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

***Race**	□American Indian/Alaska Native / or Indigenous	□Asian or Asian American
	□Black/African American, or African	□Hispanic/Latina/e/o
	□Middle Eastern/North African	□Native Hawaiian/Pacific Islander
	□White	□Client doesn't know
	□Client prefers not to answer	□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

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
□90 days or more, but less than one year
□One year or longer
□Client doesn't know
□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

-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)

□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

□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

□Two to six nights

□One week or more, but less than one month

□One month or more, but less than 90 days

□90 days or more, but less than one year

□One year or longer

□Client doesn't know

□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

***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

□90 days or more, but less than one year

□One year or longer

□Client doesn't know

□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

□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 $_____

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

□ 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)

□ Benefits Loss / Reduction	□Injury
□ Job Income Loss/Reduction	□ Domestic Violence
□ Eviction	□ Asked to leaved shared residence
□Relocation	□Drug/Alcohol Abuse
□ Release from prison/jail	□Other
□Release from Hospital	□ Natural Disaster
□Release from Psych. Facility	□Foreclosure -Rented Property
□ Illness	□Foreclosure -Owned Property
□Unknown	□Not Homeless
□Rent Increase/Insufficient funds	□Mental Illness
□ Household Breakup/Death in Household	□Substandard Housing
□ Sexual Orientation	□ 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)

□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**: _____

***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