

# Merced City & County CoC HMIS Standard Intake

This form is designed to be completed by a service provider while interviewing a client.  
A separate Standard Intake should be completed for each member of the household.

HMIS # \_\_\_\_\_

CM Name: \_\_\_\_\_

Project Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Household Information

Is the client: ☐ Single Adult ☐ Adult in Household **\*\*If Single Adult is checked go to Client Record\*\***

**If Adult in Household is checked:** Are you the Head of Household (HoH)? ☐ Yes ☐ No

If No, Name of HoH: \_\_\_\_\_

How many adults in the household? \_\_\_\_\_ How many children in household? \_\_\_\_\_

If you are in a household, what is your relationship to the HoH?

☐ Self (head of household) | ☐ Head of household's child | ☐ Head of household's spouse or partner

☐ Other: relation to head of household | ☐ Other: non-relation member

## Client Record & Demographics

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ May collect last 4 numbers instead of all 9 numbers

**U.S Military Veteran?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex**

|                                 |                                                       |
|---------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Client prefers not to answer |
|                                 | <input type="checkbox"/> Data not collected           |

**Race & Ethnicity:**

|                                                                        |                                                              |                                             |
|------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Black, African American, or African |                                             |
| <input type="checkbox"/> Asian or Asian American                       | <input type="checkbox"/> Hispanic/Latina/o                   |                                             |
| <input type="checkbox"/> Middle Eastern or North African               | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Client doesn't know                           | <input type="checkbox"/> Client prefers not to answer        | <input type="checkbox"/> Data not collected |

**Additional Race & Ethnicity Details (optional):**

**Client Record & Demographics**

**Medi-Cal Member ID (optional):** \_\_\_\_\_

**Prior to experiencing your current loss of housing, did you live in Merced County?**

☐ **Yes, I was housed in Merced County**

☐ **No, I lost my housing in another county in California**

If No, what was your Zip Code of Prior Residence: \_\_\_\_\_

☐ **No, I lost my housing in another State**

If No, what was your Prior State: \_\_\_\_\_

☐ **No, I lost my housing in another Country**

If No, what was your Prior Country: \_\_\_\_\_

☐ **Yes, I was housed in Merced County**

☐ **I am currently housed seeking other services**

☐ **At risk of being homeless in Merced County**

**Housing Move-In Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(leave data blank until client moves into housing)

### 3.917A Prior Living Situation

**Answer if entering Street Outreach, Emergency Shelter, or Safe Haven**  
**For all other Programs: Go to 3.917B on page 4**

#### Type of Residence

##### Homeless Situation

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

##### Institutional Setting

- |                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <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 |

##### Temporary Housing Situation

- |                                                                                     |                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth)     | <input type="checkbox"/> Staying or living with friends, temporary tenure          |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH           |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Staying/living in a friend's room, apartment, house       |
| <input type="checkbox"/> Host Home (non-crisis)                                     | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure            |                                                                                    |

##### Permanent Housing Situation

- |                                                                           |                                                                                        |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Staying or living with family, permanent tenure  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                  |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> <b><u>Rental by client, with ongoing housing subsidy*</u></b> |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                 |
|                                                                           | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                   |

##### **\*If rental by client, with on-going housing subsidy, specify subsidy:**

- |                                                                                          |                                                                               |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> GDP TIP housing subsidy                                         | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy                                            | <input type="checkbox"/> Emergency Housing Voucher                            |
| <input type="checkbox"/> RRH or equivalent subsidy                                       | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)            | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI)         |
| <input type="checkbox"/> Public housing unit                                             | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |                                                                               |

##### Other

- |                                              |                                                       |
|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Other               | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected           |

##### Length of stay in previous place

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

### 3.917A Prior Living Situation

**Answer if entering Street Outreach, Emergency Shelter, or Safe Haven**  
**Go to 3.917B for all other programs on page 4**

**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.

|                                    |                                             |                                                       |                                             |
|------------------------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> One time  | <input type="checkbox"/> Three times        | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client prefers not to answer |                                             |

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

|                                                                           |                                              |                                                       |                                             |                             |                             |                            |
|---------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|-----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> One month<br>(this is the 1 <sup>st</sup> month) | <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"/> 8                   | <input type="checkbox"/> 9                            | <input type="checkbox"/> 10                 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |                            |
| <input type="checkbox"/> More than 12 months                              | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |                             |                             |                            |

### 3.917B Prior Living Situation

**Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project**

**\*If client is homeless, complete previous section (3.917A Living Situation). Do not complete this section\***

#### Institutional Setting

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <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 |

#### Temporary Housing Situation

|                                                                                     |                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth)     | <input type="checkbox"/> Staying or living with friends, temporary tenure          |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH           |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Staying/living in a friend's room, apartment, house       |
| <input type="checkbox"/> Host Home (non-crisis)                                     | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure            |                                                                                    |

#### Permanent Housing Situation

|                                                                           |                                                                                 |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Staying or living with family, permanent tenure  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy           |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy*</b> |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy          |
|                                                                           | <input type="checkbox"/> Owned by client, no ongoing housing subsidy            |

**\*If rental by client, with on-going housing subsidy, specify subsidy:**

|                                                                                          |                                                                               |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> GDP TIP housing subsidy                                         | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy                                            | <input type="checkbox"/> Emergency Housing Voucher                            |
| <input type="checkbox"/> RRH or equivalent subsidy                                       | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)            | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI)         |
| <input type="checkbox"/> Public housing unit                                             | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |                                                                               |

#### Other

|                                              |                                                       |
|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Other               | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected           |

#### Length of stay in previous place

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

**If Institutional Setting, did you stay less than 90 days?** ☐ Yes ☐ No

**If Temporary or Permanent, did you stay less than 7 days?** ☐ Yes ☐ No

**If answered Yes to either Institutional, Temporary or Permanent, then answer:**

**On the night before did you stay on the streets, ES, or SH?** ☐ Yes ☐ No

### 3.917B Prior Living Situation

**Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project**

**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.

|                                    |                                             |                                                       |                                             |
|------------------------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> One time  | <input type="checkbox"/> Three times        | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client prefers not to answer |                                             |

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

|                                                                           |                                              |                                                       |                                             |                             |                             |                            |
|---------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|-----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> One month<br>(this is the 1 <sup>st</sup> month) | <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"/> 8                   | <input type="checkbox"/> 9                            | <input type="checkbox"/> 10                 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |                            |
| <input type="checkbox"/> More than 12 months                              | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |                             |                             |                            |

### Monthly Income – Cash Benefits

**Income from any source? If Yes, total monthly income: \$** \_\_\_\_\_

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

| Income source (check all that apply)                                  | Income Source Amount | Date Started Receiving |
|-----------------------------------------------------------------------|----------------------|------------------------|
| <input type="checkbox"/> Alimony or other spousal income              | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Child Support                                | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Earned Income                                | \$ _____             | ____/____/____         |
| <input type="checkbox"/> General Assistance                           | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Other                                        | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Pension or retirement from another job       | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Private disability insurance                 | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Retirement income from Social Security       | \$ _____             | ____/____/____         |
| <input type="checkbox"/> SSDI                                         | \$ _____             | ____/____/____         |
| <input type="checkbox"/> SSI                                          | \$ _____             | ____/____/____         |
| <input type="checkbox"/> TANF                                         | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Unemployment Insurance                       | \$ _____             | ____/____/____         |
| <input type="checkbox"/> VA Non-Service connect disability pension    | \$ _____             | ____/____/____         |
| <input type="checkbox"/> VA Service connected disability compensation | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Worker's Compensation                        | \$ _____             | ____/____/____         |

### Non-Cash Benefits

**Non-cash benefits from any source?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

| Type of Benefit (check all that apply)                                | Income Source Amount | Date Started Receiving |
|-----------------------------------------------------------------------|----------------------|------------------------|
| <input type="checkbox"/> Supplemental nutrition assistance program    | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Special supplement nutrition program for WIC | \$ _____             | ____/____/____         |
| <input type="checkbox"/> TANF – Child care services                   | \$ _____             | ____/____/____         |
| <input type="checkbox"/> TANF – Transportation services               | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Other TANF funded services                   | \$ _____             | ____/____/____         |
| <input type="checkbox"/> Other Source                                 | \$ _____             | ____/____/____         |

If "Other Source", specify: \_\_\_\_\_

## Health Insurance

### Covered by Health Insurance?

☐ Yes    |    ☐ No    |    ☐ Client doesn't know    |    ☐ Client prefers not to answer    |    ☐ Data not collected

| Type of Health Insurance                                           | State Date Receiving |
|--------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> Employer provided health insurance        | ____/____/____       |
| <input type="checkbox"/> Health insurance obtained through COBRA   | ____/____/____       |
| <input type="checkbox"/> Indian Health Services program            | ____/____/____       |
| <input type="checkbox"/> Medicare                                  | ____/____/____       |
| <input type="checkbox"/> Medicaid                                  | ____/____/____       |
| <input type="checkbox"/> Private pay health plan                   | ____/____/____       |
| <input type="checkbox"/> State children's health insurance program | ____/____/____       |
| <input type="checkbox"/> State health insurance for adults         | ____/____/____       |
| <input type="checkbox"/> VA Medical Services                       | ____/____/____       |
| <input type="checkbox"/> Other Source                              | ____/____/____       |

If "Other Source", specify: \_\_\_\_\_



## Disability

### Does the client have a disabling condition?

☐ Yes    |    ☐ No    |    ☐ Client doesn't know    |    ☐ Client prefers not to answer    |    ☐ Data not collected

| Disability Type/Determination                                                                                                                                                                                                                             | Condition Long Term?                                                                                                                                                                                          | Disability Start Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Alcohol Use Disorder</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>Both Alcohol &amp; Drug Use Disorder</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>Chronic Health Condition</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>Developmental</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>Substance Use Disorder</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>HIV/AIDS</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>Mental Health Disorder</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |
| <b>Physical</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data not collected | ____/____/____        |

## Domestic Violence

### Domestic Violence Survivor?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

### If Yes, when did experience occur?

☐ Within past 3 months | ☐ 3-6 months ago | ☐ One year or more | ☐ Client doesn't know  
☐ Client prefers not to answer  
☐ Data not collected

### If Yes, are you currently fleeing?

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

## Current Living Situation

Information date (date of contact): \_\_\_\_/\_\_\_\_/\_\_\_\_

### Homeless Situation

☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside)  
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter  
☐ Safe Haven

### Institutional Setting

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <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 |

### Temporary Housing Situation

|                                                                                     |                                                                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth)     | <input type="checkbox"/> Staying or living with friends, temporary tenure          |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH           |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Staying/living in a friend's room, apartment, house       |
| <input type="checkbox"/> Host Home (non-crisis)                                     | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure            |                                                                                    |

### Permanent Housing Situation

|                                                                           |                                                                                 |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Staying or living with family, permanent tenure  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy           |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy*</b> |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy          |
|                                                                           | <input type="checkbox"/> Owned by client, no ongoing housing subsidy            |

### \*If rental by client, with on-going housing subsidy, specify subsidy:

|                                                                                          |                                                                               |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> GDP TIP housing subsidy                                         | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy                                            | <input type="checkbox"/> Emergency Housing Voucher                            |
| <input type="checkbox"/> RRH or equivalent subsidy                                       | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)            | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI)         |
| <input type="checkbox"/> Public housing unit                                             | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |                                                                               |

### Other

|                                              |                                                       |
|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Other               | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected           |

If Other, specify: \_\_\_\_\_

**Current Living Situation**  
**This section is for PROVIDER USE only**

**Living Situation verified by (Program name):** \_\_\_\_\_

**Is client going to have to leave their current living situation within 14 days?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

**If Yes, answer the following questions**

**Has a subsequent residence been identified?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

**Does the individual or family have resources or support networks to obtain other permanent housing?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

**Has the client had a lease or ownership interest in permanent housing in the last 60 days?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

**Has the client moved 2 or more times in the last 60 days?**

☐ Yes | ☐ No | ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected

**Location details:**

**Date of Engagement**  
**Emergency Shelter-NbN, Street Outreach, PATH, and Services only**

**Date of engagement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Permanent Supportive Housing Programs Only

#### Well-Being

##### Client perceives their life has value and worth.

|                                            |                                              |                                                       |                                             |
|--------------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

##### Client perceives they have support from others who will listen to problems.

|                                            |                                              |                                                       |                                             |
|--------------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

##### Client perceives they have a tendency to bounce back after hard times.

|                                            |                                              |                                                       |                                             |
|--------------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

##### Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

|                                            |                                              |                                                       |                                             |
|--------------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

#### General Health

|                                    |                                              |                                                       |                                             |
|------------------------------------|----------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good           | <input type="checkbox"/> Good                         | <input type="checkbox"/> Fair               |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

#### Moving on Assistance Provided: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

|                                                                                                                |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Subsidized housing application assistance                                             | <input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses) |
| <input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support) | <input type="checkbox"/> Housing referral/placement                                                   |
| <input type="checkbox"/> Other (please specify):                                                               |                                                                                                       |

Signatures

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

|                             |                            |       |
|-----------------------------|----------------------------|-------|
| _____                       | _____                      | _____ |
| Print Name of Client        | Signature of Client        | Date  |
| _____                       | _____                      | _____ |
| Print Name of Intake Worker | Signature of Intake Worker | Date  |