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

Check One: ☐ Homelessness Prevention ☐ Rapid Re-Housing

If 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: _____/_____/_______

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)

☐**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 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

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

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

	☐ Substance abuse treatment facility or detox center	☐ 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

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

<table>
<tr>
<th>If response to Residence Prior to Program Entry is under <u>HOMELESS</u>, complete this section.</th>
<th>If response to Residence Prior to Program Entry is under <u>INSTITUTIONAL</u>, complete this section.</th>
<th>If response to Residence Prior to Program Entry is under <u>TRANSITIONAL AND PERMANENT HOUSING</u>, complete this section.</th>
</tr>
<tr>
<td>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</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td rowspan="4">Approximate date homeless: ______________________

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</td>
<td>→If the response above is less than 90 days (the options in bold), then continue:</td>
<td>→If the response above is less than 7 days (the options in bold), then continue:</td>
</tr>
<tr>
<td>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?
☐Yes ☐No</td>
<td>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?
☐Yes ☐No</td>
</tr>
<tr>
<td>→If response to the question above is Yes, then continue:</td>
<td>→If response to the question above is Yes, then continue:</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
</table>

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: ______________________

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):________________________________

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

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 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)

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 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 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)

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: ______________________