

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Client ID:	Project Entry Date:	
First, Mi., Last Name, Suf:	<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Partial Street Name or Code Name Reported	
Social Security Number:	<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Partial SSN Reported	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected	
U.S. Military Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you have any other housing options for the next few days or weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Or are they at imminent risk of homelessness within the next 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Or are they at imminent risk of homelessness within the next 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently in danger of experiencing any safety concerns in your current living situations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explanation:		
What is your family's most urgent need today?		
What brought on your housing crisis?		
<input type="checkbox"/> Evicted or in the process of being evicted from a private dwelling or housing	<input type="checkbox"/> Experiencing high overcrowding	<input type="checkbox"/> Living in housing that has been condemned
<input type="checkbox"/> Other	<input type="checkbox"/> Problems with landlord	<input type="checkbox"/> Rental arrears
<input type="checkbox"/> Unable to pay rent	<input type="checkbox"/> Utility arrears	<input type="checkbox"/> Victim of foreclosure or rental property
<input type="checkbox"/> Violence or abuse occurring in the family's household		
If other, please explain:		
Can you please tell me where you slept last night and the night before that:		
Do you have a place to sleep tonight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any other housing options for the next few days or weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Or are they at imminent risk of homelessness within the next 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Or are they at imminent risk of homelessness within the next 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently in danger of experiencing any safety concerns in your current living situations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explanation:		
What is your family's most urgent need today?		
What brought on your housing crisis?		
<input type="checkbox"/> Evicted or in the process of being evicted from a private dwelling or housing <input type="checkbox"/> Other <input type="checkbox"/> Unable to pay rent <input type="checkbox"/> Violence or abuse occurring in the family's household	<input type="checkbox"/> Experiencing high overcrowding <input type="checkbox"/> Problems with landlord <input type="checkbox"/> Utility arrears	<input type="checkbox"/> Living in housing that has been condemned <input type="checkbox"/> Rental arrears <input type="checkbox"/> Victim of foreclosure or rental property
If other, please explain:		
Can you please tell me where you slept last night and the night before that:		
Do you have a place to sleep tonight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any other housing options for the next few days or weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Or are they at imminent risk of homelessness within the next 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Or are they at imminent risk of homelessness within the next 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently in danger of experiencing any safety concerns in your current living situations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explanation:		
What is your family's most urgent need today?		

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

What brought on your housing crisis?		
<input type="checkbox"/> Evicted or in the process of being evicted from a private dwelling or housing	<input type="checkbox"/> Experiencing high overcrowding	<input type="checkbox"/> Living in housing that has been condemned
<input type="checkbox"/> Other	<input type="checkbox"/> Problems with landlord	<input type="checkbox"/> Rental arrears
<input type="checkbox"/> Unable to pay rent	<input type="checkbox"/> Utility arrears	<input type="checkbox"/> Victim of foreclosure or rental property
<input type="checkbox"/> Violence or abuse occurring in the family's household		

If other, please explain:

What brought on your housing crisis?		
<input type="checkbox"/> Evicted or in the process of being evicted from a private dwelling or housing	<input type="checkbox"/> Experiencing high overcrowding	<input type="checkbox"/> Living in housing that has been condemned
<input type="checkbox"/> Other	<input type="checkbox"/> Problems with landlord	<input type="checkbox"/> Rental arrears
<input type="checkbox"/> Unable to pay rent	<input type="checkbox"/> Utility arrears	<input type="checkbox"/> Victim of foreclosure or rental property
<input type="checkbox"/> Violence or abuse occurring in the family's household		

If other, please explain:

Diversion Specific Questions

What can we do or who could we talk to help you stay in your current nighttime housing situation? (if applicable)	
Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive case management services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Prevention Specific Questions

Have you ever been to a shelter or another homeless assistance program before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If answered yes to the previous questions, what was the name of the program?
Household income is reported to be at or below 30 percent of AMI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has household experienced homelessness in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Assessment:

Assessment Location: LA-503

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Assessment Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Virtual
	<input type="checkbox"/> In Person	
Assessment Level:	<input type="checkbox"/> Crisis Needs Assessment	<input type="checkbox"/> Housing Needs Assessment
Prioritization Status:	<input type="checkbox"/> Placed on prioritization list	<input type="checkbox"/> Not placed on prioritization list
Coordinated Entry Event:		
Access Events		
<input type="checkbox"/> Referral to Prevention Assistance project	<input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service	
<input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment	<input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment	
Referral Events		
<input type="checkbox"/> Referral to post-placement/follow-up case management	<input type="checkbox"/> Referral to Street Outreach project or services	
<input type="checkbox"/> Referral to Housing Navigation project or services	<input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services	
<input type="checkbox"/> Referral to Emergency Shelter bed opening	<input type="checkbox"/> Referral to Transitional Housing bed/unit opening	
<input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening	<input type="checkbox"/> Referral to RRH project resource opening	
<input type="checkbox"/> Referral to PSH project resource opening	<input type="checkbox"/> Referral to Other PH project/unit/resource opening	
<input type="checkbox"/> Referral to emergency assistance /flex fund/furniture assistance	<input type="checkbox"/> Referral to Emergency Housing Voucher (EHV)	
<input type="checkbox"/> Referral to Housing Stability Voucher		
If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:		
Problem Solving/ Diversion/ Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:		
Referral to post- placement/follow-up case management result- Enrolled in Aftercare project: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:		
Location of Crisis housing or Permanent Housing Referral:		
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question (below):		
Referral Result:	<input type="checkbox"/> Successful referral: client accepted	<input type="checkbox"/> Unsuccessful referral: client rejected
Note: Housing Programs Must Add Referral Result & Date of Result		<input type="checkbox"/> Unsuccessful referral: provider rejected
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:		

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Date of Result: _____

Date of Birth:		<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Client Doesn't Know
		<input type="checkbox"/> Partial or Partial Reported	<input type="checkbox"/> Client Refused
		<input type="checkbox"/> Data Not Collected	
Race (Choose two if applicable):			
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian or Asian American	
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> White	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Other	<input type="checkbox"/> Data Not Collected	
Ethnicity (Choose One):		<input type="checkbox"/> Hispanic/Latino (a)(o)(x)	<input type="checkbox"/> Non-Hispanic/ Latino (a)(o)(x)
		<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Gender:			
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Questioning	<input type="checkbox"/> Client refused <input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Transgender	<input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)		<input type="checkbox"/> Data Not Collected
Do You Have a Disability of Long Duration:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Relationship to Head of Household:			
<input type="checkbox"/> Self (Head of Household)		<input type="checkbox"/> Head of Household's Child	
<input type="checkbox"/> Head of Household's Spouse or Partner		<input type="checkbox"/> Head of Household's Other Relation Member (Other Relation to Head of Household)	
<input type="checkbox"/> Other: Non- Relation Member		<input type="checkbox"/> Data Not Completed	
Client Location: LA - 503			
When Did you originally move to the New Orleans area:		<input type="checkbox"/> Five Years or More or Native of New Orleans	<input type="checkbox"/> In the Past Three Months <input type="checkbox"/> More Than Three Months but less than Five Years
Zip Code of Last Permanent Address:			
Are you a resident of Jefferson Parish:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected



-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Prior Living Situation (Where Client Stayed the night before program)		
Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
<ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven 	<ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected 	<ul style="list-style-type: none"> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <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"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Length of stay at Prior Living Situation (Homeless Situation)	Length of stay at Prior Living Situation (Institutional Situation)	Length of stay at Prior Living Situation (Transitional and Permanent Situation)
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client Refused	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know
Number of times the client has been on the streets or in emergency shelter in the past three years (including today) <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Total number of months homeless on the street or in emergency shelter in the past three years (including today, which equals 1 month): <input style="width: 150px;" type="text"/>		



If place not meant for habitation, what type:																	
<input type="checkbox"/> Street, parks, sidewalks, camp <input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Vacant or Abandoned building <input type="checkbox"/> Other place not intended for human habitation	<input type="checkbox"/> Bus or train section <input type="checkbox"/> Shelters															
In the last 90 days, were you released from a hospital, jail, mental institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected																
Primary reason for being homeless:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Addiction/Substance Abuse</td> <td style="width: 33%;"><input type="checkbox"/> By Choice</td> <td style="width: 33%;"><input type="checkbox"/> Domestic Violence</td> </tr> <tr> <td><input type="checkbox"/> Eviction/Foreclosure due to Covid-19</td> <td><input type="checkbox"/> Family Conflict</td> <td><input type="checkbox"/> Jail/Prison</td> </tr> <tr> <td><input type="checkbox"/> Loss of income due to Covid-19</td> <td><input type="checkbox"/> Loss of job/unemployment</td> <td><input type="checkbox"/> Low income</td> </tr> <tr> <td><input type="checkbox"/> Mental health issue</td> <td><input type="checkbox"/> Natural Disaster</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Not allowed to stay on family member's lease or voucher</td> <td><input type="checkbox"/> Physical disability</td> <td><input type="checkbox"/> Underemployment</td> </tr> </table>		<input type="checkbox"/> Addiction/Substance Abuse	<input type="checkbox"/> By Choice	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Eviction/Foreclosure due to Covid-19	<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Loss of income due to Covid-19	<input type="checkbox"/> Loss of job/unemployment	<input type="checkbox"/> Low income	<input type="checkbox"/> Mental health issue	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Other	<input type="checkbox"/> Not allowed to stay on family member's lease or voucher	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Underemployment
<input type="checkbox"/> Addiction/Substance Abuse	<input type="checkbox"/> By Choice	<input type="checkbox"/> Domestic Violence															
<input type="checkbox"/> Eviction/Foreclosure due to Covid-19	<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Jail/Prison															
<input type="checkbox"/> Loss of income due to Covid-19	<input type="checkbox"/> Loss of job/unemployment	<input type="checkbox"/> Low income															
<input type="checkbox"/> Mental health issue	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> Other															
<input type="checkbox"/> Not allowed to stay on family member's lease or voucher	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Underemployment															

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Total Monthly Income: \$ _____ (Income from any source)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
Source of Income	Receiving income from any source?	Amount of income	How often:	Start Date	End Date
Alimony or other spousal support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Earned income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Private disability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Retirement income from social security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Unemployment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
VA Non- service connected disability pension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Worker's compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Non cash benefit from any source:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Source of non-cash benefit	Receiving income from any source?	Start Date	End Date		
Supplemental Nutritional Assistance Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Source of non-cash benefit, Continued	Receiving income from any source?	Start Date	End Date		
Other TANF Funded Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

Covered by health insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Source of Health Insurance	Covered	Start Date	End Date		
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
State Children's Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Veteran's Admin Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Employer Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Private pay health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
State health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Indian health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Disability Type	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					

Domestic violence victim/survivor:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for domestic violence victim/survive; when experiences occurred:	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Data Not Collected <input type="checkbox"/> More than 1 year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

If Yes for domestic violence/survivor, are you fleeing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Have you ever been placed in foster care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Current Living Situation

Required by Street Outreach, Coordinated Entry and Emergency Shelter
 Required when a Project Start Date is entered, Date of Engagement is recorded. Data is recorded for Head of Household on each occurrence/update.

Information Date: _____ / _____ / _____

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <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"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy

-Continuum of Care – Unity Problem Solving Intake

Assessment– (2022)

Living Situation verified by: LA-503	
Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If 'YES' Is client going to have to leave their current living situation within 14 days? Answer the following questions.	
Has a subsequent residence been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Does individual or family have resources or support networks to obtain other permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Has the client moved 2 or more times in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected



Date of Engagement	_____ / _____ / _____
Notes:	