

Universal Data Assessment

First Name _____ Last Name _____

Assessment Date _____

Assessment Type *

- Entry
- During Program Enrollment
- Exit
- Follow-up
- Other

Program * _____

Case Manager/ Assessor * _____

Housing Status *

- Literally homeless
- Unstably housed and at-risk of losing their housing
- Imminently losing their housing
- Stably Housed - Rent
- Stably Housed - Own
- Don't Know
- Refused
- Other

Barriers *

Barriers	Date Identified	Receiving Services	Condition is Indefinite
<input type="checkbox"/> Alcohol Abuse	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Developmental Disability	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Drug Abuse	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HIV/AIDS	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Mental Health	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Physical Disability	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Chronic Health Condition	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No Barriers Yes No

Financial Assessment *

Cash Income

<input type="checkbox"/> Earned Income	Income Received	\$ _____
<input type="checkbox"/> Self Employment		
<input type="checkbox"/> Unemployment Insurance		\$ _____
<input type="checkbox"/> Other Pension		\$ _____
<input type="checkbox"/> Supplemental Security Income		\$ _____
<input type="checkbox"/> Social Security Disability Income		\$ _____
<input type="checkbox"/> Retirement (Social Security)		\$ _____
<input type="checkbox"/> Veteran's Pension		\$ _____
<input type="checkbox"/> Veteran's Disability Payment		\$ _____
<input type="checkbox"/> TANF		\$ _____
<input type="checkbox"/> Child Support		\$ _____
<input type="checkbox"/> Other Income		\$ _____
(_____)		\$ _____

Financial Assessment *

Non-cash Benefit

- Food Stamps/ Money for Food on Card
\$ _____
- MEDICAID
- MEDICARE
- Special Supplemental Nutrition Program (WIC)
- Veteran's Administration Medical Services
- Section 8, Public Housing, Other Rental Ast.
- Other Source

Employment Assessment

Employed *

- Yes
- No
- Don't Know
- Refused

Hours Worked In Last Week: _____

Looking for Work

- Yes
- No
- Don't Know
- Refused

Employment Tenure

- Permanent
- Temporary
- Seasonal
- Don't Know
- Refused

Looking for additional employment/increased hours

- Yes
- No
- Don't Know
- Refused

Adult Education Assessment

Currently in School/ Working on Degree *

- Yes
- No
- Don't Know
- Refused

Received Vocational Training/Apprenticeship *

- Yes
- No
- Don't Know
- Refused

Highest Grade Completed *

- No School Completed
- Nursery School to 4th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade, No Diploma
- High school diploma
- GED
- Post-secondary school
- Don't Know
- Refused

Secondary Education *

- None
- Associates Degree
- Bachelors
- Masters
- Doctorate
- Other graduate/ professional degree
- Certificate of advanced training or skilled artisan
- Don't Know
- Refused

Child Education Assessment

Highest Grade Completed *

- No School Completed
- Nursery School to 4th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade, No Diploma
- High school diploma
- GED
- Post-secondary school
- Don't Know
- Refused

Current Enrollment Status *

- Yes
- No
- Don't Know
- Refused

Type of School

- Public
- Home
- Charter
- Parochial or Other Private School
- Technical/ Career
- Don't Know
- Refused

School Name: _____

Connected with McKinney-Vento Liaison

- Yes
- No
- Don't Know
- Refused

Health Assessment

General Health Status *

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- Refused

Pregnancy Status *

- Yes (Due Date _____)
- No
- Don't Know
- Refused

Notes: