

Date of Intake: / /	
First and Last Name:	
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Type: <input type="checkbox"/> Single Individual <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two-Parent Family <input type="checkbox"/> Grandparent(s) and grandchild <input type="checkbox"/> Foster Parents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Non-custodial caregiver <input type="checkbox"/> Other	
Household Size:	
Date of Birth: / /	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	
Race: <input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian-American <input type="checkbox"/> Black, African-American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern	
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)	
Primary Language:	
Disabling Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Living Situation:	<u>Institutional Situations</u> <input type="checkbox"/> Foster care home or foster care group <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center
List continues on next page...	

Temporary and Permanent Situations

- Hotel or motel paid for without ES voucher
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with other ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client in a public housing unit
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Other: _____

Make a copy of this page for each additional adult (18+) in the household			
First and Last Name:			
Veteran?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Head of Household:	<input type="checkbox"/> Head of Household's child	<input type="checkbox"/> Head of Household's spouse or partner	<input type="checkbox"/> Other relation to HoH
	<input type="checkbox"/> Other: Non-relation	<input type="checkbox"/> Data not collected	
Date of Birth:		/	/
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender
	<input type="checkbox"/> Questioning <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)		
Race:	<input type="checkbox"/> American Indian, Alaska Native or Indigenous	<input type="checkbox"/> Asian or Asian-American	<input type="checkbox"/> Black, African-American or African
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Slavic	<input type="checkbox"/> White
		<input type="checkbox"/> Middle Eastern	
Ethnicity:		<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x)	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)
Primary Language:			
Disabling Condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3: INTAKE (4 of 4)

If response to Current Living Situation of Head of Household is under INSTITUTIONAL , complete this section.	If response to Current Living Situation of Head of Household is under TRANSITIONAL AND PERMANENT HOUSING , complete this section.
<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p><input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</p> <p><input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>
<p>→If the response above is less than 90 days (the options in bold), then continue:</p>	<p>→If the response above is less than 7 days (the options in bold), then continue:</p>
<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>→If response to the question above is Yes, then continue:</p>	<p>→If response to the question above is Yes, then continue:</p>
<p>Approximate date homeless situation began: ____/____/____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p><input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>	<p>Approximate date homeless situation began: ____/____/____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <p><input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>

Section 2: SERVICE(S)

The table below should be used to track services for the Head of Household on a monthly basis. Specify the total amount expended for the month specified below by service type. More than one service type may be selected if applicable.

SERVICE MONTH & YEAR: _____

SERVICE TYPE	AMOUNT
Rent Payment Assistance	\$
Utility Assistance	\$
Other (e.g. moving expenses, rental deposits, rental application fee) <u>Please specify (required):</u>	\$

Section 3: POST-SERVICE OUTCOME (1 of 2)

Responses to the following questions, including the Post-Service Living Situation, are required for the Head of Household.

<p>Will these funds solve your current housing issue?</p> <p>If response is No, what would solve your current housing issue?</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Using your best guess, do you think you will need more funds or services over the next six months to stay in your home?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you feel more stable in your housing as a result of these funds?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Post-Service Homeless Situations

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

- Safe Haven

Institutional Situations

- Foster care home or foster care group
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Temporary and Permanent Situations

- Host Home (non-crisis)
- Hotel or motel paid for without ES voucher
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with other ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client in a public housing unit
- Residential project or halfway house with no homeless criteria
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Staying or living with friend, temporary tenure
- Staying or living with friends, permanent tenure
- Transitional housing for homeless persons (including homeless youth)
- Other: _____