www.hhccny.org
housingandhomelesscoalition@gmail.com
@hhcofcny facebook.com/hhccny
315-428-2216

Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and all other Projects (Single Individual)
(complete this form for ALL adults)

Client Name: ___________________________________
Project Start Date: __________________________
SS#: _ _ _ - _ _ - _ _ _ _ **DOB**___/___/______

ROI Signed? Yes ____ No ____
Veteran? Yes ____ No_____

Race:
____ American Indian/ Alaska Native
____ Asian
____ Black/ African American
____ Native Hawaiian/ Pacific Islander
____ White

Gender:
____ Female
____ Male
____ Trans Female (MTF or Male to Female)
____ Trans Male (FTM or Female to Male)
____ Gender Non-conforming (ie: not exclusively male or female)

Ethnicity:
____ Hispanic/ Latino
____ Non-Hispanic/ Latino

Relationship to Head of Household:
____ Self (Head of Household)
____ Head of Household's Child
____ Head of Household's Spouse/ Partner
____ Head of Household's Other Relative
____ Other: Non-Relative

<u>Residence Prior to Project Entry</u> (Where did you sleep last night?)
Homeless Situation: (Skip to the Homeless Situation Question next)
____ Place not meant for human habitation
____ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
____ Safe Haven
____ Interim Housing

Institutional Situation:
____ Foster care home/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 center
Did you stay less than 90 days? Yes ____ No_____
If yes, prior to Institutional Stay were you living on the streets or in a shelter? Yes ____ No_____
(If yes, answer the Homeless Situation Questions)

Transitional and Permanent Housing Situation:
____ Hotel or motel paid without emergency voucher
____ Owned by client, no on-going housing subsidy
____ Owned by client, with on-going housing subsidy
____ Permanent housing (other than RRH) for formerly homeless persons
____ Rental by client, no ongoing housing subsidy
____ Rental by client, with VASH Subsidy
____ Rental by client, with GPD TIP subsidy
____ Rental by client, with other ongoing housing subsidy
____ Residential project or halfway house with no homeless criteria
____ Staying in family member's room/apartment/house
____ Staying in friend's room/apartment/house
____ Transitional housing for homeless persons (including homeless youth)

www.hhccny.org
housingandhomelesscoalition@gmail.com
@hhcofcny facebook.com/hhccny
315-428-2216

Homeless Situation Questions:

Length of Stay in Previous Place:
____ One day or less ____ Two days to one week ____ More than one week, less than one month
____ One to three months ____ More than three months, less than one year ____ One year or longer

Approximate Date Homelessness Started: ____/____/_______

# of times (episodes) on streets or in ES in 3 years: ___1 ___2 ___3 ___4 or more

Total number of months homeless on the street, in ES in the past 3 years: ______ Months

Homeless/Housing At Risk Primary Reason: (Select/ identify #1 and #2)
____ Conflict in the household ____ Conflict w/ guardian ____ Underemployment/ Low Income
____ Criminal activity ____ Domestic Violence ____ Eviction
____ Health/ Safety ____ Lack of sufficient Housing ____ Loss of Child Care
____Loss of Job ____ Loss of Public Assistance ____ Loss of Transportation
____ Medical Condition ____Mental Health ____ Mortgage Foreclosure
____ Mutual Agreement (Respite) ____ No Affordable Housing ____ Release from Institution
____ Substance Abuse ____ Utility Shut Off ____ Substandard Housing

Income:
Do you have income? ____Yes ____ No **Total Monthly Income** $__________
Income Source and amount:
$_____ Alimony/ Spousal Support $_____ Child Support
$_____ Earned Income $_____ General Assistance
$_____ Pension or retirement income from another job
$_____ Private Disability Insurance $_____ Retirement Income from Social Security
$_____ Social Security Disability Income (SSDI) $_____ Social Security Income (SSI)
$_____ Temporary Assist for Needy Families TANF $_____ Unemployment Insurance
$_____ VA Non-Service-Connected Disability Pension $_____ VA Service-Connected Disability Compensation
$_____ Worker's Compensation

Non-Cash Benefits:
Do you have Non-Cash Benefits? ____Yes ____ No **Monthly Amount** $__________
Source of Non-Cash Benefits:
_____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
_____ Special supplemental Nutrition Program for (WIC) (HUD)
_____ TANF Child Care Services (HUD)
_____ TANF Transportation Services (HUD)
_____ Other TANF-Funded Services (HUD); If "Other" Specify: ____________________________________

Medical Insurance:
Do you have Health Insurance/ Medical Assistance? ____Yes ____ No

www.hhccny.org
housingandhomelesscoalition@gmail.com
@hhcofcny facebook.com/hhccny
315-428-2216

Source of Health Insurance/ Medical Assistance:

_____ Medicaid _____ Medicare
_____ State Children's Health Insurance Program _____ Veteran's Administration (VA) Medical Services
_____ Employer – Provided Health Insurance _____ Health Insurance obtained through COBRA
_____ State Health Insurance for Adults
_____ Indian Health Care _____ Other

Medicaid ID# ___________________________________
Medicaid Insurance Company: ____ Total Care ____ Blue Cross Blue Shield ____ Fidelis
____ United Healthcare ____ Molina Healthcare

Disabling Condition:
Do you have a DISABILITY of long duration? ____Yes ____ No
If yes, do you have determination of Disability? ____Yes ____ No
If yes, are you currently receiving treatment for Disability? ____Yes ____ No

Disability Type:

____ Alcohol Abuse ONLY ____ BOTH Alcohol & Drug Abuse ____ Drug Abuse ONLY
____ Chronic Health Condition ____ Developmental ____ HIV/AIDS
____ Mental Health ____ Physical Health

Are you a Victim/ Survivor of Domestic Violence? ____Yes ____ No

If yes, when did it last occur: ____ Within the past 3 months ____ 3 to 6 months ____ 6 to 12 months
____ More than 12 months ____ Refused

Are you currently fleeing? ____Yes ____ No

Date of Engagement: ___/___/___ (Complete upon client entering Service Plan development or fully completed initial assessment)

Housing Move In Date: ___/___/___ (Complete if moving into PERMANENT HOUSING)