**Applicant (Head of Household) Information:**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager Assigned to Discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment Location:**

🞎 Emergency Shelter including hotel or motel paid for with emergency shelter voucher or RHY Funded Host Home Shelter

🞎 Substance Abuse treatment facility or detox 🞎 Hospital or other residential non-psychiatric medical facility

🞎 Jail, prison, or juvenile detention facility 🞎 Place not meant for human habitation

🞎 Other 🞎 Long-term care facility or Nursing Home

🞎 Staying or living with friends or family 🞎 Other – Library 🞎 Other – Soup Kitchen

**Assessment Type:** 🞎 Phone 🞎 Virtual 🞎 In Person

**Assessment Level:** 🞎 Crisis Needs Assessment 🞎 Housing Needs Assessment

**Prioritization Status:** 🞎 Placed on Prioritization List 🞎 Not Placed on Prioritization List 🞎 Not yet determined (assessment in progress)

**Services Provided:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Date** | **Service** | **Date** |
| 🞎 Application Fees |  | 🞎 Rental/Security Deposit |  |
| 🞎 Bus Tokens |  | 🞎 Transportation |  |
| 🞎 Motel/Hotel Vouchers |  | 🞎 Utility Assistance |  |
| 🞎 Moving Costs |  | 🞎 Utility Deposit |  |
| 🞎 Rental Assistance |  | 🞎 Vehicle Maintenance |  |

**Referral Status:**

|  |  |
| --- | --- |
| 🞎 Diverted AT CAN Appointment | 🞎 Not currently appropriate |
| 🞎 Diverted BEFORE CAN Appt | 🞎 Client Refused Shelter |
| 🞎 Added to waitlist | 🞎 Referral Cancelled |
| 🞎 Accepted for Enrollment |  |

**Exit Destination Type:**

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Foster care or foster care group Home

🞎 Long-term care facility or Nursing Home

🞎 Transitional housing for homeless persons

(including homeless youth)

🞎 Rental by client, no ongoing housing subsidy

🞎 Owned by client, no ongoing housing subsidy

🞎 Staying or living with family, temporary tenure

(e.g., room, apartment or house)

🞎 Staying or living with friends, temporary tenure

(e.g., room, apartment or house)

🞎 Hotel or Motel paid for without Emergency Shelter voucher

🞎 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*

Prefers Not to Answer

🞎 Owned by client, with ongoing housing subsidy

🞎 Staying or living with family, permanent tenure

🞎 Staying or living with friends, permanent tenure

🞎 Moved from one HOPWA funded project to

HOPWA PH

🞎 Moved from one HOPWA funded project to

HOPWA TH

🞎 Residential Project or hallway house with no homeless criteria

🞎 Host Home (non-crisis)

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🞎 Other

🞎 Deceased

🞎 No exit interview completed

🞎 Client doesn't know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Sex:** 🞎 Male 🞎 Female 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Non-Cash Benefit from any source?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

***If “YES” Check those that apply:***

🞎 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

**Disabling Conditions:**

**Substance Disorder:** 🞎 No 🞎 Alcohol Disorder 🞎 Drug Disorder 🞎 Both Alcohol and Drug Disorder 🞎 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  
**Developmental Disability:** 🞎 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  
**HIV/AIDS:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Translation Assistance:**

**Translation Assistance Needed?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

*If yes,* Preferred Language*: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Housing Status:**

|  |  |  |
| --- | --- | --- |
| 🞎 Category 1 - Homeless | 🞎 Category 4 – Fleeing domestic violence | 🞎 Client Doesn’t Know |
| 🞎 Category 2 – At imminent risk of losing housing | 🞎 At-risk of homelessness | 🞎 Client Prefers Not to Answer |
| 🞎 Category 3 – Homeless only under other federal statutes | 🞎 Stably Housed | 🞎 Data Not Collected |

**Exit Outcome (CA)**

|  |  |
| --- | --- |
| 🞎 Diverted in place | 🞎 Not currently appropriate |
| 🞎 Diverted with relocation | 🞎 Deceased |
| 🞎 Unable to Contact | 🞎 Diverted AFTER CAN Appt |
| 🞎 Refused Shelter | 🞎 Program Enrollment |
| 🞎 Added to waitlist |  |

**Local Diversion Type (if Diverted):**

|  |  |
| --- | --- |
| 🞎 Family Member | 🞎 Landlord remediation |
| 🞎 Friend or other support person | 🞎 Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Received Financial Assistance (if Diverted):**

🞎 No 🞎 Yes

**Current Living Situation:**

**Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Living Situation:**

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Foster care or foster care group Home

🞎 Long-term care facility or Nursing Home

🞎 Transitional housing for homeless persons

(including homeless youth)

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🞎 Staying or living with friends, temporary tenure

(e.g., room, apartment or house)

🞎 Hotel or Motel paid for without Emergency Shelter voucher

🞎 Rental by client, with ongoing housing

Subsidy

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

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🞎 *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*

Prefers Not to Answer

🞎 Owned by client, with ongoing housing subsidy

🞎 Staying or living with family, permanent tenure

🞎 Staying or living with friends, permanent tenure

🞎 Moved from one HOPWA funded project to

HOPWA PH

🞎 Moved from one HOPWA funded project to

HOPWA TH

🞎 Residential Project or hallway house with no homeless criteria

🞎 Host Home (non-crisis)

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🞎 Other

🞎 Deceased

🞎 No exit interview completed

🞎 Client doesn't know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Living Situation Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the Current Living Situation is a value chosen from INSTITUTIONAL OR TEMPORARY AND PERMANENT HOUSING SITUATION above, the below question is required.**

**Is client going to have to leave their current living situation within 14 days? *\*If YES, the questions with an Asterisk (\*) below ARE REQUIRED*** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**\*Has a subsequent residence been identified?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**\*Does the individual or family have resources or support networks to obtain other permanent housing?** 🞎 Yes 🞎 No 🞎 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?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**\*Has the client moved two or more times in the last 60 days?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

**Location Details: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Type:**

🞎 Application Fees

🞎 Bus Tokens

🞎 Motel/Hotel Vouchers

🞎 Moving Costs

🞎 Rental Assistance

🞎 Rental/Security Deposit

🞎 Case Management

🞎 Transportation

🞎 Utility Assistance

🞎 Utility Deposit

🞎 Vehicle Maintenance

**Additional notes:**