



**1. Intake Summary**

**Project Entry** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Intake Staff Name** \_\_\_\_\_

**Project:**  HP

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

**2. Client Demographics**

**First** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Last** \_\_\_\_\_

**Suffix** \_\_\_\_\_

**3. HP Targeting**

<b>Is Homeless Prevention Targeting Screener Required?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Housing Loss Expected Within...</b>	<input type="checkbox"/> 1-6 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> More than 21 days
<b>Current Household Income</b>	<input type="checkbox"/> \$0 (i.e., not employed, no other current income) <input type="checkbox"/> 1-14% of AMI for Household Size <input type="checkbox"/> 15-30% of AMI for Household Size <input type="checkbox"/> More than 30% of AMI for Household Size
<b>History of Literal Homelessness (Street/Shelter/Transitional Housing)</b>	<input type="checkbox"/> Most recent episode occurred within the last year <input type="checkbox"/> Most recent episode occurred more than one year ago
<b>Head of Household is Not the Current Leaseholder</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Head of Household Never Been a Leaseholder</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Currently at Risk of Losing a Tenant-Based Housing Subsidy or Housing in a Subsidized Building or Unit</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Rental Eviction within Past 7 Years</b>	<input type="checkbox"/> No Prior Rental Evictions <input type="checkbox"/> 1 Prior Rental Eviction <input type="checkbox"/> 2 or More Prior Rental Evictions
<b>Criminal Record for Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Incarcerated as Adult</b>	<input type="checkbox"/> Not Incarcerated <input type="checkbox"/> Incarcerated Once <input type="checkbox"/> Incarcerated 2 or More Times
<b>Discharged From Jail Within the Last Six Months After Incarceration of 90 Days or More</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Registered Sex Offender</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes



<b>Head of Household with Disabling Condition (Physical Health, Mental Health, Substance Use) That Directly Affects Ability to Secure/Maintain Housing</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Currently Pregnant</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Single Parent Household with Minor Child(ren)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Household Includes One or More Young Children (Age Six or Under), or a Child Who Requires Significant Care</b>	<input type="checkbox"/> No <input type="checkbox"/> Youngest Child is Under 1 Year Old <input type="checkbox"/> Youngest Child is 1-6 Years Old and/or One or More Children (Any Age) Require Significant Care
<b>Household Size of 5 or More Requiring at Least 3 Bedrooms (Due to Age/Gender Mix)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Household Includes One or More Members of an Overrepresented Population in the Homeless System When Compared to the General Population</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes