

PROJECT NAME \_\_\_\_\_

PROJECT START DATE

		/			/			
Month			Day			Year		

ENROLLMENT COC: VA-501 VA-503 VA-505 VA-507 VA-508

<b>First Name</b>		<b>Middle</b>		<b>Last</b>		<b>Suffix</b>	
<input type="checkbox"/>	Full Name Reported	<input type="checkbox"/>	Partial or Street Name	<input type="checkbox"/>	Client Doesn't Know	<input type="checkbox"/>	Client prefers not to answer

**SOCIAL SECURITY NUMBER:**

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<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Approximate or partial SSN reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer

**DATE OF BIRTH:**

		/			/			
Month			Day			Year		

<input type="checkbox"/>	Full DOB reported	<input type="checkbox"/>	Approximate or partial DOB reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer

**RACE AND ETHNICITY (Check all that apply)**

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	White
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic/Latina/e/o	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Middle Eastern or North African		

**GENDER (Check all that apply)**

<input type="checkbox"/>	Woman (Girl, if child)	<input type="checkbox"/>	Man (Boy, if child)
<input type="checkbox"/>	Questioning	<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Non-Binary
<input type="checkbox"/>	Client prefers not to answer	<input type="checkbox"/>	Culturally Specific Identity (e.g., Two-Spirit)
<input type="checkbox"/>	Different Identity ( <i>Please Specify</i> ): _____		

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

<input type="checkbox"/>	Self (Head of Household)	<input type="checkbox"/>	Head of Household's child
<input type="checkbox"/>	Head of Household's spouse or partner	<input type="checkbox"/>	Head of Household's other relation member (other relation to Head of Household)
<input type="checkbox"/>	Other: non-relation member	<b>HoH Name &amp; ID:</b> _____	

**VETERAN STATUS**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Client prefers not to answer	<input type="checkbox"/>	Client doesn't know

**DISABLING CONDITION**

*Client has a Developmental Disability, HIV/AIDs, and/or another condition that is expected to be of long, indefinite duration and Substantially limits their ability to live independently?*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer

**PRIOR LIVING SITUATION**

Homeless Situations:			
<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for <b>with</b> emergency shelter voucher, Host Home shelter
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
Institutional Situations:			
<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"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Jail, prison, or juvenile detention facility
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Substance abuse treatment facility or detox center
Temporary Housing Situations:			
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house	<input type="checkbox"/>	Host Home (non-crisis)
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
Permanent Housing Situation:			
<input type="checkbox"/>	Rental by client, <b>WITH</b> housing subsidy: <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> RRH <input type="checkbox"/> HCV Voucher <input type="checkbox"/> EH Voucher <input type="checkbox"/> FUP Voucher <input type="checkbox"/> FYI <input type="checkbox"/> PSH <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client w/ other ongoing housing subsidy <input type="checkbox"/> Other PH dedicated for formerly homeless persons	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Rental by client, with <b>NO</b> housing subsidy	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
Other:			
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	One year or longer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	Client prefers not to answer

**ON THE NIGHT BEFORE WAS CLIENT ON THE STREETS/ES/SH?**

Yes  No

**Approximate date this episode of homelessness started:**

		/			/			
Month			Day			Year		

**Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:**

<input type="checkbox"/>	One time	<input type="checkbox"/>	Four or more times
<input type="checkbox"/>	Two times	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Three times	<input type="checkbox"/>	Client prefers not to answer

**Total number of months homeless on the street, in ES, or SH in the past three years:**

<input type="checkbox"/>	One month (this time is the first month)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Between 2 and 12 months: Enter number of months (_____)	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	More than 12 months		

HOUSING MOVE IN DATE (PH only)

		/			/			
Month			Day			Year		

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
INTAKE DATE