MSHMIS VASH Assessment

Entry Date: ______________________ **Intake Staff/Case Manager:** ____________________

HOUSEHOLD INFORMATION (UDE)

Answer this section for all persons in household (use additional sheets for larger families)

Full Name	Relationship to Head of Household	SSN	US Military Veteran	Date of Birth mm/dd/yyyy	Gender	Race *(Select all that apply)*
Name Data Quality ☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☒ Self (Head of household) **Client Location (CoC Code)**: ___________ *Required for Head of Household Only*	________________ ***SSN Data Quality*** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	(Answer for adults 18+ only) ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	/ / ***DOB Data Quality*** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Transgender male to female ☐ Transgender female to male ☐ Doesn't identify as male, female or transgender ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
Name Data Quality ☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ 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	________________ ***SSN Data Quality*** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	(Answer for adults 18+ only) ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	/ / ***DOB Data Quality*** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Transgender male to female ☐ Transgender female to male ☐ Doesn't identify as male, female or transgender ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
Name Data Quality ☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ 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	________________ ***SSN Data Quality*** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	(Answer for adults 18+ only) ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	/ / ***DOB Data Quality*** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Transgender male to female ☐ Transgender female to male ☐ Doesn't identify as male, female or transgender ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
Name Data Quality ☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ 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	________________ ***SSN Data Quality*** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	(Answer for adults 18+ only) ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	/ / ***DOB Data Quality*** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Transgender male to female ☐ Transgender female to male ☐ Doesn't identify as male, female or transgender ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused

HOUSEHOLD INFORMATION (UDE) continued…

Name *(Please Answer for Each Person in Household)*	**Ethnicity**	**Does the client have a disabling condition?**	**If client has a disabling condition, please answer the following sub-assessment questions:**					
			Disability Type (Select all that apply)	*Disability Determination*	*If Yes, to be long-continued and indefinite duration and substantially impairs ability to live independently?*	*Documentation of Disability and Severity on File*	*Currently Receiving Services/ Treatment for this disability*	*Long Term*
Person 1 (head of household):	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No
Person 2:	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No
Person 3:	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No
Person 4:	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No

Disability Notes: _____

HOUSEHOLD INFORMATON (Program Specific) continued…

Name *(Answer for All Persons in HH)*	**General Health Status**	**Currently Covered by Health Insurance?**	***(If Client has Health Insurance)*** **Select All Type(s) That Apply**
Person 1 (head of household):	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)
Person 2:	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)
Person 3:	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)
Person 4:	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)

Housing Status

☐ Category 1 - Homeless
☐ Category 2 – At imminent risk of losing housing
☐ Category 3 – Homeless only under other federal statues
☐ Category 4 – Fleeing domestic violence
☐ At-risk of homelessness
☐ Stably Housed
☐ Client doesn't know
☐ Client refused

City of Residence _____ **County of Residence** _____

Living Situation (UDE) - Homeless History Interview

Answer the following questions for ALL Household Members

(Use additional sheets if members of the same household have different homeless histories)

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's living situation (immediately) prior to project entry?

(Select one Living Situation and answer the corresponding questions in the order in which they appear)

	Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/ Refused
ECTION I	☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher. ☐ Safe Haven ☐ Interim Housing (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	☐ Foster care home or foster 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	☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing for formerly homeless persons (such as CoC Project) ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth)	☐ Client doesn't know ☐ Client refused

	Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/Refused
SECTION II	**Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the institutional situation less than 90 days?** ☐ Yes **(If YES – Complete SECTION III)** ☐ No **(If NO- End Homeless History Interview)**	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes **(If YES – Complete SECTION III)** ☐ No **(If NO – End Homeless History Interview)**	☐ Client doesn't know ☐ Client refused
SECTION III	**N/A** **Complete SECTION IV Below**	**On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes **(If YES – Complete SECTION IV)** ☐ No **(If NO- End Homeless History Interview)**	**On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes **(If YES – Complete SECTION IV)** ☐ No **(If NO – End Homeless History Interview)**	☐ Client doesn't know ☐ Client refused

*Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".*
If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.

What Counts as a Break in Homelessness?

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- ***7 or more consecutive nights in a Housing Situation** (see Section III above).*
- ***90 or more consecutive days in an Institutional Situation** (see Section II above)*

Follow-up questions:

1. *"Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights" (if not an institution). or*
2. *"Were you in jail/hospital/other Institution less 90 days" (if break is an institution).*

If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

SECTION IV

Approximate date homelessness started: _____(M/D/YYYY)

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**

☐ One Time ☐ Three Times ☐ Client doesn't know
☐ Two Times ☐ Four or more Times ☐ Client refused

Total number of months homeless (on the street, in emergency shelter or safe haven) in the past 3 years?
(e.g. # of cumulative, but not necessarily consecutive months spent homeless)

☐ One month (this time is the first month) ☐ More than 12 months ☐ Client doesn't know
☐ 2 – 12 months →Must specify # months____ ☐ Client refused

INCOME & NON-CASH BENEFITS
for HEAD OF HOUSEHOLD and ADULTS (18+) only!

Currently receiving income from any source? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

X	Source of Income (Monthly)	Family Member	Amount from Source
	Alimony or Other Spousal Support		$ .00
	Child Support		$ .00
	Earned Income *(Employment)*		$ .00
	General Assistance		$ .00
	Pension or Retirement Income from a Former Job		$ .00
	Private Disability Insurance		$ .00
	Retirement Income from Social Security		$ .00
	SSDI *(Social Security Disability Income)*		$ .00
	SSI *(Supplemental Security Income)*		$ .00
	TANF *(Temporary Assistance for Needy Families or FIP grant)*		$ .00
	Unemployment Insurance		$ .00
	VA Service-Connected Disability Compensation		$ .00
	VA Non-Service-Connected Disability Pension		$ .00
	Workers Compensation		$ .00
	Other *(Including Gifts from Friends and Family)* **Specify**:_____		$ .00
	No Financial Resources		**N/A**

Total Monthly Income $_____ **(Per Household Member)**

Currently receiving any non-cash benefits? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

X	Source of Non-Cash Benefit (Monthly)	Family Member	Amount (If applicable)
	Supplemental Nutrition Assistance Program *(Food Stamps)*		$ .00
	Special Supplemental Nutrition Program for WIC		$ .00
	TANF Child Care Services		$ .00
	TANF Transportation Services		$ .00
	Other TANF Funded Services		$ .00
	Section 8, Public Housing or rental assistance		$ .00
	Temporary Rental Assistance		$ .00
	Other Source – **Specify**: _____		$ .00

LAST PERMENANT ADDRESS
for HEAD OF HOUSEHOLD and ADULTS (18+) only!

Client's Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Last Permanent Address Data Quality: ☐ Full Address Reported ☐ Incomplete or Estimated Address Reported ☐ Client doesn't know ☐ Client refused

Start Date _____ **End Date** _____ **Phone number** _____ **No. of Bedrooms:** _____ **Total Client Rent/Mortgage** $_____

Total Client Lot Rent $_____ **Rent Subsidy** $_____ **Date Rent Subsidy Begins** _____ **Date Rent Subsidy Begins** _____

Landlord's Name _____ **Landlord's Email Address** _____

Landlord's Address _____ **City:** _____ **State:** _____ **Zip Code:** _____ **Phone No.:** _____

City Certification? ☐ **Yes** ☐ **No** ☐ **Not Applicable** **Date City Certification Expires:** _____

Answer the following questions for HEAD OF HOUSEHOLD and ADULTS only! (Print additional pages where needed) *

DOMESTIC VIOLENCE

*Domestic Violence Victim/Survivor should be indicated as **"Yes"** if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place **within the individual's or family's primary nighttime residence.***

Domestic Violence Victim/Survivor? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

***(If yes)* When Experience Occurred**

☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ Six months to one year ago (excluding one year exactly)
☐ One year ago or more ☐Client doesn't know ☐ Client refused

*Currently fleeing should be indicated as **"Yes"** if the Person is fleeing, or is attempting to flee, the domestic violence situation **or** is afraid to return to their primary nighttime residence.*

***(If yes)* Are you currently fleeing?** ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Overview of domestic violence: _____

LAST GRADE COMPLETED

for HEAD OF HOUSEHOLD and ADULTS (18+) only

Highest Level of Education Attained: ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12/High school diploma ☐ GED
☐ Some College ☐ School program does not have grade levels ☐ Associate's Degree ☐ Bachelor's Degree ☐ Graduate Degree ☐ Vocational Certification
☐ Client doesn't know ☐ Client refused

VETERAN INFORMATION

for HEAD OF HOUSEHOLD and ADULTS (18+) only!

Date Entered Military Service _____ **Date Separated from Military Service** _____

Theatre of Operations: ☐ World War II ☐ Korean War ☐ Vietnam War ☐ Persian Gulf War ☐ Afghanistan ☐ Iraq Freedom
☐ Iraq Dawn ☐ Other Peacekeeping Operations/Military Interventions ☐ Client Doesn't Know ☐ Client Refused

Branch of the Military: ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused

Discharge Status: ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions ☐ Bad Conduct ☐ Uncharacterized
☐ Dishonorable ☐ Client Doesn't Know ☐ Client Refused

VAMC Station Number

EMPLOYMENT STATUS

Employed: ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Type of Employment: ☐ Full-time ☐ Part-time ☐ Seasonal/sporadic (including day labor)

***If NO*, Why not employed:** ☐ Looking for Work ☐ Unable to work ☐ Not looking for work

RESIDENTIAL MOVE-IN DATE

****Answer the following questions for ALL Household Members****

Date of Move-In_____ ***IMPORTANT: Not same as the Move-In date listed on the VA HOMES System*

CONTACT INFORMATION

Client's Cell Phone Number: _____

Emergency Contact's Name: _____
Contact Type (Relationship to Client): _____
Phone Number: _____
Second Phone Number: _____
Contact's E-mail Address: _____
Contact's Street Address: _____
Contact's City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact's Name: _____
Contact Type (Relationship to Client): _____
Phone Number: _____
Second Phone Number: _____
Contact's E-mail Address: _____
Contact's Street Address: _____
Contact's City: _____ **State:** _____ **Zip Code:** _____