Adult Intake - Emergency Shelter or Street Outreach Program: Entry Date:

First Name Middle Name Last Name

Social Security Number Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race (Check all that apply)

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White

Gender

* Male
* Female
* Doesn’t identify as male, female, or transgender

Veteran

Disabling Condition

Ethnicity

* Hispanic/Latino
* Non-Hispanic/Latino

Relationship to Head of Household: (Self, Spouse, Son, etc.)

Disabling Condition:

* Yes
* No

Veteran:

* Yes
* No
* Transgender Male to Female
* Transgender Female to Male

**Living Situation -** Residence the night before program admission, and length of stay at that residence.

*HOMELESS SITUATIONS*

* Place non meant for Habitation
* Emergency Shelter (or hotel paid for with emergency shelter voucher)Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Safe Haven
* Interim Housing

Length of stay: \_\_\_\_\_ days

Approximate date started homelessness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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

Length of stay: \_\_\_\_\_ days

Approximate date started homelessness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TRANSITIONAL AND PERMANENT HOUSING SITUATION*

* Hotel or motel paid for without emergency shelter voucher
* Owned by client, no ongoing housing subsidy
* Owned by client, with ongoing housing subsidy
* Permanent housing for formerly homeless persons (such as: A CoC project; HUD legacy programs; or HOPWA PH) Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rental by client, no ongoing housing subsidy
* Rental by client, with VASH housing subsidy
* Rental by client, with GPD TIP subsidy
* Rental by client, with other ongoing housing subsidy
* Residential project or halfway house with no homeless criteria
* Staying or living with a family member’s room, apartment or house
* Staying or living with a friend’s room, apartment or house
* Transitional housing for homeless persons (including homeless youth) Agency Name

Length of stay: \_\_\_\_\_ days

Approximate date started homelessness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Revised 10/1/16

Number of times the client has been on the streets, in ES, or SH in the past three years, including today:

Total number of months homeless on the streets in ES, or SH in the past three years: months

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BARRIERS** | Barrier Present | ReceivingServices | Condition is Indefinite | Documentation of the Disability and Severity on File |
| Yes | No | Yes | No | Yes | No | Yes | No |
| Alcohol Abuse | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Developmental Disability | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Drug Abuse | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| HIV/AIDS | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Mental Health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Physical Disability | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Chronic Health Condition**DOMESTIC VIOLENCE**Domestic Violence Experience* Yes
* No
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**HEALTH INSURANCE**

Client has active health insurance: Yes 🞎 No 🞎

(If answer is “Yes”, check which one(s) below)

* Private
* Private – Employer
* Private – Individual
* Medicare
* Medicaid
* State Children’s Health Insurance Program S-CHIP
* Military Insurance
* Other Public
* State Funded
* Combined Children’s Health Insurance / Medicaid Program
* Indian Health Service (HIS)
* Other

**CAUSE OF HOMELESSNESS**

 **Select ONLY ONE**

* Divorce/Break-up
* Domestic Violence
* Evicted from Home
* Evicted from Shelter
* Family Programs
* Foster Care – Aged Out
* House Fire
* Jail
* Lost Employment/Lack of Income
* Mental Illness
* Personal Health
* Prison
* Relocation
* Stranded
* Substance Abuse

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**MONTHLY NON-CASH INCOME**

* SNAP/Food Stamps
* Special Supplemental Nutrition Prog. (WIC)
* TANF Child Care Services
* TANF Transportation Services
* Other TANF-funded Services
* Section 8, public housing, or other ongoing
* Other Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Temporary Rental Assistance

Revised 10/1/16

**MONTHLY CASH INCOME**

* Earned Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unemployment Insurance
* Supplemental Security Income
* Social Security Disability Income
* VA Service – Disability Compensation
* VA Non-Service-Connected Disability
* Private disability insurance
* Workers Compensation
* TANF
* General Assistance
* Retirement Income from SS
* Pension or retirement from former job
* Child support
* Alimony
* Other source

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When Experience Occurred

* Within the past three months
* Three to six months ago
* From six to twelve months ago
* More than a year ago

Currently Fleeing

* Yes
* No