

NC HMIS Street and Shelter Intake

Entry/Exit Provider ID: _____ Project Start Date: (mm/dd/yyyy) _____ Intake Staff: _____

Head of Household _____ Additional Household Member _____ Additional Household Member _____

Client Record

Client ID: _____ Client ID: _____ Client ID: _____

Name: _____ Name: _____ Name: _____

- | | | |
|---|---|---|
| <input type="radio"/> Full name reported | <input type="radio"/> Full name reported | <input type="radio"/> Full name reported |
| <input type="radio"/> Partial, street name, or code name reported | <input type="radio"/> Partial, street name, or code name reported | <input type="radio"/> Partial, street name, or code name reported |
| <input type="radio"/> Client doesn't know | <input type="radio"/> Client doesn't know | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Client refused | <input type="radio"/> Client refused | <input type="radio"/> Client refused |

Social Security Number: _____ Social Security Number: _____ Social Security Number: _____

- | | | |
|---|---|---|
| <input type="radio"/> Full SSN reported | <input type="radio"/> Full SSN reported | <input type="radio"/> Full SSN reported |
| <input type="radio"/> Approximate or partial SSN reported | <input type="radio"/> Approximate or partial SSN reported | <input type="radio"/> Approximate or partial SSN reported |
| <input type="radio"/> Client doesn't know | <input type="radio"/> Client doesn't know | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Client refused | <input type="radio"/> Client refused | <input type="radio"/> Client refused |

U.S. Military Veteran? (Answer for adults 18+ only) U.S. Military Veteran? (Answer for adults 18+ only) U.S. Military Veteran? (Answer for adults 18+ only)

- | | | |
|---|---|---|
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No |
| <input type="radio"/> Client doesn't know | <input type="radio"/> Client doesn't know | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Client refused | <input type="radio"/> Client refused | <input type="radio"/> Client refused |

Relationship to Head of Household: Relationship to Head of Household: Relationship to Head of Household:

- | | | |
|--|--|--|
| <input type="radio"/> Self (head of household) | <input type="radio"/> Head of household's child | <input type="radio"/> Head of household's child |
| | <input type="radio"/> Head of household's spouse or partner | <input type="radio"/> Head of household's spouse or partner |
| | <input type="radio"/> Head of household's other relation member
(other relation to head of household) | <input type="radio"/> Head of household's other relation member
(other relation to head of household) |
| | <input type="radio"/> Other: non-relation member | <input type="radio"/> Other: non-relation member |

Head of Household

Name: _____

The questions on the following two pages are for Coordinated Entry (CE) projects only. All other project types may skip these pages when printing.

This section should only be completed for the head of household.

Assessment Location:

- ☐ NC-500 Winston-Salem/Forsyth County CoC
- ☐ NC-501 Asheville/Buncombe County CoC
- ☐ NC-504 Greensboro, High Point/Guilford County CoC
- ☐ NC-505 Charlotte/Mecklenburg County CoC
- ☐ NC-506 Wilmington/Brunswick, New Hanover, Pender County CoC
- ☐ NC-507 Raleigh/Wake County CoC
- ☐ NC-509 Gastonia/Gaston, Lincoln, Cleveland County CoC
- ☐ NC-511 Fayetteville/Cumberland County CoC
- ☐ NC-516 Northwest North Carolina CoC

Assessment Location (Secondary):

- | | | | |
|--|---|--|--------------------------------------|
| <input type="radio"/> Alleghany County | <input type="radio"/> Cleveland County | <input type="radio"/> Lincoln County | <input type="radio"/> Wake County |
| <input type="radio"/> Ashe County | <input type="radio"/> Cumberland County | <input type="radio"/> Mecklenburg County | <input type="radio"/> Watauga County |
| <input type="radio"/> Avery County | <input type="radio"/> Forsyth County | <input type="radio"/> Mitchell County | <input type="radio"/> Wilkes County |
| <input type="radio"/> Brunswick County | <input type="radio"/> Gaston County | <input type="radio"/> New Hanover County | <input type="radio"/> Yancey County |
| <input type="radio"/> Buncombe County | <input type="radio"/> Guilford County | <input type="radio"/> Pender County | |

Assessment Type:

- ☐ Phone
- ☐ Virtual
- ☐ In-Person

Assessment Level:

- ☐ Crisis Needs Assessment
- ☐ Housing Needs Assessment

Prioritization Status:

- ☐ Placed on prioritization list
- ☐ Not placed on prioritization list

Head of Household

Name: _____

Coordinated Entry Event This section should only be completed for the head of household.

Start Date: (mm/dd/yyyy) _____ Date of Event: (mm/dd/yyyy) _____

Event:

Access Events

- ☐ Referral to a Prevention Assistance project
- ☐ Problem Solving/Diversion/Rapid Resolution intervention or service
- ☐ Referral to a scheduled Coordinated Entry Crisis Needs Assessment
- ☐ Referral to a scheduled Coordinated Entry Housing Needs Assessment

Referral Events

- ☐ Referral to post-placement/follow-up case management
- ☐ Referral to a Street Outreach project or services
- ☐ Referral to a Housing Navigation project or services
- ☐ Referral to non-continuum services: ineligible for continuum services
- ☐ Referral to non-continuum services: no availability in continuum services
- ☐ Referral to Emergency Shelter bed opening
- ☐ Referral to Transitional Housing bed/unit opening
- ☐ Referral to Joint TH-RRH project/unit/resource opening
- ☐ Referral to RRH project resource opening
- ☐ Referral to PSH project resource opening
- ☐ Referral to Other PH project/unit/resource opening
- ☐ Referral to emergency assistance/flex fund/furniture assistance
- ☐ Referral to Emergency Housing Voucher (EHV)
- ☐ Referral to a Housing Stability Voucher

If "Event" answer was "Problem Solving/Diversion/Rapid Resolution intervention or service," please answer the following question.

Client housed or rehoused in a safe alternative?

- ☐ Yes
- ☐ No

If "Event" answer was "Referral to post-placement/follow-up case management," please answer the following question.

Client enrolled in an Aftercare project?

- ☐ Yes
- ☐ No

If "Event" answer was "Referral to an ES, TH, Joint RH-RRH, RRH, PSH, or Other PSH opening," please answer the following three questions.

Location of Crisis Housing or Permanent Housing Referral: (Select provider page) _____

Referral Result:

- ☐ Successful referral: client accepted
- ☐ Unsuccessful referral: client rejected
- ☐ Unsuccessful referral: provider rejected

Date of Result: (mm/dd/yyyy) _____

Head of Household

Name: _____

Date of Birth: (mm/dd/yyyy) _____

- ☐ Full date of birth reported
☐ Approximate or partial date of birth reported
☐ Client doesn't know
☐ Client refused

Gender: (Select all that apply)

- ☐ Female
☐ Male
☐ A gender that is not singularly female or male
(e.g. non-binary, genderfluid, agender, culturally
specific gender)
☐ Transgender
☐ Questioning
☐ Client doesn't know
☐ Client refused

Race: (Select all that apply)

- ☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client refused

Ethnicity:

- ☐ Non-Hispanic/Non-Latin(a)(o)(x)
☐ Hispanic/Latin(a)(o)(x)
☐ Client doesn't know
☐ Client refused

Additional Household Member

Name: _____

Date of Birth: (mm/dd/yyyy) _____

- ☐ Full date of birth reported
☐ Approximate or partial date of birth reported
☐ Client doesn't know
☐ Client refused

Gender: (Select all that apply)

- ☐ Female
☐ Male
☐ A gender that is not singularly female or male
(e.g. non-binary, genderfluid, agender, culturally
specific gender)
☐ Transgender
☐ Questioning
☐ Client doesn't know
☐ Client refused

Race: (Select all that apply)

- ☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client refused

Ethnicity:

- ☐ Non-Hispanic/Non-Latin(a)(o)(x)
☐ Hispanic/Latin(a)(o)(x)
☐ Client doesn't know
☐ Client refused

Additional Household Member

Name: _____

Date of Birth: (mm/dd/yyyy) _____

- ☐ Full date of birth reported
☐ Approximate or partial date of birth reported
☐ Client doesn't know
☐ Client refused

Gender: (Select all that apply)

- ☐ Female
☐ Male
☐ A gender that is not singularly female or male
(e.g. non-binary, genderfluid, agender, culturally
specific gender)
☐ Transgender
☐ Questioning
☐ Client doesn't know
☐ Client refused

Race: (Select all that apply)

- ☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client refused

Ethnicity:

- ☐ Non-Hispanic/Non-Latin(a)(o)(x)
☐ Hispanic/Latin(a)(o)(x)
☐ Client doesn't know
☐ Client refused

Head of Household	Additional Household Member	Additional Household Member
Name: _____	Name: _____	Name: _____
Does the client have a disabling condition? <input type="radio"/> Yes (Answer the following ten questions) <input type="radio"/> No (Skip the following ten questions) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Does the client have a disabling condition? <input type="radio"/> Yes (Answer the following ten questions) <input type="radio"/> No (Skip the following ten questions) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Does the client have a disabling condition? <input type="radio"/> Yes (Answer the following ten questions) <input type="radio"/> No (Skip the following ten questions) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Disability Type: Indicate whether or not the client reports having each of the following disability types. If they answer "Yes" to any particular type, complete the follow-up question. Please note that the follow-up question does not apply to the "Developmental Disability" and "HIV/AIDS" disability types.	Disability Type: Indicate whether or not the client reports having each of the following disability types. If they answer "Yes" to any particular type, complete the follow-up question. Please note that the follow-up question does not apply to the "Developmental Disability" and "HIV/AIDS" disability types.	Disability Type: Indicate whether or not the client reports having each of the following disability types. If they answer "Yes" to any particular type, complete the follow-up question. Please note that the follow-up question does not apply to the "Developmental Disability" and "HIV/AIDS" disability types.
Physical Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Physical Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Physical Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Developmental Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Developmental Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Developmental Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Chronic Health Condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Chronic Health Condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Chronic Health Condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
HIV/AIDS: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	HIV/AIDS: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	HIV/AIDS: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Mental Health Disorder: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Mental Health Disorder: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Mental Health Disorder: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused

Head of Household

Name: _____

Substance Use Disorder:

- ☐ Alcohol use disorder
☐ Drug use disorder
☐ Both alcohol and drug use disorders
☐ No
☐ Client doesn't know
☐ Client refused

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Covered by Health Insurance?

- ☐ Yes (Answer the following question)
☐ No (Skip the following question)
☐ Client doesn't know
☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
☐ MEDICARE
☐ State Children's Health Insurance Program
☐ Veteran's 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: _____

Additional Household Member

Name: _____

Substance Use Disorder:

- ☐ Alcohol use disorder
☐ Drug use disorder
☐ Both alcohol and drug use disorders
☐ No
☐ Client doesn't know
☐ Client refused

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Covered by Health Insurance?

- ☐ Yes (Answer the following question)
☐ No (Skip the following question)
☐ Client doesn't know
☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
☐ MEDICARE
☐ State Children's Health Insurance Program
☐ Veteran's 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: _____

Additional Household Member

Name: _____

Substance Use Disorder:

- ☐ Alcohol use disorder
☐ Drug use disorder
☐ Both alcohol and drug use disorders
☐ No
☐ Client doesn't know
☐ Client refused

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Covered by Health Insurance?

- ☐ Yes (Answer the following question)
☐ No (Skip the following question)
☐ Client doesn't know
☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
☐ MEDICARE
☐ State Children's Health Insurance Program
☐ Veteran's 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: _____

Head of Household

Name: _____

This section should only be completed for the head of household and other adults.

Prior Living Situation:

Homeless Situations

- ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)
- ☐ Emergency Shelter, including hotel/motel paid for with Emergency Shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ Foster care home or foster care 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

Temporary and Permanent Housing 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 homeless 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 housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant- or project-based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

- ☐ Client doesn't know
- ☐ Client refused

Additional Household Member

Name: _____

Prior Living Situation:

Homeless Situations

- ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)
- ☐ Emergency Shelter, including hotel/motel paid for with Emergency Shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ Foster care home or foster care 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

Temporary and Permanent Housing 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 homeless 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 housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant- or project-based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

- ☐ Client doesn't know
- ☐ Client refused

Head of Household

Name: _____

Length of stay in previous place:

- ☐ 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
- ☐ Client doesn't know
- ☐ Client refused

Did you stay less than 90 days? (Answer for Institutional Situations only)

- ☐ Yes (Answer the following question)
- ☐ No (Skip the following question)

On the night before did you stay on the streets, in an Emergency Shelter, or a Safe Haven? (Answer for Institutional Situations only)

- ☐ Yes ☐ No

Did you stay less than seven nights? (Answer for Temporary and Permanent Housing Situations only)

- ☐ Yes (Answer the following question)
- ☐ No (Skip the following question)

On the night before did you stay on the streets, in an Emergency Shelter, or a Safe Haven? (Answer for Temporary and Permanent Housing Situations only)

- ☐ Yes ☐ No

Approximate Date Homelessness Started: (mm/dd/yyyy) _____

Regardless of where they stayed last night, number of times the client has been on the streets, in an Emergency Shelter, or a Safe Haven in the past three years including today:

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused

Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years:

- ☐ One month (this time is the first month)
- ☐ 2-12 Please specify: _____
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused

Additional Household Member

Name: _____

Length of stay in previous place:

- ☐ 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
- ☐ Client doesn't know
- ☐ Client refused

Did you stay less than 90 days? (Answer for Institutional Situations only)

- ☐ Yes (Answer the following question)
- ☐ No (Skip the following question)

On the night before did you stay on the streets, in an Emergency Shelter, or a Safe Haven? (Answer for Institutional Situations only)

- ☐ Yes ☐ No

Did you stay less than seven nights? (Answer for Temporary and Permanent Housing Situations only)

- ☐ Yes (Answer the following question)
- ☐ No (Skip the following question)

On the night before did you stay on the streets, in an Emergency Shelter, or a Safe Haven? (Answer for Temporary and Permanent Housing Situations only)

- ☐ Yes ☐ No

Approximate Date Homelessness Started: (mm/dd/yyyy) _____

Regardless of where they stayed last night, number of times the client has been on the streets, in an Emergency Shelter, or a Safe Haven in the past three years including today:

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused

Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years:

- ☐ One month (this time is the first month)
- ☐ 2-12 Please specify: _____
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused

Income and Non-Cash Benefit Information

Additional Household Member

Name: _____

Housing Status:

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

City of residence: _____

County of residence: _____

Zip code of last permanent address: _____

household and other adults. List any children's income or benefits on the head of household's record.

Income from any source?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Household Member

- [illegible]

Head of Household	Additional Household Member	Additional Household Member
Name: _____	Name: _____	Name: _____
Non-cash benefit from any source?	Non-cash benefit from any source?	Non-cash benefit from any source?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
Source of Non-Cash Benefit	Amount	Household Member
<input type="radio"/> Supplemental Nutrition Assistance Program (food stamps)	\$ _____	_____
<input type="radio"/> Special Supplemental Nutritional Program for WIC	\$ _____	_____
<input type="radio"/> TANF child care services	\$ _____	_____
<input type="radio"/> TANF transportation services	\$ _____	_____
<input type="radio"/> Other TANF-funded services	\$ _____	_____
<input type="radio"/> Other Source: _____	\$ _____	_____

This section should only be completed for the head of household and other adults.

Domestic violence victim/survivor?	Domestic violence victim/survivor?	Domestic violence victim/survivor?
<input type="radio"/> Yes (Answer the following two questions)	<input type="radio"/> Yes (Answer the following two questions)	<input type="radio"/> Yes (Answer the following two questions)
<input type="radio"/> No (End of this section)	<input type="radio"/> No (End of this section)	<input type="radio"/> No (End of this section)
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
If yes for domestic violence victim/survivor, when experience occurred:	If yes for domestic violence victim/survivor, when experience occurred:	If yes for domestic violence victim/survivor, when experience occurred:
<input type="radio"/> Within the past three months	<input type="radio"/> Within the past three months	<input type="radio"/> Within the past three months
<input type="radio"/> Three to six months ago	<input type="radio"/> Three to six months ago	<input type="radio"/> Three to six months ago
<input type="radio"/> From six to twelve months ago	<input type="radio"/> From six to twelve months ago	<input type="radio"/> From six to twelve months ago
<input type="radio"/> More than a year ago	<input type="radio"/> More than a year ago	<input type="radio"/> More than a year ago
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
If yes for domestic violence victim/survivor, are you currently fleeing?	If yes for domestic violence victim/survivor, are you currently fleeing?	If yes for domestic violence victim/survivor, are you currently fleeing?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused

Contact Information

Head of Household

Name: _____

Client's Cell Phone Number: _____ Client's Email Address: _____

Emergency Contact's Name: _____

Emergency Contact's Relationship to Client: _____

Emergency Contact's Phone Number: _____ Emergency Contact's Email Address: _____

Emergency Contact's Address: _____

Additional Household Member

Name: _____

Client's Cell Phone Number: _____ Client's Email Address: _____

Emergency Contact's Name: _____

Emergency Contact's Relationship to Client: _____

Emergency Contact's Phone Number: _____ Emergency Contact's Email Address: _____

Emergency Contact's Address: _____

Additional Household Member

Name: _____

Client's Cell Phone Number: _____ Client's Email Address: _____

Emergency Contact's Name: _____

Emergency Contact's Relationship to Client: _____

Emergency Contact's Phone Number: _____ Emergency Contact's Email Address: _____

Emergency Contact's Address: _____

Head of Household

Name: _____

Current Living Situation This section should only be completed for the head of household and other adults.

Current Living Situation:

Homeless Situations

- ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)
- ☐ Emergency Shelter, including hotel/motel paid for with Emergency Shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ Foster care home or foster care 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

Temporary and Permanent Housing 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 homeless 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 housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant- or project-based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

- ☐ Client doesn't know
- ☐ Client refused

Additional Household Member

Name: _____

Current Living Situation:

Homeless Situations

- ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)
- ☐ Emergency Shelter, including hotel/motel paid for with Emergency Shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Institutional Situations

- ☐ Foster care home or foster care 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

Temporary and Permanent Housing 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 homeless 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 housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant- or project-based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

- ☐ Client doesn't know
- ☐ Client refused

Head of Household	Additional Household Member	Additional Household Member
Name: _____	Name: _____	Name: _____
Is the client going to have to leave their current living situation within 14 days?	Is the client going to have to leave their current living situation within 14 days?	Is the client going to have to leave their current living situation within 14 days?
<input type="radio"/> Yes (Answer the following four questions)	<input type="radio"/> Yes (Answer the following four questions)	<input type="radio"/> Yes (Answer the following four questions)
<input type="radio"/> No (Skip the following four questions)	<input type="radio"/> No (Skip the following four questions)	<input type="radio"/> No (Skip the following four questions)
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
Has a subsequent residence been identified?	Has a subsequent residence been identified?	Has a subsequent residence been identified?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
Does the individual or family have resources or support networks to obtain other permanent housing?	Does the individual or family have resources or support networks to obtain other permanent housing?	Does the individual or family have resources or support networks to obtain other permanent housing?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
Has the client moved two or more times in the last 60 days?	Has the client moved two or more times in the last 60 days?	Has the client moved two or more times in the last 60 days?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know	<input type="radio"/> Client doesn't know
<input type="radio"/> Client refused	<input type="radio"/> Client refused	<input type="radio"/> Client refused
Location Details:		

Date of Engagement: (mm/dd/yyyy) _____	Date of Engagement: (mm/dd/yyyy) _____	Date of Engagement: (mm/dd/yyyy) _____
NC County of Service: _____	NC County of Service: _____	NC County of Service: _____