



Contra Costa Continuum of Care

Contra Costa Homeless Management Information System

Contra Costa Standard HMIS Intake Form

First Name _____ Middle _____ Last Name _____ *Suffix _____ (Jr/Sr.)

*Social Security No: _____ *Intake Date: _____

Case Manager: _____ *Agency/Program: _____

Case Manager Phone: () Case Manager Email: _____

Note: All information requested below is voluntary, however some questions may be required by specific programs to determine eligibility. If client already has an existing record in HMIS, questions 1 thru 9 may be skipped.

1. Nickname/Alias: _____ 2. Maiden name: _____

*3. Birth Date: _____ Age: _____ Full Approximate/Partial Client doesn't know Client refused

*4. Gender: Male Transgender Client doesn't know A gender other than singularly female or male (non-binary, genderfluid, agender, culturally specific gender)
 Female Questioning Client Refused

5. Sexual orientation: Straight Gay Lesbian Bisexual Questioning/Unsure Other: _____ Client refused

*6. What race best describes you? (Check all that apply) [HUD recommendation: Those of Latin heritage should mark American Indian if their ancestry from North, South or Central America. Those from the Far East (including India) should mark Asian. Those from the Middle East should mark White.]

White Black, African-American, or African Native Hawaiian or Pacific Islander Client Doesn't Know
 Asian or Asian American American Indian/Alaskan Native/Indigenous Client Refused

*7. Ethnicity: Hispanic/Latin(a)(o)(x) Non-Hispanic/Non-Latin(a)(o)(x) Client doesn't know Client refused

*8. Have you ever served in the US Military? Yes / No Year entered service: _____ Year separated from service: _____

Branch of the Military? Army Navy Air force Marines Coast Guard

Theater of Operations (Circle Yes or No for each)

World War II	Y / N	Afghanistan	Y / N
Korean War	Y / N	Iraqi Freedom	Y / N
Vietnam War	Y / N	Iraq New Dawn	Y / N
Persian Gulf War	Y / N	Other	Y / N

Discharge status (Check one)

Honorable Dishonorable
 General under honorable conditions Uncharacterized/Other
 Under other than honorable conditions (OTH) Client doesn't know
 Bad conduct Client refused

9. What is your primary language? English Spanish Other: _____

10. Client Phone No: _____

11. Email: _____

12. Identification: _____

13. What is your current or most recent mailing address? Currently staying there (Y/N)? _____

Address _____ City _____ State _____ Zip _____

*14. Relationship to head of household:

Self Child Spouse/Partner Other relation Other: Non-relation member

15. Who referred you to this program?

<input type="checkbox"/> 211 Crisis line	<input type="checkbox"/> CARE/Drop in center	<input type="checkbox"/> Self
<input type="checkbox"/> Other Crisis line	<input type="checkbox"/> Benefits worker/Case manager	<input type="checkbox"/> Friends/Relatives
<input type="checkbox"/> Shelter Hotline	<input type="checkbox"/> VA	<input type="checkbox"/> Web/Internet
<input type="checkbox"/> Mental Health Access line	<input type="checkbox"/> CORE outreach	<input type="checkbox"/> Church/Religious organization
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Police /Law Enforcement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Clinic/Outpatient facility	<input type="checkbox"/> Criminal justice system (Non AB109)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> AB109 Probation officer	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Residential program	<input type="checkbox"/> SSVF Agency	

TRIAGE / PROBLEM SOLVING (Skip if you are a RRH/PSH program, or if client is already enrolled in CES)

What is your current living situation? (Select one)

- | | |
|--|---|
| <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 with emergency shelter voucher, or RHY-funded Host Home shelter
<input type="checkbox"/> Safe haven
<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 or detox center
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Host home (non-crisis)
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused | <input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH)
<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Staying or living in a friend's room, apartment or house |
|--|---|

If at risk of losing housing w/i 14 days, engage in problem solving (sample questions below)...

OUTCOME

Why do you need to leave this place?	
Is it a safe housing situation? If so, what would you need to help you stay? (income, landlord mediation, family mediation, transportation, substance abuse services, other)	
Do you belong to a church, AA, or other recovery or social group, that may have resources to assist with your situation? Have you explored these resources?	
Is there anyone else you can stay with for the next 3-7 days if I were to assist you with limited financial support?	

- [For staff] Was a subsequent residence identified? Yes / No **If yes, attempt diversion for the next 1-3 days.**
- [For staff] Does client have resources/support network to obtain other permanent housing? Yes / No
- [For staff] Did client have their own permanent housing unit in last 60 days? Yes / No
- [For staff] Has client moved 2 or more times in last 60 days? Yes / No

Provided problem solving intervention

Client was successfully diverted to: (indicate where housed)

.... If problem solving is successful and time-limited financial support is needed, schedule appt for

Hume Diversion/Prevention (510-447-1752)

If currently on the streets or in shelter...

OUTCOME

1. Have you been homeless less than 1 month? Yes / No
If yes, engage in problem solving conversation (sample questions below):

What was the cause of your homelessness?	
Do you have friends/family/a support network (church, AA, or other recovery group) [Explore each of these resources and whether they'd be safe alternatives]	
Is there anyone you can think of whom you can stay with for the next 3-7 days if I were to assist you with limited-time case management or financial support?	

[For staff] Was a subsequent residence identified? Yes / No **If yes, attempt diversion for the next 1-3 days.**

Provided problem solving intervention

Client was successfully diverted to: (indicate where housed)

.... If problem solving is successful and time-limited financial support is needed, schedule appt for

Hume Rapid Exit (510-447-1752)

2. Are you and your children fleeing an unsafe housing situation? Yes / No / NA

... If has children, schedule appt for
 STAND (888-215-5555)

3. [If ages 18-24] Would you be interested in youth-specific programs in Richmond/Crockett/Concord that may better meet your needs? Yes / No / NA

... If yes, schedule appt for
 Calli House (510-236-9612)

4. [For Street Outreach only] Is client unsheltered and 18+?

4a. If yes, are they also a: senior family severely disabled ?

... If yes, refer and confirm bed at:
 Concord Shelter **Brookside Shelter**
 Richmond Marriott **ECIHP**

4b. If shelter capacity reached

Concord Warming Center

5. [For Shelters/CARE/CORE/Safe Park only] Are you interested in Housing Navigation and receiving income of at least \$800/mo?

... If yes, upload referral form & refer to:
 Housing Navigation

If not homeless or at imminent risk, END TRIAGE ASSESSMENT.

If client accepts the referral and still wants to enroll in your program, continue on to page 3 (program transfers may take up to 1 week).

Prior Living Situation

***16. What best describes your living situation last night (prior to entering this program) [Please choose one of the three following situations and only answer the questions within that column]:**

☐ Homeless Situations	☐ Institutional Situations	☐ Transitional & Permanent housing
<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 with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe haven	<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 or detox center	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host home (non-crisis) <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>*Length of living situation prior to entering this program:</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights 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	<p>*Length of living situation prior to entering this program:</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights 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	<p>*Length of living situation prior to entering this program:</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights 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
<p>*Approximate date this episode of homelessness started:</p> <p>____ / ____ / ____</p>	<p>*If the length of stay above was less than 90 days, did you enter the institution from the streets, Emergency shelter, or Safe Haven?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>*If yes, approximate date this episode of homelessness started:</p> <p>____ / ____ / ____</p> <p><small>Note: If homelessness began prior to institution stay, and the institution stay was less than 90 days, the stay also counts as time homeless.</small></p>	<p>*If the length of stay above was less than 7 nights, did you enter the above housing situation from the streets, Emergency shelter, or Safe Haven?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>* If yes, approximate date this episode of homelessness started: ____ / ____ / ____</p> <p><small>Note: If client stayed in a housed situation for less than 7 days, the stay also counts as time homeless.</small></p>

*** For shelters & street outreach only:** If client is coming from an institution where they stayed more than 90 days or a housed situation where they stayed more than 7 days, then their start date of homelessness would be today's date (Intake Date): **Intake Date:** ____ / ____ / ____

***If a Household with Children:** Were children living in same prior living situation as HOH? o Yes o No
(If no, where?) _____

***17. If homeless, number of times you have been homeless on the streets/shelter in the past three years including today.**

<input type="checkbox"/> 1 time	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 2 times	<input type="checkbox"/> 4 or more times	<input type="checkbox"/> Client refused

***18. If homeless, total number of months homeless in the past three years** [Note: Any single day or part of a month spent homeless should be counted as 1 month. Add up these episodes for a cumulative total.]: _____ months

***19. Housing status at program entry**

<input type="checkbox"/> Category 1 – Literally Homeless (i.e. streets, shelter, transitional housing)	<input type="checkbox"/> Category 2 – At imminent risk of losing housing (w/ 14 days) At risk of homelessness—not literally homeless but is low income and either: doubled-up, couch-surfing or living in motel; will lose housing within 21 days; is exiting a publicly funded institution; or has moved twice in the past 60 days.	<input type="checkbox"/> Category 3 – Unaccompanied youth (under 25) or families with minors who are not literally homeless but are homeless under Dept. of Education Definition—they may be in a motel, couch-surfing, doubled-up
<input type="checkbox"/> Category 4 – Fleeing domestic violence and has no other residence or resources to obtain permanent housing		<input type="checkbox"/> Stably housed

20. Cause of housing crisis? (Check all that apply). For prevention programs, cause for potential homelessness?

<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Eviction	<input type="checkbox"/> Parole	Other: _____
<input type="checkbox"/> Loss of job	<input type="checkbox"/> Low income /Underemployment	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse	
<input type="checkbox"/> Rent Increase	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Ran Away	<input type="checkbox"/> Thrown Out	

21. Formerly a ward of child welfare/foster care? (circle one) Yes / No

*22. *RRH & PH Use Only: Permanent Housing Move-in Date:	* RRH & PH Use Only, City Where Housed:	RRH & PH Use Only, Permanent Housing Street Address:
--	--	---

***23. City where you lost stable housing (does not include shelter, transitional housing, or institutions). For prevention programs, city where you are at-risk of losing your housing?**

- | | | | | | |
|--|-----------------------------------|--|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Alamo | <input type="checkbox"/> Byron | <input type="checkbox"/> Danville | <input type="checkbox"/> Kensington | <input type="checkbox"/> Oakley | <input type="checkbox"/> Port Costa |
| <input type="checkbox"/> Antioch | <input type="checkbox"/> Canyon | <input type="checkbox"/> Discovery Bay | <input type="checkbox"/> Knightsen | <input type="checkbox"/> Orinda | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bay Point | <input type="checkbox"/> Clayton | <input type="checkbox"/> El Cerrito | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Pacheco | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Bethel Island | <input type="checkbox"/> Clyde | <input type="checkbox"/> El Sobrante | <input type="checkbox"/> Martinez | <input type="checkbox"/> Pinole | <input type="checkbox"/> San Pablo |
| <input type="checkbox"/> Blackhawk | <input type="checkbox"/> Concord | <input type="checkbox"/> Hercules | <input type="checkbox"/> Moraga | <input type="checkbox"/> Pittsburg | <input type="checkbox"/> San Ramon |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Crockett | | <input type="checkbox"/> N Richmond | <input type="checkbox"/> Pleasant Hill | <input type="checkbox"/> Walnut Creek |

Other Bay Area county:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> Monterey |
| <input type="checkbox"/> Napa | <input type="checkbox"/> San Francisco | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Other county: |
| <input type="checkbox"/> Sonoma | <input type="checkbox"/> Solano | <input type="checkbox"/> Client refused |

* Zip code of last permanent residence: _____

***24. In which city did you sleep last night? (this means: where did you sleep prior to entering this program)**

City _____ State _____

***25. If homeless, is this your first time experiencing homelessness (being without housing)?** Yes / No

***26. Total length of time client has been homeless (without housing) [short breaks are acceptable].** ____ Years ____ Months

Health and Disability

***27. Please Circle Yes or No for each of the following disability types:**

Physical	Y / N	Long Term and Impairs Independence?	Y / N	Mental health disorder	Y / N	Long Term and Impairs Independence?	Y / N
Developmental	Y / N			Alcohol use disorder	Y / N	Long Term and Impairs Independence?	Y / N
Chronic health condition	Y / N	Long Term and Impairs Independence?	Y / N	Drug use disorder	Y / N	Long Term and Impairs Independence?	Y / N
HIV/AIDS	Y / N			Both Alcohol and Drug disorders	Y / N	Long Term and Impairs Independence?	Y / N

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.

*** Do you have a disabling condition?** (If any of the above conditions are Long Term and Impairs Independence, or if "Y" to Developmental or HIV/AIDS)

- Yes No Client doesn't know Client refused

***28. Well-being and General Health Status (Use the 0-4 scale provided for each set of questions. You may also use "DK" for Client doesn't know, or "R" for Client refused.)**

****Strongly disagree (0), Somewhat disagree (1), Neither agree or disagree (2), Somewhat agree (3), Strongly agree (4)**

* Client perceives their life has value and worth _____

* Client perceives they have support from others who will listen to problems _____

* Client perceives they have a tendency to bounce back after hard times _____

****Not at all (0) , Once a month (1) , Several times a month (2), Several times a week (3), At least every day (4)**

* Client's frequency of feeling nervous, tense, worried, frustrated, or afraid _____

****Poor (0) , Fair (1) , Good (2), Very Good (3), Excellent (4)**

* Client's General Health Status _____

***29. Have you ever been a victim of domestic violence?**

- Yes No Client doesn't know Client refused

If yes, please indicate when the most recent domestic violence experience occurred:

- | | | |
|---|--|--|
| <input type="checkbox"/> Within the past 3 months | <input type="checkbox"/> 3-6 months ago | <input type="checkbox"/> 6-12 months ago |
| <input type="checkbox"/> One year ago or more | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |

Are you currently fleeing? Yes No

***30. Are you currently covered by health insurance** Yes ___ No ___ Client doesn't know ___ Client refused ___

Please answer Yes or No for each of the following health insurance types:

Health Insurance	Currently covered?	*HOPWA Only: If no, reason?	Health Insurance	Currently covered?	*HOPWA Only: If no, reason?
Medicaid/Medi-Cal	Y / N		Health insurance obtained through COBRA	Y / N	
Medicare	Y / N		Private pay health Insurance	Y / N	
State Children's Health Ins Program (SCHIP)	Y / N		State health insurance for adults	Y / N	
Employer-Provided Health Insurance	Y / N		Indian health services program	Y / N	
Veteran's Administration (VA) Medical Services	Y / N		Other	Y / N	

***HOPWA only:** If not covered, indicate reason: (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable.)

Income and Employment

31. Are you employed? Yes No

If **employed**, type of employment? Full Time Part time Seasonal/Sporadic (or day labor)

Hours Worked Last Week _____ Where? _____

If **unemployed**, why? Looking for work Unable to work Not looking for work

***32. Any income received from any source in the last 30 days?** Yes / No

Earned Income	\$	SSDI	\$	TANF	\$
Unemployment Insurance	\$	SSI	\$	GA	\$
Workers Compensation	\$	Retirement Income from Social Security	\$	Alimony Spousal Support	\$
Private Disability Insurance	\$	VA Non-Service Connected Disability	\$	Child Support	\$
VA Service-Connected Disability	\$	Pension or Retirement from a Former Job	\$	Other (Specify):	\$

***33. Any non-cash benefits received in the last 30 days (Y/N)?** _____ (answer **yes** or **no** to each of the following):

Source	Received in past 30 days?	Source	Received in past 30 days?
Supplemental nutrition assistance program (SNAP/Food Stamps)	Y / N	TANF Transportation Services	Y / N
Special Supplemental Nutrition Pgm for Women, Infants, & Children (WIC)	Y / N	Other TANF-Funded Services	Y / N
TANF Childcare services	Y / N	Other Non-Cash Benefit	Y / N

Education

34. Last grade completed?

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> < 5th grade | <input type="checkbox"/> 9 th – 11 th Grade | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 5-6 | <input type="checkbox"/> 12 th Grade | <input type="checkbox"/> Some college | <input type="checkbox"/> Vocational certification |
| <input type="checkbox"/> Grade 7-8 | <input type="checkbox"/> GED | <input type="checkbox"/> Associates degree | <input type="checkbox"/> Client doesn't know |
| | | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Client refused |

Dependents

***35. Please list information about all dependent children (under 18 years old) in your household who will be participating in this program.**

First and last name	Relationship to HOH	Birth date	SS #	Gender (M/F)	Ethnicity	Race	Program entry date (if different from HoH)	Special needs	Income

Criminal history

36. Have you ever been convicted of a crime (Y/N)? ____ Explain crime: _____
 If yes, were you convicted within the last 6 months (Y/N)? ____
37. Are you currently on probation (Y/N)? ____ Probation office's name and phone no.: _____
 Probation end date (mm/dd/yy): ____/____/____
38. Are you currently on parole (Y/N)? ____ Parole office's name and phone no.: _____
 Parole end date (mm/dd/yy): ____/____/____
39. Have you ever been incarcerated in State/County/Federal Prison (Y/N)? ____ If Yes:
 a) Were you released as a result of California Assembly Bill (AB) 109? (circle one) Yes / No
 b) Were you released within the last 6 months? (circle one) Yes / No
40. Formerly a ward of juvenile justice system? (circle one) Yes / No

For PATH Programs Only	For HOPWA Programs Only
------------------------	-------------------------

- | | |
|---|--|
| <p>1. Date of status determination: ____/____/____</p> <p>2. Client became enrolled in PATH? Yes / No
 If no, reason not enrolled
 <input type="checkbox"/> Client was found ineligible for PATH
 <input type="checkbox"/> Unable to locate client
 <input type="checkbox"/> Client was not enrolled for other reason(s)</p> <p>3. Connection with SOAR? Yes / No</p> | <p>1. Receiving public HIV/AIDS medical assistance? Yes / No
 If no, reason?
 <input type="checkbox"/> Applied; decision pending
 <input type="checkbox"/> Applied; client not eligible
 <input type="checkbox"/> Client did not apply
 <input type="checkbox"/> Insurance type N/A for this client
 <input type="checkbox"/> Client doesn't know
 <input type="checkbox"/> Client refused</p> <p>2. Receiving AIDS Drug Assistance Program (ADAP)? Yes / No
 If no, reason?
 <input type="checkbox"/> Applied; decision pending
 <input type="checkbox"/> Applied; client not eligible
 <input type="checkbox"/> Client did not apply
 <input type="checkbox"/> Insurance type N/A for this client
 <input type="checkbox"/> Client doesn't know
 <input type="checkbox"/> Client refused</p> |
|---|--|

For VASH Programs Only	For HOPWA Programs Only
------------------------	-------------------------

- | | |
|---|--|
| <p>1. VAMC station number: _____</p> <p>2. Last permanent state, city and zip code
 <input type="checkbox"/> State: _____
 <input type="checkbox"/> City: _____
 <input type="checkbox"/> Zip Code: _____</p> <p>(HUD definition: where client last resided for 90 days or more, not counting institutions, shelters, or transitional housing.)</p> | <p>3. T-cell (CD4) count available? Yes / No
 If yes, T-Cell counts? (0-1500): _____
 How was the data obtained?
 <input type="checkbox"/> Medical Report
 <input type="checkbox"/> Client Report
 <input type="checkbox"/> Other</p> <p>4. Viral load available? Available / Not Available / Undetectable
 If available, viral load? (0-99999) _____
 How was the data obtained?
 <input type="checkbox"/> Medical Report
 <input type="checkbox"/> Client Report
 <input type="checkbox"/> Other</p> <p>5. Date of viral load and T-Cell information: ____/____/____</p> |
|---|--|

For SSVF Programs Only

1. Percentage of Area Median Income (AMI) [HUD sets new AMI income limits each year. Please refer to huduser.org for the current AMI limits.]
 Less than 30%
 30% to 50%
 Greater than 50%
2. VAMC station number: _____ (Required)
3. Connection with SOAR? Yes / No

Emergency Contact and Signature

Emergency Contact: _____ Emergency Contact Phone: _____

*Signature of the applicant stating that all information is true and correct _____

For SSVF Prevention Programs

Is Homelessness Prevention Targeting Screener required? Yes / No

If yes, please answer all questions below.

	Points		Points
Current housing loss expected within... (select only one) <input type="checkbox"/> 1-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days (0 points)		Current household income is <input type="checkbox"/> \$0 (i.e., not employed, not receiving cash benefits, no other <i>current</i> income) <input type="checkbox"/> 1-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size	
History of literal homelessness (street / shelter / transitional housing) (any adult) <input type="checkbox"/> Most recent episode occurred within the last year <input type="checkbox"/> Most recent episode occurred more than one year ago <input type="checkbox"/> None (0 points)		Head of Household is not a current leaseholder <input type="checkbox"/> No <input type="checkbox"/> Yes	
Head of Household has never been a leaseholder <input type="checkbox"/> No <input type="checkbox"/> Yes		Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Rental evictions within the past 7 years (any adult) <input type="checkbox"/> no prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more prior rental evictions		Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property? (any adult) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Incarcerated as adult (any adult in household) <input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times		Discharged from jail or prison within last six months after incarceration of 90 days or more (adults) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Registered sex offender? <input type="checkbox"/> No <input type="checkbox"/> Yes		Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Currently pregnant (any household member) <input type="checkbox"/> No <input type="checkbox"/> Yes		Single parent with minor child(ren)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Household includes one or more young children (age 6 or under), or a child who requires significant care <input type="checkbox"/> No <input type="checkbox"/> Youngest child is under 1 year old <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require sig)		Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population <input type="checkbox"/> No <input type="checkbox"/> Yes			
		HP Applicant Total Points	
		Grantee Targeting Threshold Score	