



1. Intake Summary

Project Name _____ Client ID (Computer Generated) _____

Project Start Date ____/____/____ Intake Staff Name _____

Housing Move-In Date ____/____/____ Project: RR HP County: Kings Tulare

2. Client Demographics

First _____ Middle _____ Last _____ Suffix _____

Name Data Quality Full name reported

* According to the VA Data Guide – FY15, all Veterans must provide a full SSN. Non-veteran family members are legally entitled to decline to provide an SSN. However, all efforts should be made to collect full SSN for every family member served.

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	Relationship to Head of Household	VAMC Station #
<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"/> 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	_____ Percent of AMI <input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%

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. Institutional Situation:

- | | |
|---|---|
| <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 |

C. Transitional & Permanent Housing Situation:

- | | |
|---|---|
| <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

A. Length of Stay in Prior Living Situation:

- | | | |
|--|---|--|
| <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. [For Institutional Situations <90 days or TH/PH < 7 nights only]
On the night before, did you stay on the streets, ES or SH?**

- No Yes

C. [For Homeless Situations, Institutional Situations <90 days or TH/PH < 7 nights only]

Approximate Date Homelessness Started	<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>	# of Months Homeless on the Streets, ES, or SH in Past Three Years
____/____/____	<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

Address Prior to Entry:

Address Quality:

Street Address	<input type="checkbox"/> Full address reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Data Not Collected
City, State, Zip	<input type="checkbox"/> Client Doesn't Know



5. Program Specific Information			
Covered by Health Insurance		<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 _____	
Connection with SOAR		<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	
Branch of the Military	Discharge Status	Year Entered Military Service	
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Honorable <input type="checkbox"/> General under Honorable Conditions <input type="checkbox"/> Under other than Honorable Conditions (OTH) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	_____ Year Separated from Military Service _____
Theatre of Operations: World War II	Theatre of Operations: Vietnam War	Theatre of Operations: Persian Gulf War <i>(Operation Desert Storm)</i>	Theatre of Operations: Afghanistan <i>(Operation Enduring Freedom)</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"/> 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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Theatre of Operations: Iraq <i>(Operation Iraqi Freedom)</i>	Theatre of Operations: Iraq <i>(Operation New Dawn)</i>	Theatre of Operations: Other Peace-keeping Operations or Military Interventions <i>(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</i>	Theatre of Operations: Korean War
<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"/> 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



Domestic Violence Victim/Survivor	<i>If Yes, When Experience Occurred</i>		<i>If Yes, Are you Currently Fleeing</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"/> Within the past three months <input type="checkbox"/> One year ago or more <input type="checkbox"/> Three to six months ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Six months to one year ago <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
Non-Cash Benefits from Any Source <i>If Yes, Indicate all Sources and Dollar Amounts that Apply</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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="text"/> Special Supplementation Nutritional Program for WIC <input type="text"/> TANF Child Care Services </div> <div style="width: 45%;"> <input type="text"/> TANF Transportation Services <input type="text"/> Other TANF-Funded Services <input type="text"/> Other Source _____ </div> </div>		
Income From Any Source <i>If Yes, Indicate All Sources and Dollar Amounts that Apply</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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="text"/> Earned Income <input type="text"/> Unemployment Insurance <input type="text"/> SSI <input type="text"/> SSDI <input type="text"/> VA Service-Connected Disability Compensation <input type="text"/> VA Non-Service-Connected Disability Compensation <input type="text"/> Private Disability Insurance <input type="text"/> Worker's Compensation </div> <div style="width: 45%;"> <input type="text"/> TANF <input type="text"/> General Assistance <input type="text"/> Retirement Income from Social Security <input type="text"/> Pension or Retirement from a Former Job <input type="text"/> Child Support <input type="text"/> Alimony or Other Spousal Support <input type="text"/> Other Source _____ </div> </div>		
Last Grade Completed			
<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> School Program Does Not Have Grade Levels <input type="checkbox"/> Graduate's Degree <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> GED <input type="checkbox"/> Vocational Certification <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Some College <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Client Refused <input type="checkbox"/> Grade 12/High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Data Not Collected			
Employment	<i>If Yes, Type of Employment</i>	<i>If No, Why Not Employed</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"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/sporadic (including day labor)	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	