1. Intake Summary

Project Name_____ **Client ID** (Computer Generated)_____

Project Start Date _____/_____/_____

Date of Engagement _____/_____/_____

Intake Staff Name_____

2. Client Demographics

First _____ **Middle**_____ **Last** _____ **Suffix**_____

3. Living Situation Prior to Entry **ONLY ONE CHOICE**

A. Homeless Situation: If client was homeless the night before entry, select one from here

- ☐ Place not meant for habitation (vehicle, streets, parks, abandoned buildings, or anywhere outside)
- ☐ Emergency shelter (inc. hotel/motel paid for with ES voucher)
- ☐ Safe Haven
- ☐ Interim Housing

B. Institutional Situation:

- ☐ Foster care home 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/detox

C. Transitional & Permanent Housing Situation:

- ☐ Hotel or motel paid without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy (inc. RRH)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying in family member's apartment/house
- ☐ Staying in friend's room/apartment/house
- ☐ Transitional housing for homeless persons (inc. TAY)
- ☐ Client Doesn't Know
- ☐ Client Refused

4. Length of Stay

A. Length of Stay in Prior Living Situation:

- ☐ One night or less
- ☐ Two 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 Refused
- ☐ Data Not Collected

B. On the night before, did you stay on the streets, ES or SH?

☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Approximate Date Homelessness Started	*Regardless of where they stayed last night,* **# of Times Client has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today**		**# of Months Homeless on the Streets, ES, or SH in Past Three Years**	
_____/_____/_____	☐ One Time ☐ Two Times ☐ Three Times ☐ Four or More Times	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ One Month (this is the first month) ☐ 2-12 Months (#_____) ☐ More Than 12 Months	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

5. Program Specific Information

Covered by Health Insurance	*If Yes, Which Source(s)*	
☐ No	☐ Medicaid	☐ Health Insurance obtained through COBRA
☐ Yes	☐ Medicare	☐ Private Pay Health Insurance
☐ Client Doesn't Know	☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults
☐ Client Refused	☐ VA Medical Services	☐ Indian Health Services Program
☐ Data Not Collected	☐ Employer Provided Health Insurance	☐ Other _____