

<b>ADULT ASSESSMENT Client ID#:</b> _____					Admin Only: <input type="checkbox"/> HH <input type="checkbox"/> SnC											
<input type="checkbox"/> Entry Date: _____ <input type="checkbox"/> Exit Date: _____ <input type="checkbox"/> Intake Date: _____																
Individual's Name: _____ HofH Name: _____																
Relationship to HofH: _____ Social Security Number: _____ - _____ - _____																
Site: _____ Unit #: _____ FSC: _____																
<b>CLIENT PROFILE</b>		<b>RACE/ETHNICITY (choose all that apply)</b>			<b>CITIZENSHIP &amp; LANGUAGE</b>											
Date of Birth: _____  Age: _____		<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern/ North African <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Hispanic/Latin(x)(a)(o) <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> American Indian, Alaskan Native or Indigenous  Tribe: _____			<input type="checkbox"/> Legal/U.S. Citizen <input type="checkbox"/> Ineligible non-resident <input type="checkbox"/> Eligible non-resident  <input type="checkbox"/> Always speaks English <b>Primary Language:</b> _____  <b>Preferred Language:</b> _____											
<b>GENDER (Choose all that apply):</b> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity: _____ <input type="checkbox"/> Prefers not to answer		<b>DOMESTIC VIOLENCE SURVIVOR:</b> <b>YES</b> <b>NO</b> Intake   Entry/Exit Within the past 3 Months <input type="checkbox"/> <input type="checkbox"/> 3-6 Months ago <input type="checkbox"/> <input type="checkbox"/> 6-12 Months ago <input type="checkbox"/> <input type="checkbox"/> 12+ Months ago <input type="checkbox"/> <input type="checkbox"/>  <b>When did the experience occur?</b>  <b>Fleeing Domestic Violence?</b> <b>YES</b> <b>NO</b>			<b>PREGNANT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>When are you due?</b> _____											
<b>CLIENT HAS HEALTH INSURANCE:</b> Intake YES NO Medicare Medicaid Occupational Other Entry/Exit YES NO Medicare Medicaid Occupational Other Other: _____				<b>DOCUMENTATION:</b> Client has an original social security card? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, new card on order? <input type="checkbox"/> YES <input type="checkbox"/> NO Client has a valid Driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO If <u>no</u> , why? <input type="checkbox"/> Suspended <input type="checkbox"/> Expired <input type="checkbox"/> Never taken Test Client has a valid government issued ID? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Select Type: <input type="checkbox"/> State-issued ID <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> _____												
<b>EMPLOYMENT:</b> Intake   Entry/Exit Yes No Yes No <b>Is the client currently employed?</b> <input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/> <b>If Employed:</b> Where: _____ Type: <input type="button" value="Full-T"/> <input type="button" value="Part-T"/> <input type="button" value="Seasonal"/> <input type="button" value="Seasonal"/> Tenure: <input type="button" value="Permanent"/> <input type="button" value="Temporary"/> <input type="button" value="Seasonal"/> <input type="button" value="Seasonal"/> How many hours worked last week: _____ Hourly Wage: \$ _____ Seeking additional work: YES NO YES NO  <b>If <u>not</u> employed, currently seeking work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No If not seeking work, please check one of the following if applicable: <input type="checkbox"/> Client Temporarily Disabled <input type="checkbox"/> Client Permanently Disabled <input type="checkbox"/> Attending school full time <input type="checkbox"/> TANF Exemption or <b>pregnant/New-born</b> <input type="checkbox"/> Stay at home parent/caregiver <input type="checkbox"/> Not currently a goal <input type="checkbox"/> Other: _____				<b>EDUCATION:</b> In school now working on degree or cert? Yes No Received Voc. Training or Apprentice Cert? Yes No In: _____ <b>Did client have an IEP/504 in school?</b> Yes No <b>Highest grade achieved in Nursery – 12<sup>th</sup> Grade</b> <table><tr><td>None</td><td>N-4<sup>th</sup></td><td>5<sup>th</sup> or 6<sup>th</sup></td><td>7<sup>th</sup> or 8<sup>th</sup></td><td>9<sup>th</sup></td></tr><tr><td>10<sup>th</sup></td><td>11<sup>th</sup></td><td>12<sup>th</sup> (No Diploma)</td><td>HS Graduate</td><td>GED</td></tr></table> <b>POST-SECONDARY LEVEL:</b> Attended Some College Yes No Completed Post-Secondary level? Yes No Circle all that Apply: AA BA/BS Other In: _____			None	N-4 <sup>th</sup>	5 <sup>th</sup> or 6 <sup>th</sup>	7 <sup>th</sup> or 8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup> (No Diploma)	HS Graduate	GED
None	N-4 <sup>th</sup>	5 <sup>th</sup> or 6 <sup>th</sup>	7 <sup>th</sup> or 8 <sup>th</sup>	9 <sup>th</sup>												
10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup> (No Diploma)	HS Graduate	GED												

Individual's Name: \_\_\_\_\_

ADULT ASSESSMENT

CASH INCOME SOURCES:

Only list current/continuing income sources

Source	Intake	Entry/Exit
Alimony/Spousal Support	\$	\$
Child Support	\$	\$
Gross Earned Income	\$	\$
General Assistance (GA)	\$	\$
Private Disability Insurance	\$	\$
Pension/Job Retirement	\$	\$
OASDI/Social Security	\$	\$
SSI	\$	\$
SSDI	\$	\$
TANF	\$	\$
Unemployment Insurance	\$	\$
VA Service - Disability	\$	\$
Dependent Child Income	\$	\$
Worker's Comp	\$	\$
Other	\$	\$
Total Cash Income	\$	\$

NON-CASH BENEFITS:

☐ No Benefits

Only list data for sources that are current/continuing as of the assessment date. (i.e. has not been terminated)

	Intake	Entry/Exit
SNAP (Food Stamps)	YES \$ _____ NO	YES \$ _____ NO
WIC	YES NO	YES NO
TANF Childcare Svcs.	YES NO	YES NO
TANF Transportation	YES NO	YES NO
Other TANF-Funded Source	YES NO	YES NO
Other: _____		Other: _____

VETERAN STATUS:

Has served on active U.S. Military duty?

☐ Yes ☐ No

If yes, please complete the additional veteran assessment form.

ENTRY ONLY – Sexual Orientation:

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Client does not know	<input type="checkbox"/> Questioning/Unsure
<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Other:

BARRIERS / SPECIAL NEEDS:

☐ Barrier(s) Present ☐ No Barriers *If none check box and proceed*

Barrier Present? (Check if true)	Barriers	Receiving Services/Treatment? (Check if true)	Supporting Documents on file? (Check if true)	Description of Barrier
<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	

FOR EXITING HOUSING HOPE ONLY:

During their time in the program did the client...

Begin a certificate or degree program?	Y	N
Obtain a certificate or degree regardless of when they started the program?	Y	N
If currently in school working on certificate or degree, continuing education after exit?	Y	N