



1. Intake Summary

Project Name: TAY Housing
 Porterville
 Visalia

Client ID (Computer Generated) _____

Project Start Date ____/____/____

Housing Move-In Date ____/____/____

Intake Staff Name _____

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

Table with 4 columns: SSN/Code, Date of Birth/Code, Ethnicity, Race, Gender, Disabling Condition, Veteran Status, Relation to Head of Household. Each cell contains checkboxes for various data entry options.

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



B. Institutional Situation:		
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility/detox	
C. Transitional & Permanent Housing Situation:		
<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Hotel or motel paid without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with other housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, with other ongoing subsidy	<input type="checkbox"/> Rental by client, with RRH or equivalent housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Staying in friend's room/apartment/house <input type="checkbox"/> Transitional housing for homeless persons (including TAY) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected	
4. Length of Stay		
A. Length of Stay in Prior Living Situation:		
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <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?		
<input type="checkbox"/> No <input type="checkbox"/> 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,</i> # 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
____/____/____	<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"/> Client Refused <input type="checkbox"/> 2-12 Months (#____) <input type="checkbox"/> Data Not Collected <input type="checkbox"/> More Than 12 Months
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 _____