## The HEAD of the HOUSEHOLD
(REQUIRED)

| | |
|---|---|
| Date of Intake: | / / |
| First and Last Name: | |
| Veteran? | ◯ Yes ◯ No |
| Household Type: | |
| Household Size: | |
| Date of Birth: | / / |
| Gender: | |
| Race: | I don't know<br>Middle Eastern<br>Native Hawaiian or Pacific Islander<br>Slavic<br>White |
| Ethnicity: | ◯ Non-Hispanic/Non-latin(a)(o)(x) ◯ Hispanic/Latin(a)(o)(x) |
| Primary Language: | |
| Disabling Condition? | ◯ Yes ◯ No |
| Health Insurance? | ◯ Yes ◯ No |
| Prior Living Situation: | |

## The SECOND ADULT in the HOUSEHOLD
(OPTIONAL)

| | |
|---|---|
| First and Last Name: | |
| Veteran? | ◯ Yes ◯ No |
| Relationship to Head of Household: | |
| Date of Birth: | / / |
| Gender: | |
| Race: | Black, African-American or African<br>Middle Eastern<br>Native American, Alaska Native or Indigenous<br>Native Hawaiian or Pacific Islander<br>Slavic |

| | |
|---|---|
| Ethnicity: | ◯ Non-Hispanic/Non-latin(a)(o)(x) ◯ Hispanic/Latin(a)(o)(x) |
| Primary Language: | |
| Disabling Condition? | ◯ Yes ◯ No |
| Health Insurance? | ◯ Yes ◯ No |

## The THIRD ADULT in the HOUSEHOLD
(OPTIONAL)

| | |
|---|---|
| First and Last Name: | |
| Veteran? | ◯ Yes ◯ No |
| Relationship to Head of Household: | |
| Date of Birth: | / / |
| Gender: | |
| Race: | Black, African-American or African<br>Middle Eastern<br>Native American, Alaska Native or Indigenous<br>Native Hawaiian or Pacific Islander<br>Slavic |
| Ethnicity: | ◯ Non-Hispanic/Non-latin(a)(o)(x) ◯ Hispanic/Latin(a)(o)(x) |
| Primary Language: | |
| Disabling Condition? | ◯ Yes ◯ No |
| Health Insurance? | ◯ Yes ◯ No |

## The FOURTH ADULT in the HOUSEHOLD
(OPTIONAL)

| | |
|---|---|
| First and Last Name: | |
| Veteran? | ◯ Yes ◯ No |
| Relationship to Head of Household: | |
| Date of Birth: | / / |
| Gender: | |

| | |
|---|---|
| Race: | Black, African-American or African<br>Middle Eastern<br>Native American, Alaska Native or Indigenous<br>Native Hawaiian or Pacific Islander<br>Slavic |
| Ethnicity: | ◯ Non-Hispanic/Non-latin(a)(o)(x) ◯ Hispanic/Latin(a)(o)(x) |
| Primary Language: | |
| Disabling Condition? | ◯ Yes ◯ No |
| Health Insurance? | ◯ Yes ◯ No |

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

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

SERVICE MONTH & YEAR: 12/2021

| SERVICE TYPE | AMOUNT |
|---|---|
| Rent Payment Assistance | $ 0.00 |
| Utility Assistance | $ 0.00 |
| Other (e.g. moving expenses, rental deposits, rental application fee) Please specify (required): | $ 0.00 |

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

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

Post-Service Living Situation: