Intake Date: _____ **ServicePoint Client ID for Head of Household:** _____

Housing Move-In Date:	Fill in the date and update this field in ServicePoint by adding an Interim Review when household has been placed in permanent housing:	_____/_____/_____

Household Size: _____
Household Type: ☐Single Individual ☐Female Single Parent ☐Male Single Parent ☐Two Parent ☐Foster Parent(s) ☐Grandparent(s) w/ children ☐Couple with No Children ☐Non-custodial Caregiver ☐Other: _____

HEAD OF HOUSEHOLD (HoH) Data (Page 1 of 3)

Name: _____ **DOB:** _____ **Rel. to HoH:** SELF

Gender: ☐Female ☐Male ☐Gender other than singularly Male or Female ☐ Transgender ☐Questioning ☐Client Doesn't Know ☐Client Refused

Veteran? ☐Yes ☐No ☐Client Refused ☐Client Doesn't Know

Primary Language: _____

Population A/B (required for JOHS funded or CoC programs) ☐ A ☐ B

Inclusive Identity* (check all that apply):
☐African ☐Asian ☐Black/African American ☐Latino/Hispanic ☐Middle Eastern ☐Native Am/Alaska Native ☐Native Hawaiian/Pacific Islander ☐Slavic ☐White ☐Declined to Answer

Ethnicity: ☐Non-Hispanic/Non-Latino ☐Hispanic/Latino ☐Client Doesn't Know ☐Client Refused

* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories areas.

Disability Type: ☐None ☐Client Refused ☐Client Doesn't Know ☐Mental Health ☐Physical ☐Chronic Health Condition ☐Drug Abuse ☐Alcohol Abuse ☐HIV/AIDS ☐Hearing Impaired ☐Vision Impaired ☐Developmental ☐Other: _____

Health Insurance: ☐None ☐Client Refused ☐Client Doesn't Know ☐Medicaid (OHP) ☐Medicare ☐VA Medical Services ☐Employer Provided ☐COBRA ☐Indian Health Services Program ☐Private Pay ☐Other: _____

Continuous and Ongoing Non-Cash Benefits: (Select all that apply)
☐None ☐Client Refused ☐Client Doesn't Know ☐Supplemental Nutrition Assistance (SNAP) ☐WIC ☐TANF Child Care Services ☐TANF Transportation Services ☐Other TANF-Funded Services ☐Other (Describe):_____

HEAD OF HOUSEHOLD (HoH) Data (Page 2 of 3)

Continuous and Ongoing Income (Fill in all that apply. Do not count if income is one time, has ended, or is ending soon):

☐None ☐Client Refused ☐Client Doesn't Know

Monthly Amount		Monthly Amount	
$_____	Alimony or Other Spousal Suport	$_____	Supplemental Security Income (SSI)
$_____	Child Support	$_____	TANF
$_____	Earned Income (wages, salary, etc)	$_____	Unemployment Insurance
$_____	General Assistance	$_____	VA Non-Service Connected Disability Pension
$_____	Pension or retirement income	$_____	VA Service Connected Disability Compensation
$_____	Private Disability Insurance	$_____	Worker's Compensation
$_____	Retirement Income from Social Security	$_____	Other:
$_____	Social Security Disability Insurance (SSDI)		_____

Employment Status: ☐Full-Time ☐Part-Time ☐Job Training ☐Irregular ☐Not Employed – Not Seeking ☐Not Employed – Seeking ☐Retired

DV Survivor? ☐Yes ☐No ☐Client Refused ☐Client Doesn't Know

If response is **Yes:**

When did the experience occur? ☐Within past 3 months ☐3-6 months ago ☐More than a year ago ☐Client Refused ☐Client Doesn't Know

Are you currently fleeing? ☐Yes ☐No

HEAD OF HOUSEHOLD (HoH) Data (Page 2.5 of 3)

Residence Prior to Program Entry: (Select only ONE)

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TEMPORARY AND PERMANENT HOUSING SITUATION
☐ Place not meant for habitation	☐ Foster care home or foster care group home	☐ Residential project or halfway house with no homeless criteria
☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	☐ Hospital or other residential non-psychiatric medical facility	☐ Hotel or motel paid for without emergency shelter voucher
☐ Safe Haven	☐ Jail, prison or juvenile detention facility	☐ Transitional Housing for homeless persons (including homeless youth)
	☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
	☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living in a friend's room, apartment or house
	☐ Substance abuse treatment facility or detox center	☐ Staying or living in a family member's room, apartment or house
		☐ Rental by client, with GPD TIP housing subsidy
		☐ Rental by client, with VASH subsidy
		☐ Permanent housing (other than RRH) for formerly homeless persons
		☐ Rental by client, with RRH or equivalent subsidy
		☐ Rental by client, with HCV voucher (tenant or project based)
		☐ Rental by client in a public housing unit
		☐ Rental by client, no ongoing housing subsidy
		☐ Rental by client, with other ongoing housing subsidy
		☐ Rental by client in a public housing unit
		☐ Owned by client, with ongoing housing subsidy
		☐ Owned by client, no ongoing housing subsidy
		☐Client Doesn't Know ☐Client Refused ☐Data not collected

HEAD OF HOUSEHOLD (HoH) Data (Page 3 of 3)

If response to Residence Prior to Program Entry is under **HOMELESS**, complete this section.	If response to Residence Prior to Program Entry is under **INSTITUTIONAL**, complete this section.	If response to Residence Prior to Program Entry is under **TRANSITIONAL AND PERMANENT HOUSING**, complete this section.
Length of Stay in Previous Place (the location marked under Residence Prior): ☐**One night or less** ☐**Two to six nights** ☐**One week or more, but less than one month** ☐**One month or more, but less than 90 days** ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client refused	Length of Stay in Previous Place (the location marked under Residence Prior): ☐**One night or less** ☐**Two to six nights** ☐**One week or more, but less than one month** ☐**One month or more, but less than 90 days** ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client refused	Length of Stay in Previous Place (the location marked under Residence Prior): ☐**One night or less** ☐**Two to six nights** ☐One week or more, but less than one month ☐One month or more, but less than 90 days ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client refused
Approximate date homeless: _____	→If the response above **is less than 90 days** (the options in bold), then continue:	→If the response above is **less than 7 days** (the options in bold), then continue:
Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: ☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client refused	On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? ☐Yes ☐No	On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? ☐Yes ☐No
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: _____ ☐Client doesn't know ☐Client refused	→If response to the question above is **Yes**, then continue: Approximate date homeless situation began: ____/____/_____ Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: ☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client refused 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: _____ ☐Client doesn't know ☐Client refused	→If response to the question above is **Yes**, then continue: Approximate date homeless situation began: ____/____/_____ Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: ☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client refused 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: _____ ☐Client doesn't know ☐Client refused

For each additional adult in the household, please make copies of these pages.

OTHER ADULT (18+ yrs of age) Data (Page 1 of 3)

Name: _____ **DOB:** _____

Relationship to Head of Household (HoH):
- ☐ Head of household's spouse or partner
- ☐ Head of household's child
- ☐ Head of household's other relation member (other relation to HoH)
- ☐ Other: Non-relation member

Gender: ☐Female ☐Male ☐Gender other than singularly Male or Female ☐ Transgender ☐Questioning ☐Client Doesn't Know ☐Client Refused

Veteran? ☐Yes ☐No ☐Client Refused ☐Client Doesn't Know

Primary Language: _____

Inclusive Identity* (check all that apply):
☐African ☐Asian ☐Black/African American ☐Latino/Hispanic ☐Middle Eastern ☐Native Am/Alaska Native ☐Native Hawaiian/Pacific Islander ☐ Slavic ☐White ☐Declined to Answer

Ethnicity: ☐Non-Hispanic/Non-Latino ☐Hispanic/Latino ☐Client Doesn't Know ☐Client Refused

* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories sections.

Disability Type: ☐None ☐Client Refused ☐Client Doesn't Know ☐Mental Health ☐Physical ☐Chronic Health Condition ☐Drug Abuse ☐Alcohol Abuse ☐HIV/AIDS ☐Hearing Impaired ☐Vision Impaired ☐Developmental ☐Other: _____

Health Insurance: ☐None ☐Client Refused ☐Client Doesn't Know ☐Medicaid (OHP) ☐Medicare ☐VA Medical Services ☐Employer Provided ☐COBRA ☐Indian Health Services Program ☐Private Pay ☐Other: _____

Continuous and Ongoing Non-Cash Benefits: (Select all that apply)
☐None ☐Client Refused ☐Client Doesn't Know ☐Supplemental Nutrition Assistance (SNAP) ☐WIC ☐TANF Child Care Services ☐TANF Transportation Services ☐Other TANF-Funded Services ☐Other (Describe):_____

OTHER ADULT (18+ yrs of age) Data (Page 2 of 3)

Continuous and Ongoing Income (Fill in all that apply. Do not count if income is one time, has ended, or is ending soon):

☐None ☐Client Refused ☐Client Doesn't Know

Monthly Amount		Monthly Amount	
$_____	Alimony or Other Spousal Suport	$_____	Supplemental Security Income (SSI)
$_____	Child Support	$_____	TANF
$_____	Earned Income (wages, salary, etc)	$_____	Unemployment Insurance
$_____	General Assistance	$_____	VA Non-Service Connected Disability Pension
$_____	Pension or retirement income	$_____	VA Service Connected Disability Compensation
$_____	Private Disability Insurance	$_____	Worker's Compensation
$_____	Retirement Income from Social Security	$_____	Other:
$_____	Social Security Disability Insurance (SSDI)		_____

Employment Status: ☐Full-Time ☐Part-Time ☐Job Training ☐Irregular
☐Not Employed – Not Seeking ☐Not Employed – Seeking ☐Retired

DV Survivor? ☐Yes ☐No ☐Client Refused ☐Client Doesn't Know

If response is **Yes:**

When did the experience occur? ☐Within past 3 months ☐3-6 months ago ☐More than a year ago
☐Client Refused ☐Client Doesn't Know

Are you currently fleeing? ☐Yes ☐No

OTHER ADULT (18+ yrs of age) Data (Page 2.5 of 3)

Residence Prior to Program Entry: (Select only ONE)

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TEMPORARY AND PERMANENT HOUSING SITUATION
☐ Place not meant for habitation	☐ Foster care home or foster care group home	☐ Residential project or halfway house with no homeless criteria
☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	☐ Hospital or other residential non-psychiatric medical facility	☐ Hotel or motel paid for without emergency shelter voucher
☐ Safe Haven	☐ Jail, prison or juvenile detention facility	☐ Transitional Housing for homeless persons (including homeless youth)
	☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
	☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living in a friend's room, apartment or house
	☐ Substance abuse treatment facility or detox center	☐ Staying or living in a family member's room, apartment or house
		☐ Rental by client, with GPD TIP housing subsidy
		☐ Rental by client, with VASH subsidy
		☐ Permanent housing (other than RRH) for formerly homeless persons
		☐ Rental by client, with RRH or equivalent subsidy
		☐ Rental by client, with HCV voucher (tenant or project based)
		☐ Rental by client in a public housing unit
		☐ Rental by client, no ongoing housing subsidy
		☐ Rental by client, with other ongoing housing subsidy
		☐ Rental by client in a public housing unit
		☐ Owned by client, with ongoing housing subsidy
		☐ Owned by client, no ongoing housing subsidy
		☐Client Doesn't Know ☐Client Refused ☐Data not collected

OTHER ADULT (18+ yrs of age) Data (Page 3 of 3)

If response to Residence Prior to Program Entry is under HOMELESS, complete this section.	If response to Residence Prior to Program Entry is under INSTITUTIONAL, complete this section.	If response to Residence Prior to Program Entry is under TRANSITIONAL AND PERMANENT HOUSING, complete this section.
Length of Stay in Previous Place (the location marked under Residence Prior): ☐**One night or less** ☐**Two to six nights** ☐**One week or more, but less than one month** ☐**One month or more, but less than 90 days** ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client refused	Length of Stay in Previous Place (the location marked under Residence Prior): ☐**One night or less** ☐**Two to six nights** ☐**One week or more, but less than one month** ☐**One month or more, but less than 90 days** ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client refused	Length of Stay in Previous Place (the location marked under Residence Prior): ☐**One night or less** ☐**Two to six nights** ☐One week or more, but less than one month ☐One month or more, but less than 90 days ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client refused
Approximate date homeless: _____	→If the response above **is less than 90 days** (the options in bold), then continue:	→If the response above is **less than 7 days** (the options in bold), then continue:
Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: ☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client refused	On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? ☐Yes ☐No →If response to the question above is **Yes**, then continue:	On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? ☐Yes ☐No →If response to the question above is **Yes**, then continue:
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: _____ ☐Client doesn't know ☐Client refused	Approximate date homeless situation began: ____/____/_____ Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: ☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client refused 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: _____ ☐Client doesn't know ☐Client refused	Approximate date homeless situation began: ____/____/_____ Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: ☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client refused 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: _____ ☐Client doesn't know ☐Client refused

CHILD (under 18 years of age) Data (Page 1 of 1)

Name: _____ **DOB:** _____

Relationship to Head of Household (HoH):
- ☐ Head of household's spouse or partner
- ☐ Head of household's child
- ☐ Head of household's other relation member (other relation to HoH)
- ☐ Other: Non-relation member

Gender: ☐Female ☐Male ☐Gender other than singularly Male or Female ☐ Transgender ☐Questioning ☐Client Doesn't Know ☐Client Refused

Primary Language: _____

Inclusive Identity* (check all that apply):
☐African ☐Asian ☐Black/African American ☐Latino/Hispanic ☐Middle Eastern ☐Native Am/Alaska Native ☐Native Hawaiian/Pacific Islander ☐Slavic ☐White ☐Declined to Answer

Ethnicity: ☐Non-Hispanic/Non-Latino ☐Hispanic/Latino ☐Client Doesn't Know ☐Client Refused

* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories sections.

Disability Type: ☐None ☐Client Refused ☐Client Doesn't Know ☐Mental Health ☐Physical ☐Chronic Health Condition ☐Drug Abuse ☐Alcohol Abuse ☐HIV/AIDS ☐Hearing Impaired ☐Vision Impaired ☐Developmental ☐Other: _____

Health Insurance: ☐None ☐Client Refused ☐Client Doesn't Know ☐Medicaid (OHP) ☐Medicare ☐VA Medical Services ☐Employer Provided ☐COBRA ☐Indian Health Services Program ☐Private Pay ☐Other: _____

I certify that the information on this intake packet for this entire household is true and accurate to the best of my knowledge.

Client Signature _____Date _____

Case Worker/Agency Staff Signature _____ Date _____

For each additional child in the household, please make copies of this page.

CHILD (under 18 years of age) Data (Page 1 of 1)

Name: _____ **DOB:** _____

Relationship to Head of Household (HoH):
- ☐ Head of household's spouse or partner
- ☐ Head of household's child
- ☐ Head of household's other relation member (other relation to HoH)
- ☐ Other: Non-relation member

Gender: ☐Female ☐Male ☐Gender other than singularly Male or Female ☐ Transgender ☐Questioning ☐Client Doesn't Know ☐Client Refused

Primary Language: _____

Inclusive Identity* (check all that apply):
- ☐African
- ☐Asian
- ☐Black/African American
- ☐Latino/Hispanic
- ☐Middle Eastern
- ☐Native Am/Alaska Native
- ☐Native Hawaiian/Pacific Islander
- ☐Slavic
- ☐White
- ☐Declined to Answer

Ethnicity:
- ☐Non-Hispanic/Non-Latino
- ☐Hispanic/Latino
- ☐Client Doesn't Know
- ☐Client Refused

* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories sections.

Disability Type: ☐None ☐Client Refused ☐Client Doesn't Know ☐Mental Health ☐Physical ☐Chronic Health Condition ☐Drug Abuse ☐Alcohol Abuse ☐HIV/AIDS ☐Hearing Impaired ☐Vision Impaired ☐Developmental ☐Other: _____

Health Insurance: ☐None ☐Client Refused ☐Client Doesn't Know ☐Medicaid (OHP) ☐Medicare ☐VA Medical Services ☐Employer Provided ☐COBRA ☐Indian Health Services Program ☐Private Pay ☐Other: _____