**1. Intake Summary**

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| **Intake Date** \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MM DD YYYY  | **Intake Staff Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Is this client a single individual or in a family?** **\_\_\_\_\_\_\_\_\_\_ SINGLE** **\_\_\_\_\_\_\_\_\_\_FAMILY**

 IF SINGLE, GO TO SECTION 3 IF FAMILY, FILL OUT SECTION 2

**2. Household Information** *(****\*only complete this section if you have a family or household****)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Type** | 🞏 Couple with no children🞏 Two Parent Family🞏 Female Single Parent | 🞏 Male Single Parent🞏 Foster Parent(s)🞏 Non-Custodial Caregiver(s) | 🞏 Grandparent(s) and Child🞏 Single🞏 Other |

**Head of Household** *(Note: You must complete all data elements for each household member)*

|  |
| --- |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_\_** |
| **Client ID (ServicePoint Assigned)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB****\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | **Relationship to Head of Household****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Household Member #1** *(Note: You must complete all fields for each household member)*

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| --- |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_\_** |
| **Client ID (ServicePoint Assigned)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB****\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | **Relationship to Head of Household****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Household Member #2** *(Note: You must complete all fields for each household member)*

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| --- |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_\_** |
| **Client ID (ServicePoint Assigned)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB****\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | **Relationship to Head of Household****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Household Member #3** *(Note: You must complete all fields for each household member)*

|  |
| --- |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_\_** |
| **Client ID (ServicePoint Assigned)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB****\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | **Relationship to Head of Household****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**3. Basic Client Profile**

**Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Start Date**: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**(Head of Household)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SSN** | \_\_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Birth** | \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Race** | Primary Secondary🞏 🞏 American Indian or Alaska Native🞏 🞏 Asian🞏 🞏 Black or African-American🞏 🞏 Native Hawaiian or Pacific Island🞏 🞏 White🞏 🞏 Client Doesn’t Know🞏 🞏 Client Refused | **Ethnicity** | 🞏 Non-Hispanic/Latino🞏 Hispanic/Latino🞏 Client Doesn’t Know🞏 Client Refused |
| **Gender** | 🞏 Male 🞏 Female 🞏 Trans Male (FTM or Female to Male)🞏 Trans Female (MTF or Male to Female)🞏 Gender Non-Conforming🞏 Client Doesn’t Know 🞏 Client Refused | **Sexual Orientation** | 🞏Heterosexual🞏Gay🞏Lesbian🞏Bisexual🞏Questioning/Unsure🞏Client Doesn’t Know🞏Client Refused |

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| --- | --- | --- |
| **Relationship To Head of Household** | 🞏 Self (head of household)🞏 Head of household’s child🞏 Head of household’s spouse or partner | 🞏 Head of household’s other relation member (other relation to head of household)🞏 Other: non-relation member |
| **Client Location Code** | 🞏 NY 508 Erie/Niagara/Genesee/Orleans/Wyoming🞏 NY 504 Cattaraugus |
| **Does Client Have Disabling Condition?** | 🞏 Yes 🞏 No 🞏 Client Doesn’t Know🞏 Client Refused | **US Military Veteran** | 🞏 Yes 🞏 No 🞏 Client Refused🞏 Client Doesn’t Know  |

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| --- | --- | --- |
| **Residence Prior to Project Entry**What was the situation the client was living in immediately prior to project entry?All responses pertain to the **last episode** of homelessness**Complete Parts A,B, and C** |  **A) Prior Living Situation****Choose One (1)** | **B) Length of Stay in Prior Living Situation** |
| **Literally Homeless Situation** 🞏 Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station or anywhere outside)🞏 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter🞏 Safe Haven  | 🞏 One night or less🞏 Two to Six nights🞏 More than one week, but less than one month🞏 One month or more but less than 90 days🞏More than 90 days, but less than one year🞏 One year or longer🞏 Client Doesn’t Know🞏 Client Refused |
| **Institutional Situation** 🞏 Foster care of 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 or detox center  |   |
| **Transitional and Permanent Situations** 🞏Residential project or halfway house with no homeless criteria 🞏Hotel or motel paid for without emergency shelter voucher 🞏Transitional housing for homeless persons (including youth)🞏Host Home (non-crisis)🞏Staying or living in a friend’s room, apartment or house🞏Staying or living in a family member’s room, apartment or house🞏Rental by client, with GPD TIP subsidy 🞏Rental by client, with VASH subsidy 🞏Permanent housing(other than RRH) for formerly homeless persons 🞏Rental by client, with RRH or equivalent subsidy🞏Rental by client, with HCV Voucher🞏Rental by client in public housing unit🞏Rental by client, no ongoing housing subsidy 🞏Rental by client, with other ongoing subsidy 🞏Owned by client, no ongoing housing subsidy 🞏Owned by client, with ongoing housing subsidy  |
| 🞏 **Client Doesn’t Know, Client Refused, Data Not Collected** |

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| --- |
| **C) Date Client started being homeless on the streets, in a shelter, or safe haven**Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if: * The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
* The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
* The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header “institutional situations” on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.
 |
| **Approximate Date Last Episode of Homelessness****Started** | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | **How many times has the client has been homeless on the streets, in ES, or SH in the past three years including this time?** | 🞏 One time (This time)🞏 Two times🞏 Three times🞏 Four or more times🞏 Client Doesn’t Know🞏 Client Refused  |
| **Total number of months homeless on the street, in ES, or SH in the past three years.** | 🞏 One month or less (First time homeless)🞏 2-12 months (# months\_\_\_\_\_\_)🞏 More than 12 months🞏 Client Doesn’t Know🞏 Client Refused | A break in homelessness separating the occasions means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page. |

**4. Date Exit Elements**

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| **Project exit date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- |
| **Reason for Leaving** | 🞏 Left for a housing opportunity before completing project🞏 Completed project🞏 Non-payment of rent/occupancy charge🞏 Non-compliance with project🞏 Criminal activity/destruction of property/ violence🞏 Reached maximum time allowed by project | 🞏 Needs could not be met by project🞏 Disagreement with rules/persons🞏 Death🞏 Unknown/disappeared🞏 Other |

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| --- | --- | --- |
| **Destination** | 🞏 Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station or anywhere outside)🞏 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter🞏 Safe Haven 🞏 Foster care of 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 or detox center🞏Residential project or halfway house with no homeless criteria 🞏Hotel or motel paid for without emergency shelter voucher 🞏Transitional housing for homeless persons (including youth)🞏Host Home (non-crisis)🞏 Staying or living with family, temporary tenure🞏 Staying or living with friends, temporary tenure🞏 Staying or living with family, permanent tenure🞏 Staying or living with friends, permanent tenure🞏Moved from one HOPWA funded project to HOPWA PH🞏Moved from one HOPWA funded project to HOPWA TH🞏Rental by client, with GPD TIP subsidy 🞏Rental by client, with VASH subsidy 🞏Permanent housing(other than RRH) for formerly homeless persons 🞏Rental by client, with RRH or equivalent subsidy🞏Rental by client, with HCV Voucher🞏Rental by client in public housing unit🞏Rental by client, no ongoing housing subsidy 🞏Rental by client, with other ongoing subsidy 🞏Owned by client, no ongoing housing subsidy 🞏Owned by client, with ongoing housing subsidy | 🞏 No exit Interview completed🞏Other🞏Deceased🞏 Client Doesn’t Know🞏 Client Refused🞏Data not collected |

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