

Basic Client Information

First Name* _____
 Last Name* _____
 Middle Name _____

Social Security Number*

 Don't Know or Don't Have
 Refused

Basic Client Demographics

Birthdate _____

DOB Quality *
 Full DOB Reported
 Approximate or Partial DOB Reported
 Don't Know
 Refused

Ethnicity *
 Hispanic/Latino
 Non-Hispanic/Latino
 Don't Know
 Refused

Race *
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Don't Know
 Refused

Gender *
 Male
 Female
 Transgendered Female to Male
 Transgendered Male to Female
 Other
 Don't Know
 Refused

IHOPE Number _____

Family Information

Relationship to Head of Household *
 Self
 Parent
 Son
 Daughter
 Dependent Child
 Grandparent
 Guardian
 Spouse
 Foster Child
 Grandchild
 Other Family Member
 Other Non-Family Member
 Other Caretaker

Contact Information

Address _____
 Address 2 _____
 City / State/ Zip _____
 Home Phone _____
 Email _____

Household and Household Members

(Use additional Intake forms for other household members)

Household Type *
 Single Person
 Two Parent Household
 Single Parent/Female
 Single Parent/ Male
 Two Adult/ No Children
 Unknown
 Other

HUD Program Enrollment

Enrollment Date * _____
 HUD Grant * _____
 Program * _____

Family

Relationship to Head of Household *
 Self
 Parent
 Son
 Daughter
 Dependent Child
 Grandparent
 Guardian
 Spouse
 Foster Child
 Grandchild
 Other Family Member
 Other Non-Family Member
 Other Caretaker

Case Manager

Case Manager _____
 Restriction *
 Restrict to Organization
 Unrestricted

Universal Data Assessment

Assessment Date * _____

Program * _____

Assessment Type *

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

Veteran Status *

- Yes
- No
- Don't Know
- Refused

Military Branch *

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Other
- Don't Know
- Refused

Service Era

- Post September 11, 2001 (September 11 – Present)
- Persian Gulf Era (August 1991 – September 10, 2001)
- Post Vietnam (May 1975 – July 1991)
- Vietnam Era (August 1964 – April 1975)
- Between Korean and Vietnam War (February 1955 – July 1964)
- Korean War (June 1950 – January 1955)
- Between WWII and Korean War (August 1947 – May 1950)
- WWII (September 1940 - July 1947)
- Between WWI and WWII (December 1918 - 1940)
- WWI (April 1917 - November 1918)
- Don't Know
- Refused

Duration of Active Duty Months: _____

Discharge Status

- Honorable
- General
- Medical
- Bad Conduct
- Dishonorable
- Active
- Other
- Don't Know
- Refused

Served War Zone

- Yes
- No
- Don't Know
- Refused

Disabling Condition *

- Yes
- No
- Don't Know
- Refused

Prior Residence

Residence Prior to Program Entry *

- Emergency Shelter
- Transitional Housing for Homeless Persons (Including Homeless Youth)
- Permanent Housing for Formerly Homeless Persons
- Psychiatric Hospital or other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center
- Hospital (non-psychiatric)
- Jail, Prison, or Juvenile Detention Center
- Staying or living in a family member's room, apartment or house
- Staying or living in a friends room, apartment or house
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation
- Other _____
- Safe Haven
- Rental by client, with VASH housing subsidy
- Rental by client, with other (non-VASH) ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Rental by client, with no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Don't Know
- Refused

Prior Residence Cont.

Length of Stay *

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer
- Don't Know
- Refused

Prior Zip Code

Prior Zip Code _____

City _____

State _____

Prior Zip Code Quality *

- Full Zip Code Recorded
- Don't Know
- Refused

Housing Status

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

Continuously Homeless for a year or more:

4 Episodes of Homelessness in the Past 3 Years:

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 <input type="checkbox"/> Yes <input type="checkbox"/> No

Domestic Violence Assessment

Domestic Violence Experience *

- Yes
- No
- Don't Know
- Refused

When Experience Occurred *

- Within the past three months
- Three to six months ago
- From six to twelve months ago
- More than a year ago
- Don't Know
- Refused

Financial Assessment *

Cash Income

	Income Received
<input type="checkbox"/> Earned Income	\$ _____
<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: