



* INTAKE DATE / / PRIMARY WORKER

* FIRST NAME MIDDLE NAME * LAST NAME SUFFIX

ALIAS * BIRTH DATE / / * SOCIAL SECURITY # * SSN DATA Full SSN Don't Know Partial SSN Refused

REFERRED BY (choose one) Self Agency (Name)

* GENDER Male Female Trans-Male Trans-Female

* RACE American Indian or Alaskan Native Black or African-American White Asian Native Hawaiian or Other Pacific Islander

* LAST PERMANENT ADDRESS (CURRENT ADDRESS IF NOT HOMELESS) * ZIP CODE: * COUNTY: TOWNSHIP:

* ZIP CODE DATA QUALITY Full Zip Code Recorded Don't Know Refused LENGTH OF STAY AT RESIDENCE <=1 Week > 1 Week and < 1 Month 1 to 3 Months > 3 Months and < 1 >= 1 Year

* RESIDENCE PRIOR TO PROGRAM ENTRY: i.e. Where Did the Client Sleep Last Night? (Check One Only)

- Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)
Transitional housing for homeless persons (including homeless youth)
Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
Substance abuse treatment facility or detox center
Hospital (non-psychiatric)
Jail, prison, or juvenile detention facility
Apartment or house that you own
Room, apartment, or house that you rent
Staying or living in a family member's room, apartment or house
Staying or living in a friend's room, apartment or house
Hotel or motel paid for without emergency shelter voucher
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Foster care home or foster care group home
Other
Don't Know
Refused

Table with 3 columns: HOMELESS CAUSE, HOMELESS STATUS, EPISODES OF HOMELESSNESS IN PAST 3 YEARS. Includes sub-section HOMELESS DURATION.

Table with 2 columns: MARITAL STATUS, INDIVIDUAL / FAMILY TYPE.

Table with 6 columns: CHILD 1 through CHILD 6, including GENDER and AGE.

*Required Field: Agencies may add more fields, but may not subtract fields.
O=Select Only One; =Select All that Apply



MONTHLY INCOME SOURCES (Enter Monthly Income in Each Applicable Box)

	Amount		Amount		Amount
Earned Income	\$ _____	Unemployment Benefits	\$ _____	SSI	\$ _____
SSDI	\$ _____	Veteran's Disability Payment	\$ _____	Private Disability Insurance	\$ _____
Worker's Compensation	\$ _____	TANF	\$ _____	General Public Assistance	\$ _____
Retirement Income from SSA	\$ _____	Veteran's Pension	\$ _____	Pension from a former job	\$ _____
Child Support	\$ _____	Alimony or Other Spousal Support	\$ _____	Other: _____	\$ _____
None	\$ 0				

NON-CASH BENEFITS

- | | |
|---|--|
| <input type="checkbox"/> Food Stamps or money for food on a benefits card | <input type="checkbox"/> MEDICAID health insurance program |
| <input type="checkbox"/> MEDICARE Health Insurance program | <input type="checkbox"/> State Children's Health Insurance Program |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, infants and Children (WIC) | <input type="checkbox"/> Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> TANF transportation services |
| <input type="checkbox"/> Other TANF-funded services | <input type="checkbox"/> Section 8, public housing, or other rental assistance |
| <input type="checkbox"/> Private Health Insurance | <input type="checkbox"/> Other Source |
| <input type="checkbox"/> Other Health Insurance | <input type="checkbox"/> None |

SPECIAL NEEDS

- Mental Illness
- Drug Abuse
- MRDD
- Domestic Violence
- Alcohol Abuse
- HIV/AIDS
- Physical Disability
- None

DOMESTIC VIOLENCE: IF YES, WHEN EXPERIENCE OCCURRED

- Within the past 3 Months
- 3-6 Months Ago
- 6-12 Months Ago
- More than a Year Ago
- Don't Know
- Refused

FOR THE FOLLOWING QUESTIONS, PLEASE NOTE IF IT IS EXPECTED TO BE OF LONG-CONTINUED AND INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY:

DRUG / ALCOHOL ABUSE:

- Yes
- No

MENTAL ILLNESS:

- Yes
- No

GENERAL HEALTH

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

*** DISABLING CONDITION**

- No
- Don't Know
- Refused
- Yes (not Specified)
- Yes, Diagnosable Substance Use Disorder
- Yes, Serious Mental Illness
- Yes, Developmental Disability
- Yes, Chronic Physical Illness or Disability

CURRENTLY PREGNANT

- Yes
- No

DUE DATE

___ / ___ / ___

*** CURRENTLY EMPLOYED**

- Yes
- No

EMPLOYMENT TENURE

- Permanent
- Temporary
- Seasonal

NUMBER OF HOURS WORKED IN PAST WEEK

LOOKING FOR WORK

- Yes
- No

*** HIGHEST LEVEL OF SCHOOL COMPLETED**

- No schooling completed
- Nursery school to 4th Grade
- 5th or 6th Grade
- 7th or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade – No Diploma
- High School Diploma
- GED
- Post-secondary school

CURRENT STUDENT

- Yes
- No

POST-SECONDARY DEGREE

- Associates
- Bachelors
- Masters
- Doctorate
- Other graduate/professional degree
- None

RECEIVED VOCATIONAL TRAINING OR APPRENTICESHIP CERTIFICATE?

- Yes
- No

*** VETERAN**

- No
- Yes
- Don't Know
- Refused

BIRTH PLACE:

MOTHER'S MAIDEN NAME

GIFT OF WARMTH

- Yes
- No

ENERGY ASSISTANCE PROGRAM

- Yes
- No

*Required Field: Agencies may add more fields, but may not subtract fields.
 =Select Only One; =Select All that Apply



LIFE AREA ASSESSMENT

INCOME

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	+350% of OMB Poverty Level	
<input type="radio"/> Self-Sufficient	220%-349% of OMB Poverty Level	
<input type="radio"/> Stable	150%-219% of OMB Poverty Level	
<input type="radio"/> Vulnerable	75%-149% of OMB Poverty Level	
<input type="radio"/> Crisis	0%-74% of OMB Poverty Level	

ADULT EDUCATION

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	Bachelor's Degree or Equivalent	
<input type="radio"/> Self-Sufficient	Associate's Degree or Equivalent	
<input type="radio"/> Stable	Diploma or GED plus some post-secondary certification	
<input type="radio"/> Vulnerable	Diploma or GED	
<input type="radio"/> Crisis	No Diploma or GED	

EMPLOYMENT

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	Degreed, Professional Field	
<input type="radio"/> Self-Sufficient	Full-Time	
<input type="radio"/> Stable	Full-Time, underemployed	
<input type="radio"/> Vulnerable	Part-Time	
<input type="radio"/> Crisis	Unemployed	

HOUSING

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	Owns & Safe and Secure	
<input type="radio"/> Thriving	Owns	
<input type="radio"/> Self-Sufficient	Renting-Unsubsidized	
<input type="radio"/> Stable	Renting-Subsidized	
<input type="radio"/> Vulnerable	Temporary Housing or in Danger of Eviction or Foreclosure	
<input type="radio"/> Crisis	Homeless	

FOOD

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	Food of Choice, Nutrition Needs are Met, All Utensils Present	
<input type="radio"/> Self-Sufficient	Food Needs are Met	
<input type="radio"/> Stable	Food Subsidies and Budget meets the needs	
<input type="radio"/> Vulnerable	Receives food subsidies, Occasionally needs to use food pantries/soup kitchens	
<input type="radio"/> Crisis	Needs food pantries/soup kitchens to meet monthly needs, lacks utensils	

CHILD CARE

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	Child care of choice, or no children in the household	
<input type="radio"/> Self-Sufficient	Can pay for own, choices limited	
<input type="radio"/> Stable	Subsidized Care	
<input type="radio"/> Vulnerable	Unsubsidized Care, but irregular or inconsistent care	
<input type="radio"/> Crisis	Unsupervised or unsafe	

HEALTH CARE

<u>SCORE</u>	<u>CRITERIA</u>	<u>COMMENTS</u>
<input type="radio"/> Thriving	Private insurance, Doctor of Choice	
<input type="radio"/> Self-Sufficient	Private insurance, Choice limited	
<input type="radio"/> Stable	Public Insurance, Primary Care Physician	
<input type="radio"/> Vulnerable	Public Insurance, No Primary Care Physician	
<input type="radio"/> Crisis	No Insurance	

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=Select Only One; =Select All that Apply



TRANSPORTATION

SCORE	CRITERIA	COMMENTS
<input type="radio"/> Thriving	Has reliable car, driver's license, adequate insurance, etc.	
<input type="radio"/> Self-Sufficient	Access to public transportation or other means that generally meets needs	
<input type="radio"/> Stable	Unreliable car or threat of loss, poor driving history, poor insurance coverage	
<input type="radio"/> Vulnerable	No car, uses public transportation or other means but it limits choices	
<input type="radio"/> Crisis	No access at all, no license, no driving skills	

UTILITIES

SCORE	CRITERIA	COMMENTS
<input type="radio"/> Thriving	Bills consistently paid on time each month, home is efficient	
<input type="radio"/> Self-Sufficient	Bills consistently paid, home inefficient	
<input type="radio"/> Stable	No more than one month behind; bills paid to avoid disconnect	
<input type="radio"/> Vulnerable	Due for Disconnect, or Utilities in someone else's name	
<input type="radio"/> Crisis	Utilities disconnected	

SUPPORT SYSTEMS

SCORE	CRITERIA	COMMENTS
<input type="radio"/> Thriving	Family has ability to give support and actively does (outside to the community)	
<input type="radio"/> Self-Sufficient	Access to family, friends, and community support	
<input type="radio"/> Stable	Case management types of support	
<input type="radio"/> Vulnerable	Involved with CPS, DFC, or court system, no other support	
<input type="radio"/> Crisis	Total isolation, or negative support	

FAMILY INTERACTION

SCORE	CRITERIA	COMMENTS
<input type="radio"/> Thriving	Full history of positive interaction, stability in both home and family	
<input type="radio"/> Self-Sufficient	Positive interaction and stability	
<input type="radio"/> Stable	Interaction and stability in the home and family	
<input type="radio"/> Vulnerable	No interaction or negative interaction, no stability	
<input type="radio"/> Crisis	Domestic abuse or neglect present in the home	

ADDICTIONS

SCORE	CRITERIA	COMMENTS
<input type="radio"/> Thriving	No history of abuse	
<input type="radio"/> Self-Sufficient	Support or counseling as needed, 2 or more years removed from abuse	
<input type="radio"/> Stable	Clean and in counseling, 12 months to 2 years removed from abuse	
<input type="radio"/> Vulnerable	In treatment, less than 12 months removed from abuse	
<input type="radio"/> Crisis	Current abuse	

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=Select Only One; =Select All that Apply