

**1. Intake Summary**

**Project Entry** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Intake Staff Name** \_\_\_\_\_

**Project Name** \_\_\_\_\_ **Client ID** (Computer Generated) \_\_\_\_\_

**2. Client Demographics**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**Name Data Quality:**  Full name reported  Partial, street name, or code name reported  
 Client Doesn't Know  Client Refused  Data Not Collected

SSN/Code:	Date of Birth/Code:	Ethnicity:	Race:
_____ - ____ - _____  <input type="checkbox"/> Full SSN <input type="checkbox"/> Approx/Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	_____/_____/_____  <input type="checkbox"/> Full DOB <input type="checkbox"/> Approx/Partial DOB  <i>*At a minimum, approximate year of birth is required.</i>	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Gender (select all that apply)	Disabling Condition	Veteran Status	Relation to Head of Household
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse/partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member

**3. Living Situation Prior to Entry**  
**\*\*ONLY ONE CHOICE\*\* from either A, B, or C**

**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)  Safe Haven  
 Emergency shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter)

<b>B. Institutional Situation:</b>	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility/detox

<b>C. Transitional &amp; Permanent Housing Situation:</b>	
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Rental by client, with RRH or equivalent housing subsidy
<input type="checkbox"/> Hotel or motel paid without emergency shelter voucher	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying in family member's apartment/house
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless	<input type="checkbox"/> Staying in friend's room/apartment/house
<input type="checkbox"/> Rental by client in a public housing unit	<input type="checkbox"/> Transitional housing for homeless persons (including TAY)
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Rental by client, with other ongoing subsidy	

**4. Length of Stay**

<b>A. Length of Stay in Prior Living Situation:</b>		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> Client Refused
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data Not Collected

<b>B. [For Institutional Situations &lt;90 days or TH/PH &lt; 7 nights only] On the night before, did you stay on the streets, ES or SH?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>C. [For Homeless Situations, Institutional Situations &lt;90 days or TH/PH &lt; 7 nights only]</b>		
<b>Approximate Date Homelessness Started</b>	<i>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</i>	<b># of Months Homeless on the Streets, ES, or SH in Past Three Years</b>
____/____/____	<input type="checkbox"/> One Time <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Two Times <input type="checkbox"/> Client Refused <input type="checkbox"/> Three Times <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Four or More Times	<input type="checkbox"/> One Month (this is the first month) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 2-12 Months (#_____) <input type="checkbox"/> Client Refused <input type="checkbox"/> More Than 12 Months <input type="checkbox"/> Data Not Collected

**5. Program Specific Information**

<b>Covered by Health Insurance</b>	<i>If Yes, Which Source(s)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> Employer Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other _____