Please complete one sheet for the Head of Household. It is not required to enter other Household members for this project.

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

S**ervicePoint Client ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name Data Quality**:

 Full Name Reported

 Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**Alias:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

**Diversion Initial Assessment:**

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

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

**Caller County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homelessness Status:**

Currently Homeless – sheltered Will be homeless in more than 14 days

Currently Homeless – unsheltered Will be homeless in less than 14 days

**How many members in your household are in need of service?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many members are children (under the age of 18)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUD UDEs:**

**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 choices):** 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

**Do you 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

 Head of Household’s other relation member

 Other Non-Relation Member

 Data Not Collected

**Client Location:** ME-500

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded Host Home Shelter

 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 Use Treatment Facility or Detox Center

**-TEMPORARY AND PERMANENT HOUSING SITUATIONS-**

 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 prior living situation:**  One night or less  One year or longer

 Two to six nights  Client Doesn’t Know

 One week or more but less than one month  Client Refused

 One month or more but less than 90 days  Data Not Collected

 90 days or more but less than one year

***If Literally Homeless, then:***

**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

***If Institutional Setting, then:***

**Did you stay less than 90 days:** Yes No

***If less than 90 days*, on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* 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

***If Transitional or Permanent Housing Situation:***

**Did you stay less than 7 nights?** Yes No

***If less than 7 nights,* on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* 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

**Maine Required Data Elements 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

**Exit:**

**Exit Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Reason For Leaving:**

 Left for housing opp. before completing program  Disagreement with rules/persons

 Completed program (no longer receiving services)  Death

 Non-Payment of rent / occupancy charge  Other

 Non-compliance with program  Unknown/Disappeared

 Criminal activity / violence  Left for housing opportunity

 Reached maximum time allowed  Aged Out (Youth Only)

 Needs could not be met  Found Placement ( Youth Only)

 Reunification

**If “Other”, Specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Destination:**

**-HOMELESS SITUATIONS-**

* Place not meant for habitation
* Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter
* 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 SITUATIONS-**

* Residential project of 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 with friends, temporary tenure
* Staying of living with family, temporary tenure
* Staying or living with family, permanent tenure
* Staying of living with friends, permanent tenure
* Moved from one HOPWA funded project to HOPWA PH
* Moved from one HOPWA funded project to HOPWA TH
* Rental by client, with GPD TIP housing subsidy
* Rental by client, with VASH housing 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-**

* No exit interview completed
* Other
* Deceased
* Client doesn’t know
* Client refused
* Data not collected

**If “Other”, Specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diversion Exit:**

**HPS Resolution:**

* Housing crisis not resolved
* Housing crisis resolved

**Did the resolution include financial assistance?**

* Yes
* No

**Type of financial assistance:**

* Minor Repair
* Moving Costs
* Rental Application Fees
* Security Deposit
* Transportation
* Utility Assistance
* Other
* None

**Amount of Fiancial Intervention:**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_