Emergency Solutions Grant | 2015

Agency:_____ Staff Name:_____ County: _____ Date: ___/___/____

CLIENT INTAKE FORM

Family Type: (Check One)

( ) Single/Unaccompanied Female ( ) Single/Unaccompanied Male ( ) Female w/ children
( ) Male w/ children ( ) Couple w/o children ( ) Couple w/ children

Last Name: _____ **First Name:** _____
Middle Initial: _____
Social Security Number: _____/_____/_____ **Pathways Client Key:** _____
Street Address: _____ **City:** _____
State: _____ **Zip Code:** _____
Date of Birth: _____/____/_____ **Relationship to Head of Household:** _____

Sex: ( ) Male ( ) Female **Ethnicity:** ( ) Hispanic ( ) Non-Hispanic ( ) Transgender **Veteran:** ( ) Yes ( ) No
Race: ( ) Asian ( ) Black/African American ( ) American-Indian/Alaskan ( ) White ( ) Pacific Islander ( ) Other

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Last Permanent Address (Resided for 90+ days) **City:** _____ **State:** _____ **Zip Code:** _____
Disabling Condition: ( ) Yes ( ) No **Chronically Homeless:** ( ) Yes ( ) No

Housing Status:

( ) Homeless ( ) Homeless only under other federal statutes ( ) At imminent risk of losing housing
( ) Fleeing domestic violence ( ) At-risk of homelessness ( ) Stably housed

Prior Night's Residence:

( ) Emergency shelter, including hotel or motel paid for with emergency shelter voucher
( ) Transitional housing for homeless persons (including homeless youth)
( ) Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
( ) Psychiatric hospital or other psychiatric facility
( ) Substance abuse treatment facility or detox center
( ) Hospital (non-psychiatric)
( ) Long-term care facility or nursing home
( ) Residential project or halfway house with no homeless criteria
( ) Jail, prison or juvenile detention facility
( ) Hotel or motel paid for without emergency shelter voucher
( ) Foster care home or foster care group home
( ) Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/subway station/airport or anywhere outside)
( ) Other
( ) Safe Haven
( ) Staying or living in a family member's room, apartment or house
( ) Staying or living in a friend's room, apartment or house
( ) Rental by client, no housing subsidy
( ) Rental by client, with GPD TIP subsidy
( ) Rental by client, with VASH housing subsidy
( ) Rental by client, with other (non VASH) housing subsidy
( ) Owned by client, with housing subsidy
( ) Owned by client, no housing subsidy

Length of Stay (in last night's residence): (Check One)

( ) One day or less ( ) Two days to one week ( ) More than one week, but less than one month
( ) One to three months ( ) More than three months, but less than a year ( ) One year or longer

Continuously Homeless for One Year: ( ) Yes ( ) No **Times Homeless Past Three Years:** ( ) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 or more
Months Homeless Past Three Years: ( ) 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( ) 7 ( ) 8 ( ) 9 ( ) 10 ( ) 11 ( ) 12 ( ) More than 12 months
Years Homeless Past Three Years: ____ **Status Documented:** ( ) Yes ( ) No

(For RRH Projects) Did the client move into Permanent Housing? ( ) Yes ( ) No If Yes, Move In Date: _____

Special Needs: Check ONE answer for each criterion

Substance abuse	( ) No		( ) Alcohol abuse	( ) Drug abuse
	( ) Both alcohol & drug abuse		( ) Don't know	( ) Refused
Long Duration?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Receiving/received treatment?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Physical disability	( ) No	( ) Yes	( ) Don't know	( ) Refused
Long Duration?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Receiving/received treatment?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Mental illness	( ) No	( ) Yes	( ) Don't know	( ) Refused
Long Duration?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Receiving/received treatment?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Illiterate or marginally literate	( ) No	( ) Yes	( ) Don't know	( ) Refused
HIV/AIDS and related diseases	( ) No	( ) Yes	( ) Don't know	( ) Refused
Long Duration?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Receiving/received treatment?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Domestic violence	( ) No	( ) Yes	( ) Don't know	( ) Refused
Experience occurred:	*( ) Within the past 3 months*		*( ) 3 to 6 months ago*	
	( ) 6 to 12 months ago		*( ) More than a year ago*	
	( ) Don't know		*( ) Refused*	
Developmental disability	( ) No	( ) Yes	( ) Don't know	( ) Refused
Long Duration?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Receiving/received treatment?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Chronic Health Condition	( ) No	( ) Yes	( ) Don't know	( ) Refused
Long Duration?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*
Receiving/received treatment?	*( ) No*	*( ) Yes*	*( ) Don't Know*	*( ) Refused*

Income and Non-Cash Benefits Information

Household Financial Resources: Receiving any income? ( ) No ( ) Yes ( ) Don't Know ( ) Refused

Income Sources and Amount

	No/Yes	**Amount**	**Date Started**	**Whose Income?**
( ) Earned Income:	( ) No ( ) Yes	_____	____/____/____	_____
( ) Unemployment Insurance:	( ) No ( ) Yes	_____	____/____/____	_____
( ) Supplemental Insurance Security (SSI)	( ) No ( ) Yes	_____	____/____/____	_____
( ) Social Security Disability Income (SSDI)	( ) No ( ) Yes	_____	____/____/____	_____
( ) Veteran Disability Payment	( ) No ( ) Yes	_____	____/____/____	_____
( ) Private Disability Insurance	( ) No ( ) Yes	_____	____/____/____	_____
( ) Workers Compensation	( ) No ( ) Yes	_____	____/____/____	_____
( ) Temporary Assistance for Needy Families	( ) No ( ) Yes	_____	____/____/____	_____
( ) General Assistance	( ) No ( ) Yes	_____	____/____/____	_____
( ) Retirement Income from SS	( ) No ( ) Yes	_____	____/____/____	_____
( ) Veteran's Pension	( ) No ( ) Yes	_____	____/____/____	_____
( ) Pension from former job	( ) No ( ) Yes	_____	____/____/____	_____
( ) Child Support	( ) No ( ) Yes	_____	____/____/____	_____
( ) Alimony or other special support	( ) No ( ) Yes	_____	____/____/____	_____
( ) Other source	( ) No ( ) Yes	_____	____/____/____	_____
Total Monthly Income		_____		

Income and Non-Cash Benefits Information continued

Household Financial Resources: Receiving any non-cash benefits? ( ) No ( ) Yes ( ) Don't Know ( ) Refused

Non-Cash Benefits

	No/Yes	Date Started	Whose Benefit?
Supplemental Nutrition Assistance Program (SNAP)	( ) No ( ) Yes	____/____/____	_____
Special Supplemental Nutrition for Women, Infants and Children	( ) No ( ) Yes	____/____/____	_____
TANF Child Care Services	( ) No ( ) Yes	____/____/____	_____
TANF Transportation	( ) No ( ) Yes	____/____/____	_____
Other TANF funded services	( ) No ( ) Yes	____/____/____	_____
Section 8, public housing, or other ongoing rental assistance	( ) No ( ) Yes	____/____/____	_____
Other Source	( ) No ( ) Yes	____/____/____	_____
Temporary Rental Assistance	( ) No ( ) Yes	____/____/____	_____
Medicaid Health Insurance Program	( ) No ( ) Yes	____/____/____	_____
Medicare Health Insurance	( ) No ( ) Yes	____/____/____	_____
State Children's Health Insurance	( ) No ( ) Yes	____/____/____	_____
Veterans Administration (VA) Medical Services	( ) 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	____/____/____	_____

IF THERE ARE ADDITIONAL HOUSEHOLD MEMBERS, PLEASE COMPLETE THE HOUSEHOLD MEMBER INTAKE FORM FOR EACH ADDITIONAL MEMBER.