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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

**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:** (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)



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**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)

**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)**

- |   |   |  |
|---|---|--|
| <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         |

**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 | \$_____ Retirement Income from Social Security       |
| \$_____ Private Disability Insurance                  | \$_____ Social Security Income (SSI)                 |
| \$_____ Social Security Disability Income (SSDI)      | \$_____ Unemployment Insurance                       |
| \$_____ Temporary Assist for Needy Families TANF      | \$_____ VA Service-Connected Disability Compensation |
| \$_____ VA Non-Service-Connected Disability Pension   |  |
| \$_____ 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

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

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

**Referral Source:**

- Self-Referral  Outreach Provider  Temporary Shelter  Residential Project  
 Individual: Parent/ Guardian/ Relative/ Friend/ Foster Parent/ Other Individual  
 Hotline  Child Welfare/ CPS  Juvenile Justice  Mental Hospital  
 Law Enforcement/ Police  School  Other Organization

Youth Eligible for RHY Services:  Yes  No

If no for "Youth Eligible for RHY Services," Reason why services are not funded by BCP grant:

- Out of Range  Ward of the State – Immediate Reunification  
 Ward of Criminal Justice System – Immediate Reunification  
 Other: \_\_\_\_\_

If yes for "Youth Eligible for RHY Services," runaway youth:  Yes  No



**Sexual Orientation:**

Heterosexual  Gay  Lesbian  Bisexual  Questioning/ Unsure

**Last Grade Completed:**

Less than Grade 5  Grades 5-6  Grades 7-8  Grades 9-11  
 Grades 12/ HS Diploma  School Program Doesn't have grade levels  
 GED  Some College  Associates Degree  Bachelor's Degree  
 Graduate Degree  Vocational Certification

**School Status:**

Attending School Regularly  Attending School Irregularly  Graduated Already  
 Obtained GED  Dropped out  Suspended  
 Expelled

**Employment History:**

Employed?  Yes  No If yes, Type of Enrollment:  Full time  Part time  Seasonal/ sporadic  
If no, why not employed?  Looking for work  Unable to work  Not looking for work

**General Health Status:**

Excellent  Very Good  Good  Fair  Poor

**Mental Health Status:**

Excellent  Very Good  Good  Fair  Poor

**Dental Health Status:**

Excellent  Very Good  Good  Fair  Poor

Pregnant?  Yes  No If yes, Projected Birth Date: \_\_\_/\_\_\_/\_\_\_

**Formerly a Ward of the Child Welfare/ Foster Care Agency?  Yes  No**

Number of Years:  Less than one year  1 to 2 years  3 to 5 years or more  
If less than One year, number of months: \_\_\_\_\_ months

**Formerly a Ward of the Juvenile Justice System?  Yes  No**

Number of Years:  Less than one year  1 to 2 years  3 to 5 years or more  
If less than One year, number of months: \_\_\_\_\_ months

**Family Critical Issues:**

Under Employment – Family member?  Yes  No  
Mental Health Issues – Family member?  Yes  No  
Physical Disability – Family member?  Yes  No  
Alcohol or Substance Abuse – Family member?  Yes  No  
Insufficient Income to support youth – Family member?  Yes  No  
Incarcerated Parent of Youth?  Yes  No



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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

**Legal Status:**

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
- \_\_\_ 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
- \_\_\_ 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, 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_