



HUD CoC and ESG All Project Types Intake Assessment for Adults 18 and Over

This form is to be used in assisting case managers, intake workers, and HMIS users to record client-level program specific data elements for input into Servicepoint and follows the Servicepoint workflow for ease of input. All information on this assessment is required to be completed and entered into Servicepoint within 3 days of client intake for Emergency Shelters and Transitional Housing, and 7 days for Permanent Housing projects. A client-signed Release of Information (ROI) granting permission for input into HMIS **must** accompany this assessment prior to data entry.

Agency/Project Name: _____ **Date:** _____

Client Name: _____ **Bed (ES&TH):** _____

SSN: _____	SSN Data Quality:	<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected

Date of Birth: _____	Date of Birth Type:	<input type="checkbox"/> Full DOB reported	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client refused

Primary Race:	<input type="checkbox"/> American Indian or Alaska Native	Secondary Race (Optional):	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Asian		<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White		<input type="checkbox"/> White
	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused		<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected		<input type="checkbox"/> Data not collected

Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Non-Hispanic/Non-Latino			

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender male to female	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Male	<input type="checkbox"/> Doesn't identify as male, female or transgender	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Transgender female to male		<input type="checkbox"/> Data not collected

U.S. Military Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> No			



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Client Name: _____	Start Date: _____
	End Date: _____

I request and authorize: _____ at
Staff Person(s)

Agency Name: _____

Project Name: _____

to disclose confidential information to HMIS-ERIE, the homeless database which supports the Erie, PA Continuum of Care PA-605 administered by EUMA at:

EUMA
1033 East 26th Street
Erie, PA 16504

This request and authorization applies to:

- Client demographics and HUD program entry/exit information
- Case Management Information for the purpose of services and referrals only, and/or: _____

Yes No I expressly release the above named staff person(s) and Agency from any and all liability arising from compliance with this request and disclosure of the requested information to HMIS-ERIE and EUMA.

Yes No I understand my rights regarding personally identifying information as explained by the above named staff person(s) and outlined in the HMIS-ERIE Consumer Privacy Policy. I authorize the release of my information, such as personal demographics, income, health, and disabilities (including drug, alcohol, and/or mental health treatment) to HMIS-ERIE.

Yes No I authorize my information to be shared with other HMIS-ERIE providers to send and receive referrals and coordinate services between HMIS-ERIE providers.

Client
Signature: _____ Date Signed: _____

Staff
Signature : _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES ONE (1) YEAR AFTER IT IS SIGNED.

Project Entry

Does the client have a disabling condition? Yes No Client doesn't know Client refused Data not collected

Relationship to Head of Household:

<input type="radio"/> Self (head of household)	<input type="radio"/> Head of household's other relation member
<input type="radio"/> Head of household's child	<input type="radio"/> Other: non-relation member
<input type="radio"/> Head of household's spouse or partner	<input type="radio"/> Data not collected

<p>Residence Prior to Project Entry:</p> <p>NOTE: The questions you will see on the Assessment screen will vary depending on the client's answer to this question and Length of Stay. If any of these questions do not appear, skip them for data entry.</p>	<p>---Homeless Situation---</p> <ul style="list-style-type: none"> <input type="radio"/> Place not meant for habitation <input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="radio"/> Safe Haven <input type="radio"/> Interim Housing <p>---Institutional Situation---</p> <ul style="list-style-type: none"> <input type="radio"/> Foster care home or foster care group home <input type="radio"/> Hospital or other residential non-psychiatric medical facility <input type="radio"/> Jail, prison or juvenile detention facility <input type="radio"/> Long-term care facility or nursing home <input type="radio"/> Psychiatric hospital or other psychiatric facility <input type="radio"/> Substance abuse treatment facility or detox center 	<p>---Transitional and Permanent Housing Situation---</p> <ul style="list-style-type: none"> <input type="radio"/> Hotel or motel paid for without emergency shelter voucher <input type="radio"/> Owned by client, no ongoing housing subsidy <input type="radio"/> Owned by client, with ongoing housing subsidy <input type="radio"/> Permanent housing for formerly homeless persons <input type="radio"/> Rental by client, no ongoing housing subsidy <input type="radio"/> Rental by client, with VASH subsidy <input type="radio"/> Rental by client, with GPD TIP subsidy <input type="radio"/> Rental by client, with other ongoing housing subsidy <input type="radio"/> Residential project or halfway house with no homeless criteria <input type="radio"/> Staying or living in a family member's room, apartment or house <input type="radio"/> Staying or living in a friend's room, apartment or house <input type="radio"/> Transitional housing for homeless persons (including homeless youth) <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> Data not collected
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Length of Stay:

<input type="radio"/> One night or less	<input type="radio"/> One year or longer
<input type="radio"/> Two to six nights	<input type="radio"/> Client doesn't know
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> Client refused
<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Data not collected
<input type="radio"/> 90 days or more, but less than one year	

<p>IF Client is coming from Streets, ES, or SH (Homeless Situation):</p> <p>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:</p> <p>Total number of months homeless on the street, in ES or SH in the past three years:</p>	<p>Approximate Date Homelessness Started:</p> <p>_____ / _____ / _____</p> <ul style="list-style-type: none"> <input type="radio"/> One time <input type="radio"/> Two times <input type="radio"/> Three times <input type="radio"/> One month (this is the first time) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Four times or more <input type="radio"/> Client doesn't know <input type="radio"/> Client refused <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> Data not collected <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> More than 12 months <input type="radio"/> Data not collected
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IF Client is Coming from Institutional Situation AND Length of Stay was less than 90 Days: (See Residence Prior to Project Entry and Length of Stay)

On the night before, did you stay on the Streets, ES, or SH? Yes No



Total Monthly Income: \$ _____

Income from Any Source: Yes No Client doesn't know Client refused Data not collected

- Source of Income:
- | | |
|---|---|
| \$ _____ Alimony or other spousal support | \$ _____ Supplemental Security Income (SSI) |
| \$ _____ Child support | \$ _____ Temporary Assistance for Needy Families (TANF) |
| \$ _____ Earned Income | \$ _____ Unemployment Insurance |
| \$ _____ General Assistance | \$ _____ VA non-service-connected disability pension |
| \$ _____ Other: _____ | \$ _____ VA service-connected disability compensation |
| \$ _____ Pension or retirement from a former job | \$ _____ Worker's compensation |
| \$ _____ Private disability insurance | |
| \$ _____ Retirement income from Social Security | |
| \$ _____ Social Security Disability Income (SSDI) | |

Non-Cash Benefit from Any Source: Yes No Client doesn't know Client refused Data not collected

- Source of Non-Cash Benefit:
- \$ _____ Supplemental Nutrition Assistance Program (SNAP)
 - \$ _____ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - \$ _____ TANF child care services
 - \$ _____ TANF transportation services
 - \$ _____ Other TANF-funded services
 - \$ _____ Section 8, public housing, or other ongoing rental assistance
 - \$ _____ Other: _____
 - \$ _____ Temporary rental assistance

Covered by Health Insurance: Yes No Client doesn't know Client refused Data not collected

- Health Insurance Type:
- MEDICAID
 - MEDICARE
 - State's Children Health Insurance Program
 - Veteran's Administration (VA) Medical Services
 - Employer-Provided Health Insurance
 - Health Insurance obtained through COBRA
 - State Health Insurance for Adults
 - Private Pay Health Insurance
 - Indian Health Insurance
 - Other: _____

Disability Sub Assessment Alcohol Abuse Developmental Mental Health Problem

If 'Yes' to question: Both alcohol and drug abuse Drug Abuse Physical

Does client have a disabling condition, check all that apply: Chronic Health Condition HIV/AIDs

If Yes, above condition is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? Yes No Client doesn't know Data not collected Client refused

If yes, documentation of the disability and severity on file: Yes No

If yes, Currently receiving services or treatment: Yes No Client doesn't know Client refused Data not collected

Note on Disability: _____

Above condition is going to be long term? Yes No

