



Emergency Shelter Intake Form

***Intake Date/Project Start Date:**

***Shelter Bed:**

Primary Worker: _____ **Enrollment CoC:**{Pre-Populated}

Information Sharing Level: (consent form)

Referred By: _____

***First Name:** _____ **Middle Name:** _____ ***Last Name:** _____

Alias/Preferred Name _____ **Suffix** _____

***Name Data Quality:** (Select one) Full name reported Partial, street name, or code name reported Client doesn't know Client prefers not to answer Data not collected

***Social Security Number:** ____/____/____

***SSN Data Quality :**(select one)

- Full SSN Reported
- Approximate or Partial SSN Reported
- Client doesn't know
- Client prefers not to answer
- Data not collected

- *Gender:** (select one)
- Woman (Girl, if child)
 - Culturally Specific Identity (e.g. Two-Spirited)
 - Questioning
 - Different Identity _____
 - Client prefers not to answer
 - Man (Boy, if child)
 - Non-Binary
 - Transgender
 - Client doesn't know
 - Data not collected

Birth Date: ____/____/____

***Birth date Data Quality :**(select one)

- Full DOB Reported
- Approximate or Partial DOB
- Client doesn't know
- Client prefers not to answer
- Data not collected

***Race**

- American Indian/Alaska Native / or Indigenous
- Black/African American, or African
- Middle Eastern/North African
- White
- Client prefers not to answer
- Asian or Asian American
- Hispanic/Latina/e/o
- Native Hawaiian/Pacific Islander
- Client doesn't know
- Data not collected

Translation Needed: No Yes Client doesn't know Client prefers not to answer Data not collected

Preferred Language:

- American Sign Language
- Arabic
- Bengali
- Cantonese
- Chinese
- English
- Farsi
- French
- French Creole
- German
- Hindi
- Italian
- Japanese
- Korean
- Mandarin
- Persian
- Polish
- Portuguese
- Punjabi
- Russian
- Samoan
- Spanish
- Tagalog
- Yiddish
- Other
- Client Doesn't Know
- Client prefers not to answer
- Data Not Collected

***Veteran Status:** (select one)

- No
- Yes
- Client doesn't know
- Client prefers not to answer
- Data not collected

Prior Living Situation

***Type of Residence:** (select one)

-Homeless Situation-

- Place not meant for habitation
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven

If a Homeless Situation is selected:

***Length of stay in prior living situation:** (select one)

- 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
- Data not collected
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client prefers not to answer

***Approximate date this episode of homelessness started:** __/____/____

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know
- Client prefers not to answer
- Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client prefers not to answer
- Data not collected

-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 in prior living situation:** (select one)

- 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
- Data not collected
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client prefers not to answer

***Approximate date this episode of homelessness started:** __/____/____

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know
- Client prefers not to answer
- Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client prefers not to answer
- Data not collected

-Temporary 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 family room, apartment or house
- Staying or living in a friend's member's room, apartment or house

***Length of stay in prior living situation:** (select one)

- 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
- Data not collected
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client prefers not to answer

***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know

Client prefers not to answer Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

One month (this time is the first month) 2 3 4 5 6 7 8

9 10 11 12 More than 12 months Client doesn't know

Client prefers not to answer Data not collected

-Permanent Housing Situation

Rental by client, no ongoing housing subsidy

Rental by client, with ongoing housing subsidy

***Rental Subsidy Type** select one

VASH housing subsidy

Rental by client, with other housing subsidy

GPD TIP housing subsidy

RRH or equivalent subsidy

HCV voucher (tenant or project based) (not dedicated)

Public housing unit

Emergency Housing Voucher

Family Unification Program Voucher (FUP)

Foster Youth to Independence Initiative (FYI)

Permanent Supportive Housing

Other permanent housing dedicated for formerly homeless persons

Owned by client, with ongoing housing subsidy

Owned by client, no ongoing housing subsidy

Dependency on a permanent subsidized option

***Length of stay in prior living situation:** (select one)

One night or less

90 days or more, but less than one year

Two to six nights

One year or longer

One week or more, but less than one month

Client doesn't know

One month or more, but less than 90 days

Client prefers not to answer

Data not collected

***Approximate Date this episode of Homelessness Started:** ____/____/____

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***(Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today:** (select one)

- One Time Two Times Three Times Four or more times Client doesn't know
Client prefers not to answer Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- One month (this time is the first month) 2 3 4 5 6 7 8
9 10 11 12 More than 12 months Client doesn't know
Client prefers not to answer Data not collected

***Length of stay in prior living situation:** (select one)

- One night or less 90 days or more, but less than one year
Two to six nights One year or longer
One week or more, but less than one month Client doesn't know
One month or more, but less than 90 days Client prefers not to answer
Data not collected

Chronically Homeless (auto-calculated)

***Current Living Situation**

-Homeless Situation-

- Place not meant for habitation (e.g., vehicle, abandoned building, bus/train. Subway station/airport or anywhere outside)
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
Safe Haven

Has a subsequent residence been identified?

- No Yes Client doesn't know Client prefers not to answer Data not collected

***Does Individual or family have resources or support networks to obtain other permanent housing?**

- No Yes Client doesn't know Client prefers not to answer Data not collected

***Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**

- No Yes Client doesn't know Client prefers not to answer Data not collected

***Has the client moved 2 or more times in the last 60 days?**

- No Yes Client doesn't know Client prefers not to answer Data not collected

-Institutional Situation-

- Foster care home or foster care group home
Hospital or other residential non-psychiatric medical facility

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Retirement income from Social Security Pension or retirement income from a former job \$_____

Child Support \$_____ Alimony or other spousal support \$

Other \$____

***Non-Cash Benefits from any source: (select one)**

No Yes Client doesn't know Client prefers not to answer Data not collected

- SNAP (Food Stamps) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- TANF Child Care Services TANF transportation service
- Other TANF -funded services Other Source

***Covered by Health Insurance: (select one; if answer is yes, please complete below)**

No Yes Client doesn't know Client prefers not to answer Data not collected

- MEDICAID: No Yes MEDICARE: No Yes
- State Children's Health Insurance program: No Yes Veterans' Health Administrations (VHA) No Yes
- Employer-Provided Health Insurance: No Yes Health Insurance obtained through COBRA: No Yes
- Private Pay Health Insurance No Yes State Health Insurance for Adults: No Yes
- Indian Health Insurance: No Yes Other: No Yes – Please specify:

Special Needs:

***Physical Disability: (select one)**

No Yes Client doesn't know Client prefers not to answer Data not collected

(If yes to above) *Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? No Yes Client doesn't know

Client prefers not to answer Data not collected

***Developmental Disability: (select one)**

No Yes Client doesn't know Client prefers not to answer Data not collected

***Chronic Health Condition: (select one)**

No Yes Client doesn't know Client prefers not to answer Data not collected

(If yes to above) *Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? No Yes Client doesn't know Client prefers not to answer

Data not collected

***HIV/AIDS:** (select one)

No Yes Client doesn't know Client prefers not to answer Data not collected

***Mental Health Disorder:** (select one)

No Yes Client doesn't know Client prefers not to answer Data not collected

(If yes to above) *Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?

No Yes Client doesn't know Client prefers not to answer Data not collected

***Substance Use Disorder:** (select one)

No Alcohol Abuse Drug Abuse Both Alcohol & Drug Abuse Client doesn't know
Client prefers not to answer Data not collected

(If yes to above) *Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?

No Yes Client doesn't know Client prefers not to answer Data not collected

Disabling Condition: (auto calculated)

Domestic Violence

***Information Date:**

***Domestic Violence Victim/Survivor:** (select one)

No Yes Client doesn't know Client prefers not to answer Data not collected

***(If Yes) When experience occurred:** (select one)

Within the past three months Client doesn't know
Three to six months ago Client prefers not to answer
From six to twelve months ago Data not collected
More than a year ago

***Are you currently fleeing?** (select one)

No Yes Client doesn't know Client prefers not to answer Data not collected

***Individual/Family Type**

- Individual Female
- Individual Male
- Individual Male Youth (<18)
- Individual Female Youth (<18)
- Single Parent Family-Male Head
- Single Parent Family-Female Head

- Single Parent Family-Youth Head
- Two Parent Family-Adult
- Two Parent Family-Youth
- Adult Couple without Children
- Household with only Children
- Other Household Type
- Household Member – Adult
- Household Member – Child

Homeless Cause (select one)

- | | |
|---|---|
| <input type="checkbox"/> Benefits Loss / Reduction | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Job Income Loss/Reduction | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Asked to leaved shared residence |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Release from prison/jail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Release from Hospital | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Release from Psych. Facility | <input type="checkbox"/> Foreclosure -Rented Property |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Foreclosure -Owned Property |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not Homeless |
| <input type="checkbox"/> Rent Increase/Insufficient funds | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Household Breakup/Death in Household | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Impact from COVID -19 |

***Zip Code of Last Permanent Address _____**

Children’s Education Questions:

***Education Enrollment Status:** (select one) Yes No Don’t know Prefers not to answer

If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

(Select one) Yes No Don’t know Prefers not to answer

Type of School: (select one)

Public school Parochial or other private school Don’t know Prefers not to answer

If not enrolled, last date of enrollment [MM/YYYY]: ____/____

***Student Body Age:** (select one)

- | | |
|--|--|
| <input type="checkbox"/> Nursery/Preschool | <input type="checkbox"/> Six-Year High School |
| <input type="checkbox"/> Kindergarten School | <input type="checkbox"/> High School – Other than listed above |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Special Elem/Sec. School for Handicapped |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Special Elementary School for Handicapped |
| <input type="checkbox"/> Approved Junior High School | <input type="checkbox"/> Special Secondary School for Handicapped |
| <input type="checkbox"/> Four-Year High School | <input type="checkbox"/> Three-Year School |
| <input type="checkbox"/> County Voc-Tech School or Institute | <input type="checkbox"/> Adult Education School |

Evening High School (Approved)

Evening School for Foreign Born (Approved)

*School County: _____

*School District: _____

*School Name: _____

*Barriers to Enrollment: (select all that apply)

None

School Records

School Selection

Transportation

Immunization or Other Medical Records

Other Enrollment Issues

Residency Required

Birth Certificates

Legal Guardianship requirements

Physical examination records

*Current Student: (select one)

Yes No Don't know Prefers not to answer

Post Secondary Degree: None Associates Degree Bachelors Masters Doctorate Other graduate/professional degree Certificate of advanced training or skilled artisan Don't Know Prefers not to answer

*Received vocational training or apprenticeship certificate: (select one)

Yes No Don't know Prefers not to answer

*Marital Status: (select one)

Single Married Common Law Divorced Separated Remarried

Widow(er) Civil Union

HA# _____

*Services Sought: (select all that apply)

Shelter/Housing

Drug Treatment

Mental Health Care

Medical Care

Legal Aid – CRSJ/Civil

Legal Aid – Immigration

Financial Assistance – Utilities

Financial Assistance – Housing

Financial Assistance – Moving Expense

Financial Assistance – Other

Other

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