MSHMIS VA-GPD Intake Assessment

Project Start 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**
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 ☐ Trans Female (M to F) ☐ Trans Male (F to M) ☐ Gender Non-Conforming (not exclusively M or F) ☐ 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 ☐ Trans Female (M to F) ☐ Trans Male (F to M) ☐ Gender Non-Conforming (not exclusively M or F) ☐ 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 ☐ Trans Female (M to F) ☐ Trans Male (F to M) ☐ Gender Non-Conforming (not exclusively M or F) ☐ Client doesn't know ☐ Client refused
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HOUSEHOLD INFORMATION (UDE) continued…			**If client has a disabling condition, please answer the following sub-assessment questions:**		
Name *(Please Answer for Each Person in Household)*	**Race** *(Select all that apply)*	**Ethnicity**	**Does the client have a disabling condition?**	*Disability Type (Select all that apply)*	*If Yes, to be long-continued and indefinite duration and substantially impairs ability to live independently?*
Person 1 (head of household):	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused	☐ 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 Problem ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Person 2:	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused	☐ 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 Problem ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Person 3:	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused	☐ 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 Problem ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Person 4:	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused	☐ 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 Problem ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

HOUSEHOLD INFORMATON (Program Specific) continued…

Name *(Answer for All Persons in Household)*	**Currently Covered by Health Insurance?**	***(If Client has Health Insurance)*** **Select All Type(s) That Apply**
Person 1 (head of household):	☐ 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:	☐ 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:	☐ 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:	☐ 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 **Answer the following questions for *ALL* Household Members**

☐ 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

RESIDENCE

City of Residence _____County of Residence _____

Living Situation (UDE) - Homeless History Interview

****Answer for HEAD OF HOUSEHOLD and ADULTS (18+) only****

(Use additional sheets if ADULT 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
SECTION 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 (other than RRH) for formerly homeless persons (such as CoC Project) ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other ongoing housing subsidy (including RRH) ☐ 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 **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 **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

****Answer 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 Insurance)*		$ .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 (SNAP) *(previous known as Food Stamps)*		$ .00
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		$ .00
	TANF Child Care Services		$ .00
	TANF Transportation Services		$ .00
	Other TANF Funded Services		$ .00
	Other Source – **Specify**: _____		$ .00

LAST PERMANENT 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

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: _____

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-Desert Storm ☐ Afghanistan-Enduring Freedom ☐ Iraq-Freedom ☐ Iraq-New Dawn ☐ Other Peacekeeping Operations/Military Interventions (Lebanon, Somalia, Panama, Bosnia, Kosovo) ☐ 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 ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused

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:** _____

HOUSING MOVE-IN DATE ****Answer for the Head of Household****

For PH only!

*This question differentiates between clients who are awaiting placement and those who have moved into any type of permanent housing, regardless of funding source or whether the project is providing rental assistance. The Housing Move-In Date MUST be entered via an **Interim Assessment** with a timestamp that occurs after the Project Start and before the Project Exit. If client is **not** in housing leave this question blank.*

Housing Move-In Date: _____/_____/_____