







INTAKE DATE	Client Code	Client Score	PLACEMENT/BED/UNIT	PRIMARY WORKER
/ /				
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	
NAME DATA QUALITY			ALIAS	
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name Reported			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
SOCIAL SECURITY NUMBER			SSN DATA QUALITY	
(Enter "9" for any missing numbers in an Approximate or Partial SSN)			<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approx or Partial SSN Reported	
			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
GENDER - ASK THE CLIENT HOW THEY IDENTIFY				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected				
BIRTHDATE		BIRTHDATE QUALITY		
/ /		<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approx or Partial DOB Reported		
If 60 yrs + 1 pt		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
If 24 yr or younger + 2 pts				
ETHNICITY-ASK THE CLIENT HOW THEY IDENTIFY				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected				
RACE (choose all that apply)-ASK THE CLIENT HOW THEY IDENTIFY				
<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected				
DO YOU HAVE A PHONE NUMBER AT WHICH YOU CAN BE REACHED?			() -	
VETERAN STATUS				
<input type="checkbox"/> No <input type="checkbox"/> Yes if yes 3 pts			<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HOUSEHOLD INFORMATION				
NUMBER OF PEOPLE IN THE HOUSEHOLD				
AGES AND GENDER OF THOSE SEEKING HOUSING				
DOB	SEX	DOB	SEX	
(self)				
 +5 pt if a family with dependent children				
DOES THE CLIENT HAVE ANY LEGAL ISSUES THAT WILL MAKE IT MORE DIFFICULT TO RENT A PLACE TO LIVE?				
<input type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Released from Jail/ Prison <input type="checkbox"/> On Probation/ Parole <input type="checkbox"/> Pending Charges/ Fines  +1 pt for each				
IS THE CLIENT BEING SANCTIONED THROUGH A PUBLIC ASSISTANCE PROGRAM?				
<input type="checkbox"/> No <input type="checkbox"/> Yes  +3 pt for Yes				

LIVING SITUATION - The night before project entry.

Select **(1)** of **HOMELESS , INSTITUTIONAL , TRANSITIONAL AND PERMANENT HOUSING SITUATIONS OR UNKNOWN.**

APPROXIMATE DATE CURRENT HOMELESSNESS EPISODE STARTED _____ / _____ / _____

HOMELESS SITUATIONS

<p>TYPE OF RESIDENCE</p> <p><input type="checkbox"/> Place not meant for human habitation(vehicle, abandoned building bus/ train/ subway station etc)</p> <p><input type="checkbox"/> Emergency Shelter,including hotel or motel paid for with emergency shelter voucher</p> <p><input type="checkbox"/> Safe Haven</p> <p><input type="checkbox"/> Interim Housing</p> <p>If Place not meant for human habitation or street, woods, camper or tent score 2 pts</p> 	<p>LENGTH OF STAY</p> <p><input type="checkbox"/> 1 night or less <input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> 1 week or more, but less than a month <input type="checkbox"/> Data Not Collected</p> <p><input type="checkbox"/> 1 month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than 1 year</p> <p><input type="checkbox"/> 1 year or longer</p>
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TYPE OF RESIDENCE

<p>INSTITUTIONAL SITUATIONS</p> <p><input type="checkbox"/> Foster Care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility</p> <p><input type="checkbox"/> Long-Term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p>	<p>TRANSITIONAL & PERMANENT HOUSING SITUATIONS</p> <p><input type="checkbox"/> Rental by client, no ongoing subsidy</p> <p><input type="checkbox"/> Rental by client, with GPD TIP subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH subsidy</p> <p><input type="checkbox"/> Rental by client, with other housing subsidy (including</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or in a family member's room, apartment or house</p> <p><input type="checkbox"/> Staying or in a friend's room, apartment or house</p> <p><input type="checkbox"/> Transitional housing for homeless person (incl. homeless youth)</p>
<p>TRANSITIONAL & PERMANENT HOUSING SITUATIONS</p> <p><input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Owned by client, no ongoing subsidy</p> <p><input type="checkbox"/> Owned by client, WITH ongoing subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA)</p>	<p>UNKNOWN (ONLY IF NECESSARY)</p> <p><input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected</p>

LENGTH OF STAY

1 night or less 2 to 6 nights 1 week or more, but less than a month 1 month or more, but less than 90 days Client Doesn't Know

90 days or more, but less than 1 year 1 year or longer Client Refused Data Not Collected

<p>DID THE CLIENT STAY LESS THAN 90 DAYS?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>IF YES: THE NIGHT BEFORE DID THEY STAY ON THE STREETS, ES, OR SH?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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IF YES TO "ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH? PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:

APPROXIMATE DATE PRIOR EPISODE OF HOMELESSNESS STARTED _____ / _____ / _____

<p>REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES OR SH IN THE PAST (3) YEARS</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected</p> <p>2-3 = 2 pts 4+ = 3 pts <input style="width: 50px;" type="text"/></p>	<p>TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES OR IN SH IN THE PAST THREE YEARS</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13+ <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected</p>
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Has the client experienced 1 or more consecutive years of homelessness? No Yes Yes = 3 pts

ADDRESS OF LOCATION CLIENT STAYED LAST NIGHT

PLEASE BE SURE YOU HAVE SELECTED ONLY 1 OF THE LIVING SITUATIONS FOR THE NIGHT PRIOR TO PROGRAM ENTRY

INCOME & SOURCES / NON- CASH BENEFITS

INCOME FROM ANY SOURCE

No Yes Client Doesn't Know Client Refused Data Not Collected

IF YES CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY

<input type="checkbox"/> Earned Income	\$	<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> SSI	\$	<input type="checkbox"/> SSDI	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Worker's Compensation	\$
<input type="checkbox"/> TANF	\$	<input type="checkbox"/> General Public Assistance	\$
<input type="checkbox"/> Retirement from SSA	\$	<input type="checkbox"/> Pension or Retirement from former job	\$
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/> Alimony or Other Spousal Support	\$
<input type="checkbox"/> Other	\$		

if no one in HH is employed +1 pt, if no other income sources +1 pt. (can be a total of 2)

NON-CASH BENEFITS FROM ANY SOURCE

No Yes Client Doesn't Know Client Refused Data Not Collected

IF YES CHECK ALL THAT APPLY

SNAP (Food Stamps) Special Supplemental Nutrition Program for Women, Infants and Children Other TANF Funded Svcs
 TANF Child Care Services TANF Transportation Services

HEALTH INSURANCE / DISABLING CONDITIONS

COVERED BY HEALTH INSURANCE

No Yes Client Doesn't Know Client Refused Data Not Collected

IF YES CHECK ALL THAT APPLY

MEDICAID	<input type="checkbox"/> No	<input type="checkbox"/> Yes	MEDICARE	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes	VA Medical Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Health Insurance via COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	State Health Insurance Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

PHYSICAL DISABILITY IF YES: EXPECTED TO BE OF LONG CONTINUED&INDEFINITE DURATION&SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDPNDTLY

No Yes Client Doesn't Know Client Refused Data Not Collected No Yes Client Doesn't Know Client Refused Data Not Collected

DEVELOPMENTAL DISABILITY IF YES EXPECTED TO SUBSTANITALLY IMPAIR ABILITY TO LIVE INDPNDNTLY

No Yes Client Doesn't Know Client Refused Data Not Collected No Yes Client Doesn't Know Client Refused Data Not Collected

CHRONIC HEALTH CONDITION IF YES: EXPECTED TO BE OF LONG CONTINUED&INDEFINITE DURATION&SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDPNDTLY

No Yes Client Doesn't Know Client Refused Data Not Collected No Yes Client Doesn't Know Client Refused Data Not Collected

HIV/AIDS IF YES EXPECTED TO SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDPNDNTLY

No Yes Client Doesn't Know Client Refused Data Not Collected No Yes Client Doesn't Know Client Refused Data Not Collected

MENTAL HEALTH PROBLEM IF YES: EXPECTED TO BE OF LONG CONTINUED&INDEFINITE DURATION&SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDPNDTLY



No Yes Client Doesn't Know Client Refused Data Not Collected No Yes Client Doesn't Know Client Refused Data Not Collected

SUBSTANCE ABUSE PROBLEM IF YES: EXPECTED TO BE OF LONG CONTINUED&INDEFINITE DURATION&SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDPNDTLY

No Yes, Alcohol Yes, Drug Yes, Both Client Doesn't Know Client Refused Data Not Collected No Yes Client Doesn't Know Client Refused Data Not Collected

Score 1 pt for each disability, for a possible total of 6 pts (substance abuse is 1 pt)

DV STATUS

DOMESTIC ABUSE VICTIM/SURVIVOR		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES WHEN DID THE EXPERIENCE OCCUR		IF YES: ARE YOU CURRENTLY FLEEING
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> From 6-12 months ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected If Yes +3 pts <input type="text"/>
LAST PERMANENT ADDRESS		
What was the Client's last perm. address: _____ _____ Length of time at that address: _____ Why are they no longer there: (nonpayment, destruction of property) _____ _____ _____		
OTHER RESOURCES		
ANY FRIENDS OR OR FAMILY THAT CLIENT CAN STAY WITH FOR AT LEAST THE NEXT 14 DAYS OR LONGER?		
<input type="checkbox"/> No <input type="checkbox"/> Yes  If No +1 pt <input type="text"/>		
DOES THE CLIENT HAVE THEIR OWN TRANSPORTATION ?		
<input type="checkbox"/> No <input type="checkbox"/> Yes  If No +1 pt <input type="text"/>		
EMPLOYMENT - IS ANYONE IN THE HOUSEHOLD CURRENTLY EMPLOYED, IF YES LIST NAME, ADDRESS AND PHONE # OF EMPLOYER		
<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____ _____ _____		
RESIDENCE SITUATION		
HAS CLIENT BEEN PLACED INTO HOUSING?		MOVE IN DATE
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Emergency <input type="checkbox"/> Temp <input type="checkbox"/> Permanent		/ / /
OTHER INFORMATION		
HAS CLIENT EVER BEEN IN FOSTER CARE?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes how did they leave Foster Care? <input type="checkbox"/> < 18 years old, returned to Parents <input type="checkbox"/> Adopted <input type="checkbox"/> >18 Independent Living Plan Discharge <input type="checkbox"/> >18 Chose not to remain in Foster Care ILP not executed		
HAS CLIENT EVER RECEIVED SOCIAL SECURITY BENEFITS, SSI/SSA/SSD??		<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, which type did they receive, why did it stop, when did it stop? _____ _____		