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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 |  |  |  |
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| **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 |  |  |
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| **8. Disabilities** |
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| **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 |
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| **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 |
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| **11. Residential Move-In Date** |
| **If Yes, Date of Move-In** | Month | Day | Year |  |
| **12. Street Outreach Only** | Date of Engagement: |
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| NOTES: |

*Last Updated: 11/2021*