**CT Statewide Emergency Shelter Individual Intake**

***Instructions: The Emergency Shelter Intake is completed if a household cannot be diverted from homelessness and needs to access services in the homelessness system. The interviewer should have access to the information captured during the Diversion Screening (if it was conducted) as well as shelter stay history from HMIS (if there is a shelter history).***

**Project Start Date: \_\_\_\_\_\_\_\_**\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **Project Exit Date: \_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Data Quality:** 🞎 Full Name Reported 🞎 Partial, Street Name, or Code Name reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Date of Birth:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ 🞎 Full DOB Reported 🞎 Approximate or Partial DOB Reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

🞎 Full SSN Reported 🞎 Approximate or Partial SSN Reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Gender**: 🞎 Man (Boy, if child) 🞎 Woman (Girl, if child) 🞎 Transgender 🞎 Questioning 🞎 Non-Binary 🞎 Culturally Specific Identity (e.g., Two-Spirit) 🞎 Different Identity **IF Different Identity Please Specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**Primary Language:** 🞎 English 🞎 Spanish 🞎 French 🞎 Portuguese 🞎 Other 🞎 Client Doesn’t Know If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to HOH:** 🞎 Self 🞎 Spouse 🞎 Child 🞎 Step-Child 🞎 Grandparent 🞎 Guardian 🞎 Other Relative 🞎 Other Non-Relative 🞎 Grandchild

🞎 Foster-Child

**Race & Ethnicity**: 🞎 White 🞎 Black, African American or African 🞎 Asian or Asian American 🞎 American Indian, Alaska Native, or Indigenous 🞎 Native Hawaiian or Pacific Islander 🞎 Middle Eastern or North African 🞎 Client Doesn’t Know 🞎 Non-Hispanic/Non- Latin(a)(e)(o)(x) 🞎 Hispanic or Latin(a)(e)(o)(x) 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**Additional Race and Ethnicity Detail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status**: Have you ever been on active duty in the U.S. Military? 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

If **“YES”** QUESTIONS with an \* are **required** to be answered, located at the end of this form. **If “NO” was Veteran Status Verified?** 🞎 Yes 🞎 No

***After reviewing the Diversion assessment information (if a Screen was conducted), discuss what led to their housing crisis and/or to seek shelter and what plans there are for future living arrangements.***

**If you don’t come back, where would you most likely go?** (Formerly “What are your plans for future living arrangements and leaving the shelter”) **Describe, d*o not read responses. Ask question and then choose one.***

🞎 **HOMELESS SITUATION**

🞎 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

🞎 Place not meant for habitation

🞎 Safe Haven

**INSTITUTIONAL SITUATION**

🞎 Foster care 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

**TRANSITIONAL HOUSING SITUATION**

🞎 Hotel / Motel paid without ES voucher

🞎 Staying or living in a family, member’s room, apartment, or house

🞎 Staying or living in a family member’s room, apartment, or house

🞎 Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

🞎 Rental by client no ongoing housing subsidy

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*🞎 GPD TIP housing subsidy*

*🞎 VASH housing subsidy*

*🞎 RRH or equivalent subsidy*

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

*🞎 Public housing unit*

*🞎 Rental by client, with other ongoing housing subsidy*

*🞎 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, no ongoing housing subsidy

🞎 Owned by client, with ongoing housing subsidy

**OTHER**

🞎 Client doesn't know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Disabling Condition**: 🞎 Yes 🞎 No 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Type of Residence:** ***(Do not read responses. Ask question and then choose one.)***

***HOMELESS SITUATION***

🞎 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

🞎 Place not meant for habitation

🞎 Safe Haven

***INSTITUTIONAL SITUATION***

🞎 Foster care 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

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🞎 Hotel / Motel paid without ES voucher

🞎 Staying or living in a family, member’s room, apartment, or house

🞎 Staying or living in a family member’s room, apartment, or house

🞎 Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

🞎 Rental by client no ongoing housing subsidy

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*🞎 GPD TIP housing subsidy*

*🞎 VASH housing subsidy*

*🞎 RRH or equivalent subsidy*

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

*🞎 Public housing unit*

*🞎 Rental by client, with other ongoing housing subsidy*

*🞎 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, no ongoing housing subsidy

🞎 Owned by client, with ongoing housing subsidy

**OTHER**

🞎 Client doesn't know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Approximate Date Homelessness Started:** **\_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of Stay in the Prior Living Situation**

🞎 One night or less

🞎 Two days to six nights

🞎 One week or more, but less than one month

🞎 One month or more, but less than 90 days

🞎 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 Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:**

🞎 Never in 3 Years 🞎 One Time 🞎 Two Times 🞎 Three Times 🞎 Four or More Times 🞎 Client doesn’t know 🞎 Client prefers not to answer

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

🞎 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

**Domestic Violence Survivor? *(Head of Household and All Adults):*** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused

**If “YES:” When experience occurred?**

🞎 Within the past three months

🞎 Three to six months ago (excluding six months exactly)

🞎 Six months to one year ago (excluding one year exactly)

🞎 One year ago, or more

🞎 Client doesn’t know

🞎 Client prefers not to answer

**If “YES:” Are you currently fleeing?** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused

Add **Translation Assistance Needed** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused

**If ‘Yes’, Preferred Language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabling Conditions**

**Substance Abuse Disorder:** 🞎 No 🞎 Alcohol Abuse 🞎 Drug Abuse 🞎 Both Alcohol and Drug Abuse 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected *If yes,* 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

**Physical Disability:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
 *If yes,* Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? 🞎 Yes 🞎 No 🞎 Client Doesn’t Know

🞎 Client prefers not to answer

**Developmental Disability:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
*If yes,* Expected to substantially impair ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Chronic Health Condition:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
*If yes,* 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:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
*If yes,* Expected to substantially impair ability to live independently? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Mental Health Disorder:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected  
*If yes,* 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

**Primary Language Spoken**: 🞎 English 🞎 Spanish 🞎 Chinese 🞎 Russian 🞎 Arabic 🞎 Portuguese 🞎 Bengali 🞎 French 🞎 Malay, Indonesian 🞎 German

🞎 Japanese 🞎 Farsi (Persian) 🞎 Urdu 🞎 Punjabi 🞎 Vietnamese 🞎 Tamil 🞎 Javanese 🞎 Korean 🞎 Turkish 🞎 Telugu 🞎 Marathi 🞎 Italian 🞎 Thai

🞎 Burmese 🞎 Kannada 🞎 Gujarati 🞎 Polish 🞎 Hindi 🞎 Cantonese 🞎 Haitian Creole 🞎 Unknown 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Contributing Factors, ask each question individually:**

**Criminal Justice Involvement**: 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

**Legal Eviction or Foreclosure**: 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

**Expense Exceed Income**: 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

**Was doubled up, could no longer stay with friend/family**: 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

**What is the PRIMARY reason you are experiencing homelessness**? *(Do not read responses. Ask questions and then choose one.)*

🞎 Criminal Justice Involvement

🞎 Domestic Violence Victim/Survivor

🞎 Legal Eviction

🞎 Exceed Income

🞎 Substance Abuse Problem

🞎 Employment  
🞎 Chronic Illness  
🞎 Developmentally Disabled

🞎 Doubled Up

🞎 HIV/AIDS

🞎 Mental Health Problems

**Prior Zip Code (Numbers Only): ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shared Housing Information:**

*(Shared housing means clients will be on separate leases or living as roommates. Not clients living together as a couple)***:**

**Would the client accept Shared Housing if offered?** 🞎 Yes 🞎 No

**Income received from any source?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type** | **Monthly Amount** | **Income Type** | **Monthly Amount** |
| Unemployment Insurance | 🞎 N 🞎 Y $ | VA Non-Service-Connected Disability Pension | 🞎 N 🞎 Y $ |
| Earned/Employed Income | 🞎 N 🞎 Y $ | Pension or Retirement income from a former job | 🞎 N 🞎 Y $ |
| Supplemental Security Income (SSI) | 🞎 N 🞎 Y $ | Child Support | 🞎 N 🞎 Y $ |
| Social Security Disability Insurance (SSDI) | 🞎 N 🞎 Y $ | Alimony or other spousal support | 🞎 N 🞎 Y $ |
| VA Service-Connected Disability Compensation | 🞎 N 🞎 Y $ | Worker’s Compensation | 🞎 N 🞎 Y $ |
| Private Disability Insurance | 🞎 N 🞎 Y $ | Other Source  Specify: | 🞎 N 🞎 Y $ |
| Retirement Income From Social Security | 🞎 N 🞎 Y $ |  |  |
| General Assistance (GA) | 🞎 N 🞎 Y $ |  |  |
| Temporary Assistance for Needy Families (TANF) | 🞎 N 🞎 Y $ | **Client Income Total** | $ |

***Immediate Needs***

|  |  |  |
| --- | --- | --- |
| 1. Are there any restrictions on where you/your family can live? Yes No | 1a. If Yes, Describe: | |
| 1. Do you have any preferences for a town or region of the state?  Yes  No | 2a. If Yes, Describe: | |
| 1. Any urgent or emergency needs?  Yes  No | 3a. If Yes, Describe: | |
| 1. Any special needs, disabilities or medical conditions?  Yes  No | 4a. If yes, list Household member name: | 4b. If yes, list Special needs/Disabilities/ Conditions: |
|  |  |
|  |  |
| 1. Anyone on medications?  Yes  No | 5a. If yes, list Household member name: | 5b. If yes, list Medications: |
|  |  |  |
|  |  |
| 1. Anyone have a physical problem that limits mobility or ability to self-care?  Yes  No | 6a. If yes, list Household member name: | 6b. If yes, Mobility/self-care issue? |
|  |  |  |
|  |  |
| 1. Does anyone have an active order of protection against an abuser/batterer?  Yes  No | 7a. If yes, Identify Name of filer: | 7b. If yes, Name of respondent |
|  |  |
|  |  |
| 1. Does HH Head have government issued ID?  Yes  No |  |  |
| 1. Do any household members lack government issued ID?  Yes  No | 9a. If yes, list the name of the Household member with ID: | 9b. If yes, list the **age** of the Household member with ID |
|  |  |
|  |  |
| 1. Does anyone in the household have a case manager or worker at any social services agency?  Yes  No | 10a. If yes, list Household member name: | 10b. If yes, list Worker Name and Contact Number: |
|  |  |
|  |  |

**Non-Cash Benefits and Insurance:**

**Non-Cash Benefit:** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

*If yes,*

🞎 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

🞎 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

🞎 TANF Child Care Services

🞎 TANF transportation services

🞎 Other TANF-funded services

🞎 Other source If Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covered by Health Insurance:** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Health Insurance** (*If yes,* select which applies)**:**

|  |  |
| --- | --- |
| 🞎 MEDICAID | 🞎 State Health Insurance for Adults |
| 🞎 MEDICARE | 🞎 Private Pay Health Insurance |
| 🞎 State Children’s Health Insurance Program (CHIP) | 🞎 Indian Health Services Program |
| 🞎 Veteran’s Health Administration (VHA) |  |
| 🞎 Employer-Provided Health Insurance | If Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Health Insurance obtained through COBRA |  |

**Veteran Information:**

**DD214 Order Date: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DD214 Receive Date: \_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Service Connected Disability:** 🞎 Yes 🞎 No

**\*Branch of military:** 🞎 Air Force 🞎 Army 🞎 Marines 🞎 Navy 🞎 Coast Guard 🞎 Space Force 🞎 Client Doesn’t Know 🞎 Client prefers not to answer 🞎 Other

**Reserves:** 🞎 Yes 🞎 No

**\*Discharge status:** 🞎 Honorable 🞎 General under Honorable Conditions 🞎 Under Other than Honorable Conditions 🞎 Bad Conduct 🞎 Dishonorable

🞎 Uncharacterized 🞎 Don’t Know 🞎 Refused

**\*Date Entered Service: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date Separated Service: \_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Months of Active Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campaign Badge Veteran:** 🞎 Yes 🞎 No

**Stand Down Event:** 🞎 Yes 🞎 No

**Serve in a War Zone****:** 🞎 Yes 🞎 No 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

*If YES, please select the* **War Zone Name**: 🞎 Afghanistan 🞎 China, Burma, India 🞎 Don’t Know 🞎 Europe 🞎 Iraq 🞎 Korea 🞎 Laos and Cambodia 🞎 North Africa

🞎 Other 🞎 Persian Gulf 🞎 Refused 🞎 South China Sea 🞎 South Pacific 🞎 Vietnam

\***Months Served in a Warzone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If Yes, Received Friendly or Hostile Fire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Theatre of Operations:** 🞎 World War II 🞎 Korean War 🞎 Vietnam War 🞎 Persian Gulf War (Operation Desert Storm) 🞎 Afghanistan (Operation Enduring Freedom) 🞎 Iraq (Operation Iraqi Freedom) 🞎 Iraq (Operation New Dawn) 🞎 Other Peace-keeping Operations or Military Interventions

**Additional notes:**