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| **1. Intake Summary** | | | | | | | | | | | |
| **Agency Case No: Service Point Client No:** | | | | | | | | | | | |
| Intake Date | Month | Day | | Year |  | Intake Staff Name | | | | | |
| Case Manager | | | | | | Staff Direct Phone Line | | | | | |
| Agency Name | | | | | | Notice of Privacy Practices Acknowledgement signed   Yes  No | | | | | |
| Program Name | | | | | | Release of Information (ROI) Signed  Yes  No | | | | | |
| **2. Household Information** | | | | | | | | | | | |
| **Household**  **Type** |  Couple (parent & friend) & child(ren)  Foster Parent(s) with child(ren)  Other   Couple with no child(ren)  Grandparent(s) with child(ren)  Single Adult   Extended family unit  Male Single Parent  Two Parents with child(ren)   Female Single Parent  Non-custodial Caregiver(s) w/child(ren) | | | | | | | | | | |
|  | | | | | | | | | | | |
| **3. Client Information** | | | | | | | | | | | |
| First | | | | Middle | | | | Last | | | Suffix |
| Alias | | | | | Email Address | | | | | | |
| Address | | | | | | | | | Telephone | | |
| **SSN** | | **- -** | | | | | **U.S. Military**  **Veteran**  *(adults only)* | | |  Yes   No   Client doesn’t know   Client refused | |
| **SSN Data Quality** | |  Full Reported   Partial/Approx. Reported   Client doesn’t know   Client refused | | | | |
| **Date of Birth** | | Month | Day | Year |  |  | **Gender** | | |  Woman (Girl, if child)  Man (Boy, if child)   Culturally Specific Identity (e.g., Two-Spirit)   Transgender   Questioning   Different Identity | |
| **DOB Data Quality** | |  Full DOB Reported   Approximate or Partial DOB Reported   Client doesn’t know   Client refused | | | | |
| **Race and Ethnicity** | |  American Indian, Alaska Native, or indigenous   Asian, or Asian American   Black, African American, or African   Hispanic/Latina/e/o   Middle Eastern or North African   Native Hawaiin or Pacific Islander   White | | | | |  | | |  | |
| **Relationship to Head of Household**  **(HoH)** | |  Self (Head of Household)   Head of Household’s child   Head of Household’s spouse or partner   Head of Household’s other relation member   Other (non-relation member) | | | | | **Disabling Condition?** | | |  Yes   No   Client doesn’t know   Client refused | |
| **Zip Code of Last Permanent Address** | |  | | | | | **Client Location (CoC) & Current County of Service** | | |  CA-516   Del Norte   Lassen   Modoc   Plumas   Shasta   Sierra   Siskiyou | |
| **Zip Data Quality** | |  Full Reported   Partial/Approx. Reported   Client doesn’t know   Client refused | | | | |
| NOTES: | | | | | | | | | | | |

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| **4. Homeless Determination** | | | | | | |
| **Prior Living Situation** | **--HOMELESS SITUATION--**   Place not meant for human habitation (car, abandoned building, bus or train station, etc.)   Emergency shelter (incl. hotel/motel or campground paid for w/ES voucher, or RHY-funded Host Home Shelter) (ES)   Safe Haven (SH)  **--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/detox  **--TEMPORARY AND PERMANENT HOUSING SITUATIONS**   Residential project or halfway house w/no homeless criteria   Hotel or motel paid for without emergency shelter voucher \*If yes to Temporary/Permanent Housing   Transitional housing for homeless persons (including homeless youth) or Institutional Situations:   Host Home (non-crisis)   Staying or living in a friend’s room, apartment or house On the night before, did you stay on the   Staying or living in a family member’s room, apartment or house streets, ES, or SH?   Rental by client, with GPD TIP housing subsidy  Yes  No   Rental by client, with VASH subsidy   Permanent housing (other than RRH) for formerly homeless persons   Rental by client, with RRH or equivalent 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   Data Not Collected | | | | | |
| **Where did you spend last night?**  *(all adults & unaccompanied youth)* |
|  |  One night or less | | **Number of times client has been homeless (on the streets, in ES, or SH) in past three years including**  **today** | |  | |
|  |  Two to six nights | |  1 time | |
|  |  One week or more, but less than one month | |  2 times | |
| **Length of stay in** |  One month or more, but less than 90 days | |  3 times | |
| **previous place** |  90 days or more, but less than one year | |  Four or more times | |
|  |  One year or longer | |  Client doesn’t know | |
|  |  Client doesn’t know   Client refused | |  Client refused | |
| **Approximate date homelessness**  **started** | Month Day Year | | **Total number of months homeless on the street in the past three years** | |  1 month (this time is the first month)   2  3  4  5  6   7  8  9  10  11   12  More than 12 months   Client doesn’t know  Client refused | |
| **5. Monthly Income** | | | | | | |
| **Income from any source:**  Yes  No  Client doesn’t know  Client refused | | | | | | |
| **Source of Income:** | | **Receiving Income Source** | | **Amount Received** | **Additional Household Members** | **Notes** |
| **Alimony or Other Spousal Support** | |  Yes  No | | $ | $ |  |
| **Child Support** | |  Yes  No | | $ | $ |  |
| **Earned Income (wages)** | |  Yes  No | | $ | $ |  |
| **General Assistance (GA)** | |  Yes  No | | $ | $ |  |
| **Other** | |  Yes  No | | $ | $ |  |
| **Pension or retirement income from another job** | |  Yes  No | | $ | $ |  |
| **Private Disability Insurance** | |  Yes  No | | $ | $ |  |
| **Retirement Income from Social Security** | |  Yes  No | | $ | $ |  |
| **SSDI** | |  Yes  No | | $ | $ |  |
| **SSI** | |  Yes  No | | $ | $ |  |
| **TANF (including CalWORKs)** | |  Yes  No | | $ | $ |  |
| **Unemployment Insurance** | |  Yes  No | | $ | $ |  |

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| **VA Non-Service-Connected Disability Pension** | |  Yes  No | | $ | $ | | |  |
| **VA Service-Connected Disability Compensation** | |  Yes  No | | $ | $ | | |  |
| **Worker’s Compensation** | |  Yes  No | | $ | $ | | |  |
| **6. Non-Cash Benefits** | | | | | | | | |
| **Non-cash benefit from any source:**  Yes  No  Client doesn’t know  Client refused | | | | | | | | |
| **Source of Non-cash benefit:** | | **Receiving Benefit** | | **Type Received** | **Additional Household Members** | | | **Notes** |
| **SNAP including CalFresh (Food Stamps)** | |  Yes  No | |  |  | | |  |
| **Special Supplemental Nutrition Program (WIC)** | |  Yes  No | |  |  | | |  |
| **TANF Child Care Services** | |  Yes  No | |  |  | | |  |
| **TANF Transportation Services** | |  Yes  No | |  |  | | |  |
| **Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)** | |  Yes  No | |  |  | | |  |
| **Other Source** | |  Yes  No | |  |  | | |  |
|  | | | | | | | | |
| **7. Health Insurance** | | | | | | | | |
| **Covered by Health Insurance:**  Yes  No  Client doesn’t know  Client refused | | | | | | | | |
| **Health Insurance type:** | | **Covered?** | | **Start date** | | **Insurance Notes** | | |
| **MEDICAID/MEDI-CAL** | |  Yes  No | |  | |  | | |
| **MEDICARE** | |  Yes  No | |  | |  | | |
| **State Children’s Health Insurance Program** | |  Yes  No | |  | |  | | |
| **Veteran’s Administration (VA) Medical Services** | |  Yes  No | |  | |  | | |
| **Employer – Provided Health Insurance** | |  Yes  No | |  | |  | | |
| **Health Insurance obtained through COBRA** | |  Yes  No | |  | |  | | |
| **Private Pay Health Insurance** | |  Yes  No | |  | |  | | |
| **State Health Insurance for Adults** | |  Yes  No | |  | |  | | |
| **Indian Health Services Program** | |  Yes  No | |  | |  | | |
| **Other** | |  Yes  No | |  | |  | | |
|  | | | | | | | | |
| **8. Disabilities** | | | | | | | | |
|  | | | | | | | | |
| **Disability Type:** | **Disability Determination** | | **If Yes, Expected to be of long- continued and indefinite duration**  **and substantially impairs ability to live independently?** | | | **Start date** | **Disability Notes** | |
| **Alcohol Use Disorder** |  Yes  No   Client doesn’t know   Client refused | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **Both Alcohol and Drug Use Disorder** |  Yes  No   Client doesn’t know   Client refused | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **Chronic Health Condition** |  Yes  No   Client doesn’t know   Client refused | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **Developmental** |  Yes  No   Client doesn’t know   Client refused | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **Drug Use Disorder** |  Yes  No   Client doesn’t know   Client refused | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **HIV/AIDS** |  Yes  No   Client doesn’t know   Client refused | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **Mental Health Problem** |  Yes  No   Client doesn’t know | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |
| **Physical** |  Yes  No   Client doesn’t know | |  Yes  Client doesn’t know   No  Client refused | | |  |  | |

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| **9. Domestic Violence Questions** | | | | |
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| **Are you a Domestic Violence Victim/Survivor?** |  Yes  No   Client doesn’t know   Client refused | | | |
| **IF YES – When did the Domestic Violence experience occur?** |  Within past 3 months  3-6 mo. Ago  6-12 mo. Ago  More than a year ago   Client doesn’t know  Client refused | | | |
| **IF YES – Are you currently fleeing?**   Yes  No  Client doesn’t know  Client refused | | | |
|  | | | | |
| **10. Coordinated Entry Questions** | | | | |
|  | | | | |
| **Do you have a felony conviction?** | |  Yes  No | **Registered sex offender?** |  Yes  No |
| **Have you ever been denied housing because of criminal convictions?** | |  Yes  No | **Do you have any pets?** |  Yes  No |
|  | | | | |
| **11. Residential Move-In Date** | | | | |
| **If Yes, Date of Move-In** | Month | Day | Year |  |
| **12. Street Outreach Only** | | | Date of Engagement: | |
|  | | | | |
|  | | | | |
| NOTES: | | | | |

*Last Updated: 11/2021*