**CT Statewide Emergency Shelter Family Intake Form**

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

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

**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

**Sex**: ◻ Male ◻ Female ◻ Client Doesn’t Know ◻ Client prefers not to answer ◻ Data Not Collected

**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 ◻ Non-Hispanic/Latina/o ◻ Hispanic/Latina/o ◻ Client Doesn’t Know ◻ Client prefers not to answer

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

**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

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

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

**Additional Household Member Demographics:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** |  |  | **Date of Birth** | **See codes below** | | **Social Security Number** | **Relationship to Head of Household\*** | **Veteran (Y/N)** | **Disabling Condition (Y/N)** |
| **Middle Name** | **Suffix** | **Gender\*** | **Race\*** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Race**: **W**- White; **B**- Black or African American; **A**- Asian; **AI/AN**- American Indian and Alaska Native; **NH/PI**- Native Hawaiian/ Pacific Islander; **ME/NA**- Middle Eastern or North African; **NH/NL**- Non-Hispanic/Latina/o ◻ **H/L**- Hispanic/Latina/o **DK**- Client Doesn’t Know; **CR**- Client prefers not to answer  **Additional Race and Ethnicity Detail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **\* Sex**: M - Male F - Female DK - Client Doesn’t Know CR - Client prefers not to answer DC - Data Not Collected | | | | | | | | | | |
| **\*Head of Household’s:** **C** - Child; SP - Spouse or Partner; ORM - Other Relation Member; ONR - Other Non-Relation Member | | | | | | | | | | |

***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): *(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

**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 ◻ Data Not Collected

**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

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center

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**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)*

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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*

◻ 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 Homeless Started: *~3.917 - Record the actual or approximate date this homeless situation began (i.e., the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places).***

**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 ◻ ◻ Data Not Collected

◻ 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 ◻ Data Not Collected

**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) ◻ 7 ◻ More than 12 Months

◻ 2 ◻ 8 ◻ Client doesn’t know

◻ 3 ◻ 9 ◻ Client prefers not to answer

◻ 4 ◻ 10 ◻ Data Not Collected

◻ 5 ◻ 11

◻ 6 ◻ 12

**Domestic Violence Survivor? *(Head of Household and All Adults):*** ◻ Yes ◻ No ◻ Client Doesn't Know ◻ Client prefers not to answer ◻ Data Not Collected

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

◻ Within the past three months

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

◻ From Six months to one year ago (excluding one year exactly)

◻ One year ago, or more

◻ Client doesn’t know

◻ Client prefers not to answer

◻ Data not Collected

**If “YES:” Are you currently fleeing?** ◻ Yes ◻ No ◻ Client Doesn't Know ◻ Client prefers not to answer ◻ Data Not Collected

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

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

**Disabling Conditions (All Clients):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 1** | **HH Member 2** | **HH Member 3** | **HH Member 4** |
| **Physical Disability:** *Yes, No, 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:** *Yes, No, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **Chronic Health Condition:** *Yes, No, 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, DK, Refused, Data Not Collected* |  |  |  |  |  |
| **HIV/AIDS:** *Yes, No, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **Mental Health Disorder**: *Yes, No, 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, Data Not Collected* |  |  |  |  |  |
| **Substance Abuse Disorder:** *No, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug, 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, Data Not Collected* |  |  |  |  |  |

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

**Is the individual willing to share their current zip code and town?:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip Code of Current Location (NUMBERS ONLY):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town of current location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

**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 ◻ Data Not Collected   
  
**Legal Eviction or Foreclosure**: ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

**Expense Exceed Income**: ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

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

**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 or Foreclosure

◻ Expenses Exceed Income

◻ Substance Abuse Problems

◻ Physical Health Affects Income and/or Housing  
◻ Chronic Health Condition  
◻ Developmental Disability

◻ Doubled Up

◻ HIV/AIDS

◻ Mental Health Problems

**Income received from any source? (Head of Household or Over Age 18)** ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 1** | **HH Member 2** | **HH Member 3** |
| **Income Type** | **Monthly Amount** | **Monthly Amount** | **Monthly Amount** | **Monthly Amount** |
| Unemployment Insurance | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Earned/Employed Income | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Supplemental Security Income (SSI) | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Social Security Disability Insurance (SSDI) | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| VA Service-Connected Disability Compensation | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Private Disability Insurance | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Retirement Income from Social Security | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| General Assistance (GA) | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Temporary Assistance for Needy Families (TANF) | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| VA Non-Service-Connected Disability Pension | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Pension or Retirement income from a former job | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Child Support | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Alimony or other spousal support | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Worker’s Compensation | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ |
| Other Source  Specify: | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ N ◻ Y $ | ◻ 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 from any source? (Head of household and Adults)** ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected  
*Non-cash benefits received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 2** | **HH Member 3** | **HH Member 4** | **HH Member 5** |
| **Non-Cash Benefits** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** |
| Supplemental Nutrition Assistance Program (SNAP) |  |  |  |  |  |
| Special Supplemental Nutrition Program for WIC |  |  |  |  |  |
| TANF Child Care Services |  |  |  |  |  |
| TANF Transportation |  |  |  |  |  |
| Other TANF Funded Services |  |  |  |  |  |
| Other Source (Please 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)**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Insurance** | **Head of Household**  **YES / NO** | **HH**  **Member 2**  **YES / NO** | **HH**  **Member 3**  **YES / NO** | **HH**  **Member 4**  **YES /NO** | **HH**  **Member 5**  **YES / NO** |
| Medicaid / HUSKY A, C, D |  |  |  |  |  |
| Medicare |  |  |  |  |  |
| State Children’s Health Insurance Program – HUSKY B |  |  |  |  |  |
| Veteran’s Health Administration (VHA) |  |  |  |  |  |
| Employer-Provided Health Insurance |  |  |  |  |  |
| Health Insurance Obtained through COBRA |  |  |  |  |  |
| Private Pay Health Insurance |  |  |  |  |  |
| Indian Health Services Program |  |  |  |  |  |
| State Health Insurance for Adults |  |  |  |  |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**Veteran Information: Complete for each Veteran in the household.**

**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

**Current Living Situation:** *Night-by-Night shelters should* ***only record a Current Living Situation if the interaction between the shelter personnel and client goes beyond a basic provision of shelter services.*** A Current Living Situation for emergency shelter does not include activities of daily sheltering (e.g., bed registration, request for personal care items, dinner sign-up, meals, etc.), nor should it be redundant with logging an Emergency Shelter Bed-Night Date/Check in.

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

**Current Living Situation:** If client's Current Living Situation is in a temporary, permanent, or other situation from the Living Situation Options, record additional housing status information to support the determination of imminent and at-risk of homelessness housing statuses based on HUD's definition of homelessness.

**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

**Is Client going to have to leave their current living situation within 14 days?**

◻ No ◻ Yes ◻ Client doesn’t know ◻ Client prefers not to answer◻ Data Not Collected

***If Yes:***

Has a subsequent residence been identified? ◻ No ◻ Yes ◻ 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?◻ 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 two or more times in the last 60 days? ◻ No ◻ Yes ◻ Client doesn’t know ◻ Client prefers not to answer◻ Data Not Collected

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

**Service Type:**

◻ AA Meeting

◻ Basic Needs

◻ Bathing Facilities

◻ Bedding / Linen

◻ Day Shelter

◻ Emergency Assistance

◻ Emergency Telephones

◻ Emergency Financial Assistance

◻ Employment Assistance

◻ Employment Referral

◻ Employment Services

◻ Health care

◻ Health Education/Risk Reduction

◻ Hygiene/Health Kit

◻ Meals (Breakfast/Lunch/Dinner/Sack Lunch)

◻ Personal / Grooming Supplies

◻ Referral

◻ Shower

◻ Temporary Mailing Address

◻ Winter Clothing

◻ Health Care/Supportive Services Referral

◻ Transportation

◻ Utility Assistance

◻ HUD: CoC- Youth Homeless Demonstration Program (YHDP)

**Additional notes:**