**Intake Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ServicePoint Client ID for Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Check One:** | 🞏 Homelessness Prevention | 🞏 Rapid Re-HousingIf Rapid Re-Housing is checked, fill in the date below and add an Interim Review in ServicePoint to update this field when household has been placed in permanent housing:**Move-In Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_** |

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| **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)

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| **🞏Update Referral to OR-501: Coordinated Access For Families with Minor Children** |
| **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:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Zip Code of last permanent address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 KnowMonthly 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  |
| **Population A/B** | **Required for Head of Household: see Population A/B Determination Form**🞏 Population A🞏 Population B |
| **Residence Prior to Program Entry:** (Select only ONE) |
| HOMELESS SITUATION🞏 Place not meant for habitation🞏 Emergency Shelter, including hotel or motel paid for with emergency shelter voucher🞏 Safe Haven | INSTITUTIONAL SITUATION🞏 Foster care home or foster care group home🞏 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 HOUSING SITUATION🞏 Residential project or halfway house with no homeless criteria🞏 Hotel or motel paid for without emergency shelter voucher🞏 Transitional housing for homeless persons (including homeless youth)🞏 Host Home (non crisis)🞏 Staying or living in a friend’s room, apartment or house🞏 Staying or living in a family member’s room, apartment or house🞏 Rental by client, with GPD TIP 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 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🞏 Owned by client, with ongoing housing subsidy🞏 Owned by client, no ongoing housing subsidy🞏Client Doesn’t Know 🞏Client Refused 🞏Data Not Collected |
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**HEAD OF HOUSEHOLD (HoH) Data** (Page 3 of 3)

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| **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:  | 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 |
| 🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused | 🡪If response to the question above is **Yes**, then continue:  | 🡪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 refusedTotal 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 refusedTotal 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)

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| **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:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Zip Code of last permanent address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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 KnowMonthly 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  |
| **Residence Prior to Program Entry:** (Select only ONE) |
|  |
| HOMELESS SITUATION🞏 Place not meant for habitation🞏 Emergency Shelter, including hotel or motel paid for with emergency shelter voucher🞏 Safe Haven | INSTITUTIONAL SITUATION🞏 Foster care home or foster care group home🞏 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 HOUSING SITUATION🞏 Residential project or halfway house with no homeless criteria🞏 Hotel or motel paid for without emergency shelter voucher🞏 Transitional housing for homeless persons (including homeless youth)🞏 Host Home (non crisis)🞏 Staying or living in a friend’s room, apartment or house🞏 Staying or living in a family member’s room, apartment or house🞏 Rental by client, with GPD TIP 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 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🞏 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)

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| **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:  | 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 |
| 🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused | 🡪If response to the question above is **Yes**, then continue:  | 🡪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 refusedTotal 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 refusedTotal 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)

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| --- |
| **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 form 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)

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| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |