

# 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

#### Branch:

Army |  Airforce |  Navy |  Marines |  Coast Guard |  Space Force

World War II |  Persian Gulf War

Korean War |  Afghanistan

Vietnam War |  Iraq |  Other \_\_\_\_\_

Client doesn't know |  Client prefers not to answer |  Data not collected

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

#### Sex

Female |  Client doesn't know

Male |  Client prefers not to answer

Data not collected

#### Race & Ethnicity:

American Indian, Alaska Native, or Indigenous |  Black, African American, or African

Asian or Asian American |  Hispanic/Latina/o

Middle Eastern or North African |  Native Hawaiian or Pacific Islander |  White

Client doesn't know |  Client prefers not to answer |  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>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           |

**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 (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 (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"/> More than 12 months	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
	<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
<p style="text-align: center;"><b>Alcohol Use Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>Both Alcohol &amp; Drug Use Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>Chronic Health Condition</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>Developmental</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>Substance Use Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>HIV/AIDS</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>Mental Health Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>
<p style="text-align: center;"><b>Physical</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>	<p>____/____/____</p>

## 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**