

Project Name: \_\_\_\_\_ Start: 

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 ServicePoint ID: 

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Entry Type:  HUD  VA  PATH

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Full name reported  Partial, Street or Code Name  
 Client doesn't know  Client refused

Alias: \_\_\_\_\_  
 Social Security Number: 

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Full SSN  Approximate or Partial SSN  
 Client doesn't know  Client refused

Date of Birth: 

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Full DOB reported  Approx or Partial DOB  
 Client doesn't know  Client refused

## Household Information

**What kind of household do you have?**

Single adult, no children  Female single parent  Male single parent  Couple with no children  
 Two parent family with children  Couple (parent and friend) and children  Foster parent(s) and children  Grandparent(s) and children  
 Non-custodial caregiver(s)  Other: \_\_\_\_\_

**Relationship to Head of Household:**

Self (Head of Household)  HoH's child  HoH's spouse or partner  
 HoH's other relation member  Other: non-relation member

## Veteran Status

No  Yes

## Gender

Female  
 Male  
 Transgender male to female  
 Transgender female to male  
 Client doesn't know  
 Client refused  
 Other: \_\_\_\_\_

## Race *(Select all that apply—up to five responses)*

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

## Residence Prior to Project Entry *(Where did you stay last night?)*

<input type="checkbox"/> <b>Emergency Shelter</b> (including hotel or motel paid for with an emergency shelter voucher)	<input type="checkbox"/> <b>Transitional Housing</b> for homeless persons (including homeless youth)	<input type="checkbox"/> <b>Place not meant for habitation</b> (e.g. vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher	<input type="checkbox"/> Rental by client, <u>no</u> ongoing housing subsidy	<input type="checkbox"/> Rental by client, with <u>VASH</u> subsidy
<input type="checkbox"/> Rental by client, with <u>GPD TIP</u> (transition-in-place) subsidy	<input type="checkbox"/> Rental by client, with <u>other ongoing subsidy</u>	<input type="checkbox"/> Residential project or halfway house with <u>no homeless criteria</u>
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Jail, prison or juvenile detention facility
<input type="checkbox"/> Staying or living in a <u>FAMILY</u> member's room, apartment or house	<input type="checkbox"/> Staying or living in a <u>FRIEND'S</u> room, apartment or house	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Owned by client, <u>no</u> ongoing housing subsidy	<input type="checkbox"/> Owned by client, <u>with</u> ongoing housing subsidy	<input type="checkbox"/> Permanent housing for formerly homeless persons (CoC project; HUD legacy programs; or HOPWA PH, or Rapid Re-housing)
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Safe Haven (note: none in Alameda Co.)	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Other: _____

## Last night's location

Alameda  
 Albany  
 Berkeley  
 Castro Valley  
 Dublin  
 Emeryville  
 Fremont  
 Hayward  
 Livermore  
 Newark  
 Oakland  
 Piedmont  
 Pleasanton  
 San Leandro  
 San Lorenzo  
 Sunol  
 Union City  
 Other unincorporated Alameda County  
 Other California County  
 Other State  
 Other Country

## Length of stay in Residence prior to entry

One day or less  Two days to one week  More than one week, but less than a month  One to three months  
 More than three months, but less than one year  One year or longer  Client doesn't know  Client refused

Standard Intake

### Length of Time on Street, or in Emergency Shelter

Client entering from the streets, shelter or safe haven?  No  Client doesn't know  Yes  Client doesn't know

➔ If **Yes**, Approximate date started: \_\_\_/\_\_\_/\_\_\_

Number of **times** homeless (on the streets or in an emergency shelter, or safe haven) in the past three years including today:  Never in the 3 years  Four or more times  
 One time  Client doesn't know  
 Two times  Client refused  
 Three times

Total number of **months** homeless on the street, in emergency shelter, or safe haven in the past three years:  One month (this time is the first month)  Client doesn't know  
 2-12 months (\_\_\_ months)  Client refused  
 More than 12 months

### Domestic Violence

**Are you, or have you been a survivor of domestic or intimate partner violence?**

No  Yes  
 Client doesn't know  Client refused

➔ If **YES**, how long ago did you have this experience?

Within the past 3 months  One year ago or more  
 3 to 6 months ago  6 months to 1 year ago  
 Client doesn't know  Client refused

➔ If **Yes**, are you currently fleeing?

No  Yes  
 Client doesn't know  Client refused

### Housing Status

**Homeless and At-Risk of Homelessness Status**

**Category 1** - Homeless  **Category 4** – Fleeing domestic violence  
 **Category 2** - At imminent risk of losing housing  At-risk of homelessness  
 **Category 3** - Homeless only under other federal statutes  Stably housed

### CoC Location

CA-502

### In permanent housing

No  
 **Yes** (complete **Housing Assessment** form)

Move-in date: \_\_\_/\_\_\_/\_\_\_

### Education

**What is the highest level of school that you have completed?**

Less than Grade 5  Grades 5-6  Grades 7-8  Grades 9-11  
 Grade 12  School program does not have grade levels  GED  Some college  
 Client doesn't know  Client refused

### Employment

**Are you presently employed?**

No  Yes  Client doesn't know  Client refused

**If employed, is this permanent, temporary or seasonal work?**

Full-time  Part-time  Seasonal  Client doesn't know

### City/State Info

**Answer the questions below, using the values at right:**

What is the City, State of your last permanent housing where you lived for 90 days or more?  
 \_\_\_\_\_

What is the City, State of the high school you last attended? (child: blank)  
 \_\_\_\_\_

What is the City, State of your family residence when you were born?  
 \_\_\_\_\_

<b>Alameda County:</b>	<b>10</b> Newark	<b>Other County:</b>
<b>1</b> Alameda	<b>11</b> Oakland	<b>19</b> Contra Costa
<b>2</b> Albany	<b>12</b> Piedmont	<b>20</b> Marin
<b>3</b> Berkeley	<b>13</b> Pleasanton	<b>21</b> San Francisco
<b>4</b> Castro Valley	<b>14</b> San Leandro	<b>22</b> San Mateo
<b>5</b> Dublin	<b>15</b> San Lorenzo	<b>23</b> Santa Clara
<b>6</b> Emeryville	<b>16</b> Sunol	<b>24</b> Other California County
<b>7</b> Fremont	<b>17</b> Union City	<b>25</b> Other State
<b>8</b> Hayward	<b>18</b> Other unincorporated	<b>26</b> Other Country
<b>9</b> Livermore	Alameda County	

Standard Intake

**Income**

- No/None at all  **Yes** (Identify source and amounts)  
 Client doesn't know  Client refused

Source:	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____ .00
<input type="checkbox"/> Unemployment Insurance	\$ _____ .00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ .00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ .00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____ .00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____ .00
<input type="checkbox"/> Worker's Compensation	\$ _____ .00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____ .00
<input type="checkbox"/> General Assistance (GA)	\$ _____ .00
<input type="checkbox"/> Private disability Insurance	\$ _____ .00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____ .00
<input type="checkbox"/> Child Support	\$ _____ .00
<input type="checkbox"/> Alimony or other spousal support	\$ _____ .00
<input type="checkbox"/> Other source: _____	\$ _____ .00
<b>Total Monthly Income:</b>	<b>\$ _____ .00</b>

**Non-Cash Benefits**

- No/None at all  **Yes** (Identify source below)  
 Client doesn't know  Client refused

Source:
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh)
<input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/> TANF Child Care services
<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> Other TANF-funded services
<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance
<input type="checkbox"/> Temporary rental assistance
<input type="checkbox"/> Other: _____

**Health Insurance**

- Covered by Health Insurance:**  
 No  **Yes** (Identify source below)  
 Client doesn't know  Client refused

Source:
<input type="checkbox"/> MEDICAID/MediCal <input type="checkbox"/> MEDICARE
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP) <input type="checkbox"/> Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults

**Disability**

**Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a developmental disability, HIV/AIDS, or a diagnosable substance abuse problem?**

- No  **Yes** (Indicate type(s) below)  Client doesn't know  Client refused

	<input type="checkbox"/> Physical	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	<input type="checkbox"/> Developmental	<input type="checkbox"/> HIV/AIDS
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	N/A	N/A
Expected to substantially impair ability to live independently:	N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Documentation of the disability and severity on file:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Currently receiving services/treatment for this disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

**Staff Completing (Printed Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Standard Intake