



Emergency Shelter/ Street Outreach Intake Form (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

Ethnicity: \_\_\_ Hispanic/ Latino
\_\_\_ Non-Hispanic/ Latino

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)

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

Primary Language: \_\_\_ Arabic \_\_\_ Armenian \_\_\_ Bangali \_\_\_ Cantonese \_\_\_ Chinese \_\_\_ English
\_\_\_ French \_\_\_ French Creole \_\_\_ German \_\_\_ Greek \_\_\_ Gujarati \_\_\_ Haitian Creole \_\_\_ Hebrew
\_\_\_ Hindi \_\_\_ Hmong \_\_\_ Italian \_\_\_ Japanese \_\_\_ Korean \_\_\_ Mandarin \_\_\_ Panjabi \_\_\_ Persian
\_\_\_ Polish \_\_\_ Portuguese \_\_\_ Russian \_\_\_ Spanish \_\_\_ Tagalog \_\_\_ Telugu \_\_\_ Urdu
\_\_\_ Vietnamese \_\_\_ Yiddish

Housing Move In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Complete if moving into PERMANENT HOUSING)
Zip Code of Last Permanent Address: \_\_\_\_\_

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situation (chose only one):

- \_\_\_ 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

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)

**Length of Stay in Previous Place:**

- One night or less       2 to 6 nights       One week or more but less than one month
- One month or more but less than 90 days       90 days but 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)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Conflict in the household  | <input type="checkbox"/> Conflict w/ guardian       | <input type="checkbox"/> Underemployment/ Low Income |
| <input type="checkbox"/> Criminal activity          | <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Eviction                    |
| <input type="checkbox"/> Health/ Safety             | <input type="checkbox"/> Lack of sufficient Housing | <input type="checkbox"/> Loss of Child Care          |
| <input type="checkbox"/> Loss of Job                | <input type="checkbox"/> Loss of Public Assistance  | <input type="checkbox"/> Loss of Transportation      |
| <input type="checkbox"/> Medical Condition          | <input type="checkbox"/> Mental Health              | <input type="checkbox"/> Mortgage Foreclosure        |
| <input type="checkbox"/> Mutual Agreement (Respite) | <input type="checkbox"/> No Affordable Housing      | <input type="checkbox"/> Release from Institution    |
| <input type="checkbox"/> Substance Abuse            | <input type="checkbox"/> Utility Shut Off           | <input type="checkbox"/> Substandard Housing         |

**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                         |  |

**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: \_\_\_\_\_



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**Do you have Health Insurance/ Medical Assistance?** \_\_\_ Yes \_\_\_ No

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

**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

**Current Living Situation: (Street Outreach ONLY)**

Start Date: \_\_\_/\_\_\_/\_\_\_            End Date: \_\_\_/\_\_\_/\_\_\_            Information Date: \_\_\_/\_\_\_/\_\_\_

**Current Living Situation:**

Homeless Situation (chose only one):

- \_\_\_ 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
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Transitional and Permanent Housing Situation:

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Other:

- Other
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

If "Other," specify: \_\_\_\_\_

Living Situation Verified By: \_\_\_\_\_ (CoC Code)

Is client going to have to leave their current living situation within 14 days? \_\_\_ Yes \_\_\_ No

If 'Yes' to "Is client going to have to leave their current living situation within 14 days?" answer the following questions:

Has a subsequent residence been identified? \_\_\_ Yes \_\_\_ No

Does individual or family have resources or support networks to obtain other permanent housing? \_\_\_ Yes \_\_\_ No

Has the client had a lease or ownership interest in permanent housing unit in the last 60 days? \_\_\_ Yes \_\_\_ No

Has the client moved 2 or more times in the last 60 days? \_\_\_ Yes \_\_\_ No

**Date of Engagement:** \_\_\_/\_\_\_/\_\_\_

(Complete upon client entering Service Plan development or fully completed initial assessment)

**Are you on Parole:** \_\_\_ Yes \_\_\_ No

If yes, Parole Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If you left the program today, where would you go?**

- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Foster care home/foster care group home



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- Staying in family member's room/apartment/house, temporary tenure
- Staying in family member's room/apartment/house, permanent tenure
- Staying in friend's room/apartment/house, temporary tenure
- Staying in friend's room/apartment/house, permanent tenure
- Transitional housing for homeless persons (including homeless youth)

**Personal Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_