Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**ervicePointClient ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Name Type**:  Full Name Reported

 Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**SSN**: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN Type:**  Full

 Approximate/Partial

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**U.S. Military Veteran? (Clients 18 and older)**: Yes No Client Doesn’t Know Client Refused Data Not Collected

**HUD CoC & ESG Entry SO ES SH 2020-2021**

**DOB** (mm/dd/yyyy) / / **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Refused

 Data Not Collected

**Race (Select up to 5):** American Indian, Alaska Native, or Indigenous  White

 Asian or Asian American  Client Doesn’t know

 Black, African American, or African  Client Refused

  Native Hawaiian or Pacific Islander  Data Not Collected

**Ethnicity**:  Hispanic/Latin(a)(o)(x)

 Non-Hispanic/Latin(a)(o)(x)

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**Gender (Select all that Apply)**:

 Female  Male

 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)  Transgender  Questioning

 Client Doesn’t Know  Client Refused Data Not Collected

**Does the client have a disabling condition?**  Yes No Client Doesn’t Know Client Refused Data Not Collected

**Relationship to Head of Household:**  Self

 Head of Household’s Child

 Head of Household’s Spouse or Partner

 Other Relation to Head of Household

 Other Non-Related Member

 Data Not Collected

**Prior Living Situation:**

**-HOMELESS SITUATION-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter

 Safe Haven

**-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 Use 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 an Emergency Shelter Voucher

 Transitional Housing for Homeless Persons (includes homeless youth)

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, 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

**-OTHER-**

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**Length of stay in previous living situation:**  1 night or less  1 year or longer

 2 to 6 night’s  Client Doesn’t Know

 1 week or more but less than 1 month  Client Refused

 1 month or more but less than 90 day’s  Data Not Collected

 90 days or more but less than 1 year

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Refused

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Refused

 Data Not Collected

**Income from any source?**  Yes  No Client Doesn’t Know Client Refused Data Not Collected

**Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Earned Income | $ |
| Yes  No | Unemployment Insurance | $ |
| Yes  No | Supplemental Security Income (SSI) | $ |
| Yes  No | Social Security Disability Income (SSDI) | $ |
| Yes  No | VA Service Connected Disability Compensation | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Worker’s Compensation | $ |
| Yes  No | Temporary Assistance for Needy Families (TANF) | $ |
| Yes  No | General Assistance | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | Pension or Retirement Income from Another Job | $ |
| Yes  No | Child Support | $ |
| Yes  No | Alimony or Other Spousal Support | $ |
| Yes  No | Other – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | **Total Monthly Income** | **Total:** |

**Non-Cash Benefit from any source?**  Yes  No Client Doesn’t Know Client Refused Data Not Collected

**Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount**  *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (SNAP – Food Stamps) | $ |
| Yes  No | Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Covered by Health Insurance?** Yes  No Client Doesn’t Know Client Refused Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE |
| Yes  No | State Children’s Health Insurance Program |
| Yes  No | Veteran’s Administration (VA) Medical Services |
| Yes  No | Employer-Provided Health Insurance |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Health, Substance Use, and Disabilities**

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Physical**  Yes No  Client Doesn’t Know  Client Refused  DNC | Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **Developmental**  Yes No  Client Doesn’t Know  Client Refused  DNC | **Not Required**  Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **Chronic Health Condition**  Yes No  Client Doesn’t Know  Client Refused  DNC | Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **HIV/AIDS**  Yes No  Client Doesn’t Know  Client Refused  DNC | **Not Required**  Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **Mental Health Disorder**  Yes No  Client Doesn’t Know  Client Refused  DNC | Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **Alcohol Use Disorder**  Yes No  Client Doesn’t Know  Client Refused  DNC | Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **Drug Use Disorder**  Yes No  Client Doesn’t Know  Client Refused  DNC | Yes  No  Client Doesn’t Know  Client Refused  DNC |
| **Both Alcohol and Drug Use Disorder**  Yes No  Client Doesn’t Know  Client Refused  DNC | Yes  No  Client Doesn’t Know  Client Refused  DNC |

**Domestic violence victim/survivor?**  Yes  Client Refused

 No  Data Not Collected

 Client Doesn’t Know

**If yes, how long ago?**  Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

 From six to twelve months ago  Client Refused

**If yes, are you currently fleeing?**  Yes  Client Refused

 No  Data Not Collected

 Client Doesn’t Know

**Maine Required Assessment:**

**Zip Code of Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip data quality for last permanent address:** Full or Partial Zip Code Report Client doesn’t know Client refused

**Release of Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Type of Release:** None Signed by Client Verbal

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_