    |                                    |

HA# \_\_\_\_\_

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

- |                                                           |                                                         |
|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Shelter/Housing                  | <input type="checkbox"/> Drug Treatment                 |
| <input type="checkbox"/> Mental Health Care               | <input type="checkbox"/> Medical Care                   |
| <input type="checkbox"/> Legal Aid – CRSJ/Civil           | <input type="checkbox"/> Legal Aid – Immigration        |
| <input type="checkbox"/> Financial Assistance – Utilities | <input type="checkbox"/> Financial Assistance – Housing |

Financial Assistance – Moving Expense  
 Other

Financial Assistance – Other