

Client Intake Form – HUD SHP Programs

PLEASE FILL OUT A SEPARATE FORM FOR EACH FAMILY MEMBER AND CLIP TOGETHER

Enrollment Entry Date

		/			/				
month			day			year			

Client Bed Check-In

Client Bed-entry Date: ____/____/____

Facility Client will be housed in: _____

Room Client will be housed in: _____

Bed Client will be assigned: _____

Name

Current Name (first, middle, last name, suffix)	Don't Know	N/A	Refused
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Security Number

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Full SSN Reported	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Partial SSN Reported	<input type="checkbox"/>	Refused	<input type="checkbox"/>

Date of Birth

		/			/				
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month day year

(If complete birth date is not known: What is your age?)

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Age

Gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Transgender Male to Female	<input type="checkbox"/>
Transgender Female to Male	<input type="checkbox"/>
Other	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Ethnicity

Non-Hispanic/Non-Latino	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Race

American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Disabling Condition

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Veteran Status

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Residence Prior to Program Entry

Emergency shelter (including a youth shelter, hotel, motel, campground paid with emergency shelter voucher)	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>
Permanent housing for formerly homeless persons (such as SHP, S+C, SRO Mod Rehab)	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Hospital (non psychiatric)	<input type="checkbox"/>
Jail, prison, juvenile detention facility	<input type="checkbox"/>
Rental by client, no housing subsidy	<input type="checkbox"/>
Owned by client, no housing subsidy	<input type="checkbox"/>
Staying or living in a family member's room, apartment, or house	<input type="checkbox"/>
Staying or living in a friend's room, apartment, or house	<input type="checkbox"/>
Hotel/motel paid for without emergency shelter voucher	<input type="checkbox"/>
Foster care home/foster care group home	<input type="checkbox"/>
Places not meant for habitation e.g., (vehicles, abandoned building, bus/train/subway station/airport, or anywhere else outside	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>
Safe Haven	<input type="checkbox"/>
Rental by client, with VASH housing subsidy	<input type="checkbox"/>
Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>
Owned by client, with housing subsidy	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Length of Stay in Previous Place

One week or less	<input type="checkbox"/>
More than one week, but less than one month	<input type="checkbox"/>
one to three months	<input type="checkbox"/>
More than one week but less then one month	<input type="checkbox"/>
One to three months	<input type="checkbox"/>
More then three months, but less then one year	<input type="checkbox"/>
One year or longer	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Housing Status

Literally homeless	<input type="checkbox"/>
Housed and at imminent risk of losing housing	<input type="checkbox"/>
Housed and at-risk of losing housing	<input type="checkbox"/>
Stably housed	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Zip Code of Last Permanent Address (where the client last lived for 90 days or more)

Zip code							
Full or partial zip code reported	<input type="checkbox"/>						
Don't know	<input type="checkbox"/>						
Refused	<input type="checkbox"/>						

If zip code unknown, what is the city and state you last lived for 90 days or more?

City:																			
State:																			

Income and Source – Program-Specific Data Element

Financial Resources	Income received from any source in the past 30 days?	No	<input type="checkbox"/>	
		Yes	<input type="checkbox"/>	
		Don't Know	<input type="checkbox"/>	
		Refused	<input type="checkbox"/>	
Source and Amount of Income	Source of Income	Receiving Income Source	Amount From Source	
	Earned Income	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Unemployment Insurance	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Supplement Security Income (SSI)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Social Security Disability Income (SSDI)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Veteran's Disability Payment	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Private Disability Insurance	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Workers Compensation	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	General Assistance (GA)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Retirement income from Social Security	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
Veteran's Pension	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Pension from former job	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Child Support	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Alimony or other spousal support	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Other source	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Total Monthly Income	Monthly income from all sources		\$_____00	

Non-Cash Benefit – Program-Specific Data Element

Non-Cash Benefit	Non-Cash benefit received from any source in past 30 days?	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
		Don't Know	<input type="checkbox"/>
		Refused	<input type="checkbox"/>
Source of Non-Cash Benefit		Receiving Benefit	
	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	MEDICAID health insurance program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	MEDICARE health insurance program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	State Children's Health Insurance Program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Veteran's Administration (VA) Medical Services	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	TANF Child Care services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	TANF transportation services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Other TANF-funded services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Section 8, public housing, or other rental assistance	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
Other source	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	

Physical Disability – Program-Specific Data Element

Physical Disability	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Developmental Disability – Program-Specific Data Element

Developmental disability	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Chronic Health Condition – Program-Specific Data Element

Chronic Health Condition	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

HIV / AIDS– Program-Specific Data Element

HIV / AIDS	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Mental Health – Program-Specific Data Element

Mental Health Problem	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a mental health problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Substance Abuse – Program-Specific Data Element

Substance Abuse Problem	No	<input type="checkbox"/>
	Alcohol Abuse	<input type="checkbox"/>
	Drug Abuse	<input type="checkbox"/>
	Both - Alcohol and Drug	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a substance abuse problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a substance abuse problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Domestic Violence – Program-Specific Data Element

Domestic Violence Victim/Survivor	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) When experience occurred?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Date of Contact – Program-Specific Data Element (REQUIRED FOR HUD STREET OUTREACH ONLY)

Date of Contact	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; 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Location of Contact	Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway or anywhere outside that is not a Homeless Connect-type event)	<input type="checkbox"/>																																														
	Service setting, non-residential (e.g. Homeless Connect-type event, drop-in center, day services center, soup kitchen, etc.)	<input type="checkbox"/>																																														
	Service setting, residential (e.g. emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend’s room, apartment, condo, or house; foster care or group home)	<input type="checkbox"/>																																														

Date of Engagement – Program-Specific Data Element (REQUIRED FOR HUD STREET OUTREACH ONLY)

Date of Engagement	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="border: none; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> <tr> <td style="border: none; text-align: center;">month</td> <td style="border: none; text-align: center;">day</td> <td style="border: none; text-align: center;">year</td> </tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		/	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		/	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		month	day	year
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month	day	year																									

Program-Specific Data Element - Client Outcome Measures (Domains)

Income Domain	No Income.	<input type="checkbox"/>
	Inadequate income and/or spontaneous or inappropriate spending.	<input type="checkbox"/>
	Can meet basic needs with subsidy; appropriate spending.	<input type="checkbox"/>
	Can meet basic needs and manage debt without assistance.	<input type="checkbox"/>
	Income is sufficient, well managed; has discretionary income and is able to save.	<input type="checkbox"/>
	Don’t Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Employment Domain	No Job.	<input type="checkbox"/>
	Temporary, part-time or seasonal; inadequate pay; no benefits	<input type="checkbox"/>
	Employed full-time; inadequate pay; few or no benefits	<input type="checkbox"/>
	Employed full-time with adequate pay and benefits	<input type="checkbox"/>
	Maintains permanent employment with adequate income and benefits	<input type="checkbox"/>
	Don’t Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Housing Domain	Homeless or threatened with eviction	<input type="checkbox"/>
	In transitional, temporary, or substandard housing; and/or current rent or mortgage payment is unaffordable	<input type="checkbox"/>
	In stable housing that is safe but only marginally adequate	<input type="checkbox"/>
	Housing is safe, adequate, and subsidized	<input type="checkbox"/>
	Housing is safe, affordable, adequate, and unsubsidized	<input type="checkbox"/>
	Don’t Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Food Domain	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food	<input type="checkbox"/>
	Household is on food stamps	<input type="checkbox"/>
	Can meet basic food needs but requires occasional assistance	<input type="checkbox"/>
	Can meet basic food needs without assistance	<input type="checkbox"/>
	Can choose to purchase any food household desires	<input type="checkbox"/>
	Don’t Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Childcare Domain	Needs childcare, but none is available/accessible and/or child is not eligible	<input type="checkbox"/>
	Childcare is unreliable or unaffordable; inadequate supervision is a	<input type="checkbox"/>

	problem for childcare that is available	
	Affordable subsidized childcare is available but limited	<input type="checkbox"/>
	Reliable, affordable childcare is available; no need for subsidies	<input type="checkbox"/>
	Able to select quality childcare of choice	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Children's Education Domain	One or more eligible children not enrolled in school	<input type="checkbox"/>
	All eligible children enrolled in school, but one or more children not attending classes	<input type="checkbox"/>
	Enrolled in school, but one or more children only occasionally attending classes	<input type="checkbox"/>
	Enrolled in school and attending classes most of the time	<input type="checkbox"/>
	All eligible children enrolled and attending on a regular basis and making progress	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Adult Education Domain	Literacy problems and/or no high school diploma/GED are serious barriers to employment	<input type="checkbox"/>
	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment	<input type="checkbox"/>
	Has high school diploma/GED	<input type="checkbox"/>
	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society	<input type="checkbox"/>
	Has completed education/training needed to become employable. No literacy problems	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Legal Domain	Current outstanding tickets or warrants or other serious unresolved legal issues	<input type="checkbox"/>
	Current charges/trial pending; noncompliance with probation/parole/legal issues impacting housing qualifications	<input type="checkbox"/>
	Fully compliant with probation/parole terms/past non-violent felony convictions/working on plan to resolve other legal issues	<input type="checkbox"/>
	Has successfully completed probation/parole within past 12 months; no new charges filed; recently resolved other legal issues	<input type="checkbox"/>
	No active legal issues in more than 12 months and/or no felony/significant legal/criminal history	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Health Care Domain	No medical coverage with immediate need	<input type="checkbox"/>
	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health	<input type="checkbox"/>
	Some members (e.g. children) on MEDICAID, but adults lack coverage	<input type="checkbox"/>
	All members can get medical care when needed but may strain budget	<input type="checkbox"/>
	All members are covered by affordable, adequate health insurance	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Life Skills Domain	Unable to meet basic needs such as hygiene, food, activities of daily living	<input type="checkbox"/>
	Can meet a few but not all needs of daily living without assistance	<input type="checkbox"/>
	Can meet most but not all daily living needs without assistance	<input type="checkbox"/>
	Able to meet all basic needs of daily living without assistance	<input type="checkbox"/>
	Able to provide beyond basic needs of daily living for self and family	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Mental Health Domain	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	<input type="checkbox"/>
	Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental	<input type="checkbox"/>

	health symptoms	
	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems	<input type="checkbox"/>
	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	<input type="checkbox"/>
	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Substance Abuse Domain	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	<input type="checkbox"/>
	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	<input type="checkbox"/>
	Use within last six months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month	<input type="checkbox"/>
	Client has used during last six months (including social use) but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use	<input type="checkbox"/>
	No drug/alcohol abuse in six months	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Family Relations Domain	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect	<input type="checkbox"/>
	Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect	<input type="checkbox"/>
	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support	<input type="checkbox"/>
	Strong support from family or friends; household members support each other's efforts	<input type="checkbox"/>
	Has healthy/expanding support network; household is stable and communication is consistently open	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Mobility Domain	No access to transportation, public or private; may have car that is inoperable	<input type="checkbox"/>
	Transportation is available (including bus) but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc...	<input type="checkbox"/>
	Transportation is available (including bus) and reliable but limited and/or inconvenient; drivers are licensed and minimally insured	<input type="checkbox"/>
	Transportation (including bus) is generally accessible to meet basic travel needs	<input type="checkbox"/>
	Transportation is readily available and affordable; car is adequately insured	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Community Involvement Domain	Not applicable due to crisis situation; in "survival" mode	<input type="checkbox"/>
	Socially isolated and/or no social skills and/or lacks motivation to become involved	<input type="checkbox"/>
	Lacks knowledge of ways to become involved or new to community	<input type="checkbox"/>
	Some community involvement (church, advisory group, support group) but has barriers such as transportation, childcare issues	<input type="checkbox"/>
	Actively involved in community (church, etc.)	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Safety Domain	Home/residence is not safe, lethality is high	<input type="checkbox"/>
	Safety is threatened, temporary protection is available, lethality is high	<input type="checkbox"/>
	Safety is minimally adequate, safety planning is essential	<input type="checkbox"/>
	Home is safe, however future is uncertain, safety planning is important	<input type="checkbox"/>
	Home is apparently safe and stable	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Parenting Skills Domain	Parenting skills are lacking and there is no extended family support	<input type="checkbox"/>
	Parenting skills are minimal and there is limited extended family support	<input type="checkbox"/>
	Parenting skills apparent but not adequate	<input type="checkbox"/>
	Parenting skills are adequate	<input type="checkbox"/>
	Parenting skills are well developed	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Credit History Domain	No credit history	<input type="checkbox"/>
	Outstanding judgments or bankruptcy/foreclosure	<input type="checkbox"/>
	Has a credit repair plan	<input type="checkbox"/>
	Moderate credit rating	<input type="checkbox"/>
	Good credit/manageable debt ratio	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Services Provided

Outreach	<input type="checkbox"/>
Case Management	<input type="checkbox"/>
Life Skills (Outside of Case Management)	<input type="checkbox"/>
Alcohol or drug abuse services	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>
HIV / AIDS – related services	<input type="checkbox"/>
Other health care services	<input type="checkbox"/>
Education	<input type="checkbox"/>
Housing placement	<input type="checkbox"/>
Employment assistance	<input type="checkbox"/>
Child care	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Deceased	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Destination (At Exit)

Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Hospital (non-psychiatric)	<input type="checkbox"/>
Jail, prison, or juvenile detention facility	<input type="checkbox"/>
Rental by client, no housing subsidy	<input type="checkbox"/>
Owned by client, no housing subsidy	<input type="checkbox"/>
Staying or living with family, temporary tenure (e.g. room, apartment, or house)	<input type="checkbox"/>
Staying or living with friends, temporary tenure (e.g. room, apartment, or house)	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>
Foster care home or foster care group home	<input type="checkbox"/>
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>

Other	<input type="checkbox"/>
Safe Haven	<input type="checkbox"/>
Rental by client, VASH subsidy	<input type="checkbox"/>
Rental by client, other (non-VASH) housing subsidy	<input type="checkbox"/>
Owned by client, with housing subsidy	<input type="checkbox"/>
Staying or living with family, permanent tenure	<input type="checkbox"/>
Staying or living with friends, permanent tenure	<input type="checkbox"/>
Deceased	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Enrollment Exit Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day		year						