

The Head of the Household (REQUIRED)

Date of Intake:	/ /	
First and Last Name:		
Social Security Number (SSN):		
Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Type:		
Housing Move-in Date:	/ /	
Date of Birth:	/ /	
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	
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)	
Primary Language:		
Disabling Condition?		
Health Insurance?		
Income?	\$_____ Alimony or other spousal support \$_____ Child support \$_____ Earned income (wages, salary, etc) \$_____ General assistance \$_____ Pension or retirement income \$_____ Private disability insurance \$_____ Retirement income from Social Security \$_____ Self-employment wage \$_____ Supplemental Security Income (SSI) \$_____ Social Security Disability Insurance (SSDI) \$_____ TANF \$_____ Unemployment insurance \$_____ VA non-service-connected disability pension \$_____ VA service-connected disability compensation \$_____ Worker's compensation \$_____ Other \$_____ No income	

Non-cash Benefits?	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special supplemental 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	
Prior Living Situation:		
Is HoH a DV victim/ survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', how recent was the last incidence of DV?		
If 'Yes', are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Household size:		
Percent of Median Family Income:		
Zip Code of Last Permanent Address		

Second Adult in the Household (OPTIONAL)

First and Last Name:		
Social Security Number (SSN):		
Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Birth:	/ /	
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	
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)	
Primary Language:		
Disabling Condition?		
Health Insurance?		

Income?	\$ _____ Alimony or other spousal support \$ _____ Child support \$ _____ Earned income (wages, salary, etc) \$ _____ General assistance \$ _____ Pension or retirement income \$ _____ Private disability insurance \$ _____ Retirement income from Social Security \$ _____ Self-employment wage \$ _____ Supplemental Security Income (SSI) \$ _____ Social Security Disability Insurance (SSDI) \$ _____ TANF \$ _____ Unemployment insurance \$ _____ VA non-service-connected disability pension \$ _____ VA service-connected disability compensation \$ _____ Worker's compensation \$ _____ Other \$ _____ No income
Non-cash Benefits?	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special supplemental 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

Third Adult in the Household (OPTIONAL)	
First and Last Name:	
Social Security Number (SSN):	
Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	/ /
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
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)
Primary Language:	
Disabling Condition?	

Health Insurance?	
Income?	\$ _____ Alimony or other spousal support \$ _____ Child support \$ _____ Earned income (wages, salary, etc) \$ _____ General assistance \$ _____ Pension or retirement income \$ _____ Private disability insurance \$ _____ Retirement income from Social Security \$ _____ Self-employment wage \$ _____ Supplemental Security Income (SSI) \$ _____ Social Security Disability Insurance (SSDI) \$ _____ TANF \$ _____ Unemployment insurance \$ _____ VA non-service-connected disability pension \$ _____ VA service-connected disability compensation \$ _____ Worker's compensation \$ _____ Other \$ _____ No income
Non-cash Benefits?	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special supplemental 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

Fourth Adult in the Household (OPTIONAL)	
First and Last Name:	
Social Security Number (SSN):	
Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	/ /
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
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)
Primary Language:	

Disabling Condition?	
Health Insurance?	
Income?	\$_____ Alimony or other spousal support \$_____ Child support \$_____ Earned income (wages, salary, etc) \$_____ General assistance \$_____ Pension or retirement income \$_____ Private disability insurance \$_____ Retirement income from Social Security \$_____ Self-employment wage \$_____ Supplemental Security Income (SSI) \$_____ Social Security Disability Insurance (SSDI) \$_____ TANF \$_____ Unemployment insurance \$_____ VA non-service-connected disability pension \$_____ VA service-connected disability compensation \$_____ Worker's compensation \$_____ Other \$_____ No income
Non-cash Benefits?	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special supplemental 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

First Child in the Household (OPTIONAL)	
First and Last Name:	
Social Security Number (SSN):	
Date of Birth:	/ /
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
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)
Primary Language:	

Disabling Condition?	
Health Insurance?	

Second Child in the Household (OPTIONAL)

First and Last Name:		
Social Security Number (SSN):		
Date of Birth:	/ /	
Gender:		
Race:	<input type="checkbox"/> American Indian, Alaska Native or Indigenous	<input type="checkbox"/> Asian or Asian-American <input type="checkbox"/> White
		<input type="checkbox"/> Black, African-American or African <input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x)
Ethnicity:	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	
Primary Language:		
Disabling Condition?		
Health Insurance?		

Third Child in the Household (OPTIONAL)

First and Last Name:		
Social Security Number (SSN):		
Date of Birth:	/ /	
Gender:		
Race:	<input type="checkbox"/> American Indian, Alaska Native or Indigenous	<input type="checkbox"/> Asian or Asian-American <input type="checkbox"/> White
		<input type="checkbox"/> Black, African-American or African <input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x)
Ethnicity:	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	
Primary Language:		
Disabling Condition?		
Health Insurance?		

Fourth Child in the Household (OPTIONAL)

First and Last Name:			
Social Security Number (SSN):			
Date of Birth:	/ /		
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	
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-latin(a)(o)(x)		<input type="checkbox"/> Hispanic/Latin(a)(o)(x)
Primary Language:			
Disabling Condition?			
Health Insurance?			

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.

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

→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?

- Yes No

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:

→If response to the question above is **Yes**, then continue:

Approximate date homeless situation began: ____/____/_____

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

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

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

The table below should be used to track services a monthly basis. Specify the total amount spent for each Service Type during the specified month.

SERVICE MONTH & YEAR: _____

SERVICE TYPE	AMOUNT
Eviction Prevention Legal Assistance	\$
Housing Expense Assistance	\$
Mortgage Expense Assistance	\$
Rental Deposit Assistance	\$
Rent Payment Assistance	\$
Utility Assistance	\$
Other <u>Please specify (required):</u>	\$

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

Will these funds solve your current housing issue? If response is No, what would solve your current housing issue? _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel more stable in your housing as a result of these funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Post-Service
Living Situation: