

Complete all Questions

Residence Prior to Project Entry (HoH & adults)

Literally Homeless

| | |
|---|--|
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport, anywhere outside) | <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Interim Housing*** |

Institutional Situation

| | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Transitional or Permanent Housing Situation

| | |
|---|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected (HUD) |

Length of Stay In Previous Place (HoH & Adults)

| | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

Total number of times homeless on the streets*, in ES, or SH in the past three years†

| | |
|---|--|
| <input type="checkbox"/> One time (homeless only this time) | |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four or more times | <input type="checkbox"/> Data not collected |

* "Streets" means places not meant for human habitation
 † (1-30 days = 1 month)

Approximate Date Started _____

Total number of months homeless on the street*, in ES, or SH in the past three years†

| | |
|--|---|
| <input type="checkbox"/> One month (this is the first month) | |
| <input type="checkbox"/> If 2-12, Specify #: _____ | |
| <input type="checkbox"/> More than 12 months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |

more on next page...

Sub-Assessments

Zip Code of Last Permanent Address

(all clients)

Income

Income from Any Source (all clients (child entered on HoH))

- No
 Yes
 Client doesn't know
 Client refused

Zip Data Quality

(all clients)

- Full/Partial
 CDK
 CRef

Relation to HoH

(all clients)

- Self (HoH)
 HoH's Child
 HoH's Spouse/Partner
 HoH's Other Relation
 Other (non relative)

[IF YES] Answer Yes or No for each income source (status at time of entry)

Homelessness Primary Reason / Threat to Housing

| Source of Income | Receiving income? | If yes, monthly amount from source (round to nearest dollar) |
|---|---|--|
| Earned income (i.e., employment income) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Unemployment Insurance | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Supplemental Security Income (SSI) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Social Security Disability Income (SSDI) VA Service-Connected Disability | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| VA Non-Service-Connected Disability Pension | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Private disability insurance | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Worker's Compensation | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Temporary Assistance for Needy Families (TANF) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| General Assistance (GA) | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Retirement Income from Social Security | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Pension or retirement income from a former job | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Child support | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Alimony or other spousal support | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Other source If yes, specify: _____ | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$.00 |
| Total Monthly Income | from all sources | \$.00 |

- Criminal Activity
 Domestic Violence Victim
 Eviction
 Health/Safety
 Inappropriate Living Situation with family, friend, etc.
 Loss of Child Care
 Loss of Job
 Loss of Public Assistance
 Loss of Transportation
 Medical Condition
 Mental Health
 Mortgage Foreclosure
 No Affordable Housing
 Release from Institution
 Substance Abuse
 Substandard Housing
 Underemployment/low income
 Utility Shutoff

more on next page...

Sub-Assessments (continued)

Non-Cash Benefits

Non-Cash Benefits from any source? *(HoH & Adults (children go on HoH))*

- No
- Yes
- Client doesn't know
- Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source (Based on the status at the time of entry)

No Yes Source of non-cash benefit

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Child Care services <i>(or use local name)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF transportation services <i>(or use local name)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other TANF-Funded Services <i>(or use local name)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other source: _____ |

Health Insurance

Covered by health insurance *(all clients)*

- No
- Yes
- Client doesn't know
- Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Based on the status at the time of entry)

| No | Yes | Source of insurance coverage | No | Yes | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medicaid | <input type="checkbox"/> | <input type="checkbox"/> | Indian Health Services Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicare | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer-Provided Health Insurance | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Health insurance obtained through COBRA | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Pay Health Insurance | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | State Health Insurance for Adults <i>(or use local name)</i> | | | |

more on next page...

Sub-Assessments (continued)

Disabling Conditions (all clients)

Does the client have a disabling condition?

- No Client doesn't know
 Yes Client refused

NOTE: For all disabilities, the second question is "If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently"

| Alcohol Abuse | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

| HIV/AIDS | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

| Chronic Health | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

| Mental Health | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

| Developmental | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

| Physical | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

| Drug Abuse | Long-Continued, Indefinite Duration, & Substantially Impairs? |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes → | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused | <input type="checkbox"/> Client refused |

Domestic Violence (HoH & Adults)

Is client a domestic violence victim/survivor?

- No Yes
 Client doesn't know
 Client refused

(If Yes) Are you currently fleeing?

- No Client doesn't know
 Yes Client refused

If Yes, when did the experience occur?

- Within the past three months
 Three to six months ago
 Six months to one year ago
 One year or more
 Client doesn't know
 Client refused