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

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

**Community Services Client ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name Type**:  Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

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

 Approximate/Partial

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**U.S. Military Veteran? (Clients 18 and older)**:

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

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

 Approximate or Partial DOB

 Client Doesn’t Know  Client Prefers Not to Answer

 Data Not Collected

**Race and Ethnicity (Select up to 5):**

American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander

 Asian or Asian American White

 Black, African American, or African Client Doesn’t know

 Hispanic/Latina/o Client Prefers Not to Answer

 Middle Eastern or North African Data Not Collected

**Additional Race and Ethnicity Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex:**

Female Client Prefers Not to Answer

Male Data Not Collected

Client Doesn’t Know

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

 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: ME500**

**Housing Move-in Date: / /**

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel or motel paid for with 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 HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 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

**-PERMANENT HOUSING SITUATIONS-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

 GPD TIP Housing Subsidy

 VASH Housing Subsidy

 RRH or Equivalent Subsidy

* + HCV voucher (tenant or project based) (Not Dedicated)
	+ Public Housing Unit
	+ Rental by Client With Other Ongoing Subsidy
	+ Housing Stability Voucher
	+ Family Unification Program Voucher (FUP)
	+ Foster Youth of 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

**-OTHER-**

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

 Subsidized Housing

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

**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 Prefers Not to Answer

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

 90 days or more, but less than one year

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 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 Prefers Not to Answer

 Data Not Collected

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

**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 Prefers Not to Answer

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

 90 days or more, but less than one year

**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 to “on the night before, did you stay on the streets, ES or SH”:***

**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 Prefers Not to Answer

 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 Prefers Not to Answer

 Data Not Collected

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

**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 Prefers Not to Answer

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

 90 days or more, but less than one year

**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 to “on the night before, did you stay on the streets, ES or SH”:***

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 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 Prefers Not to Answer

 Data Not Collected

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

**Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Alimony | $ |
| Yes  No | Alimony or Other Spousal Support  | $ |
| Yes  No | Annuities  | $ |
| Yes  No | Child Support  | $ |
| Yes  No | Contributions From Other People | $ |
| Yes  No | Dividends (Investments) | $ |
| Yes  No | Earned Income | $ |
| Yes  No | General Assistance  | $ |
| Yes  No | Interest | $ |
| Yes  No | Other | $ |
| Yes  No | Pension/Retirement | $ |
| Yes  No | Pension or Retirement Income from Another Job | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Railroad Retirement | $ |
| Yes  No | Rental Income | $ |
| Yes  No | Retirement Disability | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | Self-Employment Wages | $ |
| Yes  No | SSDI | $ |
| Yes  No | SSI | $ |
| Yes  No | State Disability | $ |
| Yes  No | TANF | $ |
| Yes  No | Unemployment Insurance | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | VA Service Connected Disability Compensation | $ |
| Yes  No | Worker’s Compensation  | $ |
| Yes  No | Other – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | **Total Monthly Income** | **$** |

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer 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 WIC | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | Veteran’s Health Administration (VHA) |
| Yes  No | State Children’s Health Insurance Program  |
| 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**

**Do you have a disabling condition?**

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

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

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Domestic violence victim/survivor?**  Yes  Client Prefers Not to Answer

  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 Prefers Not to Answer

* Data Not Collected

**If yes, are you currently fleeing?**  Yes  Client Prefers Not to Answer

  No  Data Not Collected

  Client Doesn’t Know

  Client Doesn’t Know

**Current Living Situation Sub-Assessment:**

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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

**Current Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel or motel paid for with 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 HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 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

**-PERMANENT HOUSING SITUATIONS-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

 GPD TIP Housing Subsidy

 VASH Housing Subsidy

 RRH or Equivalent Subsidy

* + HCV voucher (tenant or project based) (Not Dedicated)
	+ Public Housing Unit
	+ Rental by Client With Other Ongoing Subsidy
	+ Housing Stability Voucher
	+ Family Unification Program Voucher (FUP)
	+ Foster Youth of 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

**-OTHER-**

 Other

 Worker unable to determine

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**Living Situation Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the Client Going to Have to Leave Their Current Living Situation Within 14 Days?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**If “Yes” to ‘Is Client Going to Have to Leave Their Current Situation Within 14 Days?’ Answer The Following Questions:**

**Has a Subsequent Residence Been Identified?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**Has The Client Had a Lease or Ownership Interest in A Permanent Housing Unit in The Last 60 Days?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**Has The Client Moved 2 or More Times in The Past 60 Days?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**Location Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current school enrollment and attendance:**

 Not currently enrolled in any school or educational course

 Currently enrolled but NOT attending regularly (when school or the course is in session)

 Currently enrolled and attending regularly (when school or the course is in session)

 Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**School Status:**

 Attending School Regularly  Suspended 

 Attending School Irregularly  Expelled

 Graduated High School  Client Doesn’t Know

 Obtained GED  Client Prefers Not to Answer

 Dropped Out  Data Not Collected

**General Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Dental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Mental Health Status:**

 Excellent  Poor

 Very Good  Client Doesn’t Know

  Good  Client Prefers Not to Answer

 Fair  Data Not Collected

**Pregnancy Status:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**If Yes, Projected Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formerly a Ward of Child Welfare/Foster Care Agency:**

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Number of Years:** Less than 1 Year  1-2 Years  3-5 or more Years Data Not Collected

**If less than 1 year, number of months:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formerly a Ward of Juvenile Justice System:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Number of Years:** Less than 1 Year  1-2 Years  3-5 or more Years Data Not Collected

**If less than 1 year, number of months:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**