

PROJECT NAME _____

PROJECT START DATE _____
 Month Day Year

First Name		Middle		Last		Suffix	
<input type="checkbox"/>	Full Name Reported	<input type="checkbox"/>	Partial or Street Name	<input type="checkbox"/>	Client Doesn't Know	<input type="checkbox"/>	Client Refused

SOCIAL SECURITY NUMBER

			-			-				
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- Full SSN reported
- Client doesn't know

- Approximate or partial SSN reported
- Client refused

DATE OF BIRTH

		/			/				
Month		Day		Year					

- Full date of birth reported
- Client doesn't know

- Approximate or partial date of birth reported
- Client refused

RACE (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

- White
- Client doesn't know
- Client refused

ETHNICITY

- Non-Hispanic / Non-Latino
- Hispanic / Latino

- Client doesn't know
- Client refused

GENDER

- Female
- Male
- Trans Female (MTF, or male to female)
- Trans Male (FTM, or female to male)

- Gender Non-Conforming (i.e. not exclusively male or female)
- Client doesn't know
- Client refused

VETERAN STATUS

- No
- Yes

- Client doesn't know
- Client refused

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

- No
- Yes

- Client doesn't know
- Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

- Self (head of household)
- 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

HoH Name _____

CLIENT LOCATION VA-501 VA-503 VA-505 VA-507 VA-508

PRIOR LIVING SITUATION

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- 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

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with no housing subsidy
- Rental by client, housing subsidy
 - GPD TIP VASH Other (including RRH)
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)

LENGTH OF STAY IN PRIOR LIVING SITUATION

- 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

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

- Yes
- No

APPROXIMATE DATE HOMELESSNESS STARTED

Month Day Year

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

- One time (this time)
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

- One month or less
- Between 2 and 12 months
Enter number of months (_____)
- More than 12 months
- Client doesn't know
- Client refused

HOUSING MOVE IN DATE (PH only)

Month Day Year

CLIENT SIGNATURE

INTAKE DATE