Client ID:	Project Entry Date:					
First, Mi., Last Name, Suf:	☐ Full Name Reported ☐ Client Doesn't Know					
	□ Data Not Collected □ Client Prefers Not To Answer					
	☐ Partial Street Name or Code Name Reported					
Social Security Number:	☐ Full SSN Reported ☐ Client Doesn't Know					
•	☐ Partial SSN Reported ☐ Client Prefers Not to					
	☐ Data Not Collected Answer					
U.S. Military Veteran:	☐ Yes ☐ Client Doesn't Know					
	□ No		☐ Data Not (
	☐ Partial or Partial Rep	orted		ers Not to		
			Answer			
Date of Birth:	☐ Full DOB Reported		☐ Client Doe			
	☐ Partial or Partial Rep			Lollected		
Page and Ethnicitus	☐ Client Prefers No to ☐ American Indian,		er tive Hawaiian or	☐ Asian or Asian		
Race and Ethnicity:	□ American Indian, Alaska Native, or	_	ic Islander	Asian of Asian		
	Indigenous	raciii	ic islander	American		
	☐ Black, African	□Hisr	panic/Latina/e/o	☐ Middle Eastern		
	American, or African		, a	or North African		
	☐ Native Hawaiian	□Wh	ite	☐ Client Doesn't		
	or Pacific Islander	Know				
	☐ Data Not	□ Clie	ent Prefers Not to	Answer		
	Collected					
Additional Race and Ethnicity Detail:						
Gender:	☐ Woman (Girl if	□Ma	an (Boy if child)	☐ Culturally		
	·			Specific Identity		
		(e.g., Two-Spir er □ Non-binary □ Questioning				
	☐ Transgender					
	□ Different Identity □ Data Not Collected			☐ Client Doesn't Know		
		☐ Client Prefers Not to answer				
If Different Identity, please specify:		to ai	iswei			
Do You Have a Disability of Long	□ Yes		☐ Client Doe	sn't Know		
Duration:			☐ Data Not Collected			
	☐ Client Prefers Not to) Answ		onceceu		
Relationship to Head of	☐ Self (Head of House		☐ Head of House	ehold's Child		
Household:	☐ Head of Household's		☐ Head of Household's Other			
	Spouse or Partner			er (Other Relation		
			to Head of Hous	ehold)		
	☐ Other: Non- Relation	n	☐ Data Not Com	pleted		
	Member					

Enrollment CoC: LA – 506						
Prior Living Situation (Where Client Stayed the night before program						
Homeless Situation	Inst	itutional Situation	Temp Situat	orary & Permanent Housing		
□ Place not meant for habitation □ Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter □ Safe Haven	fosme I resme I de I ot ot ce Ce Ce Ce Ce Ce Ce Ce	Foster care home or ster care group home Hospital or other sidential non-psychiatric edical facility lail, prison, or juvenile tention facility Long-term care facility nursing home Psychiatric hospital or her psychiatric facility Substance abuse eatment facility or detox enter Client Doesn't Know Client Prefers Not to swer Data Not Collected	Re hous Hous Re hous Staroor Re hous Re hous Over ho	esidential project or halfway se with no homeless criteria otel or motel paid for without rgency shelter voucher ansitional housing for homeless ons (including homeless youth ost Home (non – crisis) aying or living in a family nber's room, apartment or		
Rental Subsidy Type						
□ GPD TIP housing subsidy □ RRH or equivalent subsidy □ Public housing unit □ Housing Stability Voucher □ Foster Youth to □ Other permanent housing dedicated for formerly homeless person □ VASH housing subsidy □ HCV voucher (tenant or project based) □ Rental by client, with other ongoing subsidy □ Family Unification Program Voucher (FUP) □ Permanent Supportive Housing □ Other permanent housing						
Length of stay at Prior Livin	_	Length of stay at Prior Liv	ing	Length of stay at Prior Living		
Situation (Homeless Situati	on)	Situation (Institutional Situation)		Situation (Transitional and Permanent Situation)		
☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month		☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month		☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month		

HUD COC/ESG/SNOFO/ES/SO/SH/PSH/TH/ RRH/CE/OTHER PROJECTS \square One month or more, but ☐ One month or more, but ☐ One month or more, but less than 90 days less than 90 days less than 90 days ☐ 90 days or more but less ☐ 90 days or more, but less ☐ 90 days or more, but less than one year than one year than one year ☐ One year or longer ☐ One year or longer ☐ One year or longer ☐ Data Not Collected ☐ Client Refused ☐ 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) ☐ 1 time □ 2 times □ 3 times □ 4 or more times □ Client doesn't know ☐ 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): **Total Monthly Income:** ☐ Client Doesn't Know ☐ Yes ☐ Data Not Collected □ No (Income from any source) ☐ Client Prefers Not to Answer **Source of Income** ☐ Earned Income ☐ Unemployed Insurance ☐ Supplemental Security ☐ VA Service- Connected Income (SSI) **Disability Compensation** ☐ VA Non-Service-Connected ☐ Private Disability **Disability Pension** Insurance ☐ Private Disability Insurance ☐ Worker's Compensation ☐ Temporary Assistance for ☐ General Assistance (GA) Needy Families (TANF) ☐ Retirement Income from ☐ Pension or Retirement **Social Security** Income from a Former Job ☐ Worker's Compensation ☐ Child Support ☐ Alimony and other Spousal ☐ Other Source Support Amount of Income: **How Often: End Date** Start Date: **Non Cash Benefit** ☐ Yes ☐ Client Doesn't Know From Any Source: □ Data Not Collected □ No ☐ Client Prefers Not to Answer **Source of Non- Cash Benefit** ☐ Supplemental Nutritional ☐ Special Supplemental Assistance Program (Food **Nutrition Program for WIC** Stamps) ☐ TANF Child Care Services ☐ TANF Transportation Services ☐ Other TANF Funded Services □ Other **End Date Start Date**

Covered by health	□ Y	es	□ Clie	☐ Client Doesn't Know			
insurance:	□N	lo	□ Dat	☐ Data Not Collected			
	□С	lient Prefers Not to A	inswer				
Source of Health	□ Med	dicaid	☐ Medio	☐ Medicare			
Insurance	☐ State	e Children's Health	□ Veter	an's Health Admir	1		
	☐ Emp	oloyer Provided Healt	h 🗆 Healtl	n Insurance			
	Insura	•		d Through COBRA	4		
	☐ Priva	ate Pay Health Insura		Health Insurance			
		an Health Insurance	☐ Other				
Start Date			End Date				
	Ţ						
Disability Type		☐ Alcohol Use		☐ Both Alcohol	and Drug		
				Use			
		☐ Drug Use	☐ Drug Use		☐ Chronic Health Condition		
	□ Developmental	mental HIV/AIDS					
		☐ Mental Health I	Disorder Physical				
Currently Receiving		Condition Long	Start Date	Disability	Disability	End Date	
	_	_		-	-		
Services or Trea	_	Term? (Y/N)		Determination	Verification	2.14 2410	
	_	_		-	-		
Services or Trea	_	_		Determination	Verification		
Services or Trea	_	_		Determination	Verification		
Services or Tread (Y/N)	tment?	Term? (Y/N)		Determination (Y/N)	Verification (Y/N)		
Services or Trea (Y/N)	tment?	Term? (Y/N)		Determination (Y/N)	Verification (Y/N)		
Services or Tread (Y/N)	tment?	Term? (Y/N)		Determination (Y/N) Client Doesn Data Not Co	Verification (Y/N)		
Services or Treat (Y/N) Survivor of Domesti Violence:	tment?	Term? (Y/N) Yes No Client Prefers	Not to Answe	Determination (Y/N) Client Doesn Data Not Co	Verification (Y/N) n't Know llected		
Services or Treat (Y/N) Survivor of Domesti Violence:	tment? ic f Domesti	Term? (Y/N) Yes No Client Prefers Culture of the content of the		Determination (Y/N) Client Doesn Data Not Co	Verification (Y/N) n't Know Illected		
Services or Treat (Y/N) Survivor of Domesti Violence: If Yes for Survivor o Violence; when exp	tment? ic f Domesti	Term? (Y/N) Yes No Client Prefers Cultum Within the past 3	Not to Answe	Determination (Y/N) Client Doesn Data Not Co	Verification (Y/N) n't Know llected		
Services or Treat (Y/N) Survivor of Domesti Violence:	tment? ic f Domesti	Term? (Y/N) Yes No Client Prefers C Within the past 3 months	Not to Answe	Determination (Y/N) Client Doesr Data Not Co	Verification (Y/N) n't Know Illected		
Services or Treat (Y/N) Survivor of Domesti Violence: If Yes for Survivor o Violence; when exp	tment? ic f Domesti	Term? (Y/N) Yes No Client Prefers C Within the past 3 months More than	Not to Answel ☐ 3-6 months ☐ Client	Determination (Y/N) Client Doesn Data Not Co	Verification (Y/N) n't Know Illected		
Services or Treat (Y/N) Survivor of Domesti Violence: If Yes for Survivor o Violence; when exp occurred:	ic f Domesti eriences	Term? (Y/N) Yes No Client Prefers Client Prefers More than 1 year ago	Not to Answe	Determination (Y/N) Client Doesr Data Not Co	Verification (Y/N) A't Know Illected Data Not Collected		
Services or Treat (Y/N) Survivor of Domesti Violence: If Yes for Survivor o Violence; when exp occurred:	ic f Domesti eriences	Term? (Y/N) Yes No Client Prefers Client Prefers Client Prefers More than 1 year ago Yes	Not to Answel ☐ 3-6 months ☐ Client	Determination (Y/N) Client Doesr Data Not Co r G-12 months Client refused Client Doesr	Verification (Y/N) n't Know Illected Data Not Collected		
Services or Treat (Y/N) Survivor of Domesti Violence: If Yes for Survivor o Violence; when exp occurred:	ic f Domesti eriences	Term? (Y/N) Yes No Client Prefers Client Prefers More than 1 year ago	Not to Answe □ 3-6 months □ Client doesn't know	Determination (Y/N) Client Doesr Data Not Co General Client refused Client Doesr Data Not Co	Verification (Y/N) n't Know Illected Data Not Collected		

HUD COC/ESG/SNOFO/ES/SO/SH/PSH/TH/ RRH/CE/OTHER PROJECTS

Current Living Situation

Required by Street Outreach, Coordinated Entry and Emergency Shelter

Household on each occurrence/update.								
Information Date:								
Homeless Situation Institutional Situation & Temporary & Permanent Housing								
nomeless Situation	Other	lional Situation &	Temporary & Permanent Housing Situation					
☐ Place not meant for		ter care home or	☐ Residential project or halfway					
habitation		care group home	house with no homeless criteria					
☐ Emergency shelter,		pital or other	☐ Hotel or motel paid for without					
incl. hotel/motel paid		ntial non-psychiatric	emergency shelter voucher					
for w/ES voucher, or		al facility	☐ Transitional housing for homeless					
RHY- funded Host	☐ Jail,	prison, or juvenile	persons (including homeless youth					
Home Shelter	deten	tion facility	☐ Host Home (non – crisis)					
☐ Safe Haven	☐ Lon	g-term care facility	☐ Staying or living in a family					
	or nui	rsing home	member's room, apartment or					
		chiatric hospital or	house					
		psychiatric facility	☐ Staying or living in a friend's					
		stance abuse	room, apartment or house					
		nent facility or detox	Permanent Housing					
	center		☐ Rental by client, no ongoing					
			housing subsidy					
			☐ Renter by client, with other					
	☐ Other		ongoing subsidy					
	☐ Worker Unable to		☐ Owned by client, no ongoing housing subsidy					
	Determine		☐ Owned by client, with ongoing					
	☐ Client Doesn't Know		housing subsidy					
		nt Prefers Not to						
	Answ							
	☐ Dat	a Not Collected						
Living Situation verified by:	Living City stion varified by 1.8 502							
Is client going to have to lea		□ Yes	☐ Client Doesn't Know					
their current living situation			☐ Data Not Collected					
14 days?		☐ Client Prefers Not t						
	e to leav		tuation within 14 days? Answer the following					
questions.			, , , , , , , , , , , , , , , , , , , ,					
Has a subsequent residence	been	□ Yes	☐ Client Doesn't Know					
identified?		□ No	☐ Data Not Collected					

☐ Client Prefers Not to Answer

Does individual or family have	□ Yes		☐ Client Doesn't Know	
resources or support networks to	□ No		☐ Data Not Collected	
obtain other permanent housing?	☐ Client Pre	fers Not to Answer		
Has the client had a lease or	□ Yes		☐ Client Doesn't Know	
ownership interest in a permanent	□ No		☐ Data Not Collected	
housing unit in the last 60 days?	☐ Client Pre	fers Not to Answer		
Has the client moved 2 or more	☐ Yes		☐ Client Doesn't Know	
times in the last 60 days?	□ No		□ Data Not Collected	
	☐ Client Pre	fers Not to Answer		
Location Details:				
Location Details.				
- •-				
Date of Engagement:				
Coordinated Entry Assessment			-	
Assessment Location: LA 503	Assessment	t Type:		
	☐ Phone	, , ,	□ Virtual	
	☐ In Perso	n		
Assessment Level:	Prioritizat	ion Status:		
☐ Crisis Needs Assessment	☐ Placed o	n Prioritization List	☐ Not Placed on	
☐ Housing Needs Assessment			Prioritization List	
Coordinated Entry Event				
	Acces	s Events		
☐ Referral to Prevention Assistan	ce project	☐ Problem Solving/[Diversion/Rapid Resolution	
		intervention or serv	ice .	
☐ Referral to scheduled Coordinated Entry		☐ Referral to schedu	lled Coordinated Entry Housing	
Crisis Needs Assessment Needs Assessment				
	Referr	al Events		
☐ Referral to post-placement/fol	low-up case	☐ Referral to Street	Outreach project or services	
management				
☐ Referral to Housing Navigation project or		☐ Referral to Non-continuum services: Ineligible for		
	project or		ontinuum services: ineligible for	
services		continuum services		
☐ Referral to Emergency Shelter		continuum services	ional Housing bed/unit opening	
☐ Referral to Emergency Shelter opening		continuum services ☐ Referral to Transit	ional Housing bed/unit opening	
□ Referral to Emergency Shelter opening□ Referral to Joint TH-RRH		continuum services ☐ Referral to Transit		
 □ Referral to Emergency Shelter opening □ Referral to Joint TH-RRH project/unit/resource opening 	bed	continuum services Referral to Transit Referral to RRH pr	oional Housing bed/unit opening oject resource opening	
□ Referral to Emergency Shelter opening□ Referral to Joint TH-RRH	bed	continuum services Referral to Transit Referral to RRH pr Referral to Other	ional Housing bed/unit opening	
 □ Referral to Emergency Shelter opening □ Referral to Joint TH-RRH project/unit/resource opening □ Referral to PSH project resource 	bed se opening	continuum services Referral to Transit Referral to RRH pr Referral to Other to opening	rional Housing bed/unit opening roject resource opening PH project/unit/resource	
□ Referral to Emergency Shelter opening □ Referral to Joint TH-RRH project/unit/resource opening □ Referral to PSH project resource □ Referral to emergency assistant	bed se opening	continuum services Referral to Transit Referral to RRH pr Referral to Other to opening Referral to Emerge	roject resource opening PH project/unit/resource ency Housing Voucher (EHV)	
□ Referral to Emergency Shelter opening □ Referral to Joint TH-RRH project/unit/resource opening □ Referral to PSH project resource □ Referral to emergency assistant fund/furniture assistance	te opening	continuum services Referral to Transit Referral to RRH pr Referral to Other opening Referral to Emergon	rional Housing bed/unit opening roject resource opening PH project/unit/resource ency Housing Voucher (EHV) og Stability Voucher	
□ Referral to Emergency Shelter opening □ Referral to Joint TH-RRH project/unit/resource opening □ Referral to PSH project resource □ Referral to emergency assistant	te opening	continuum services Referral to Transit Referral to RRH pr Referral to Other opening Referral to Emergon	rional Housing bed/unit opening roject resource opening PH project/unit/resource ency Housing Voucher (EHV) og Stability Voucher	

Problem Solving/ Diversion/ Rapid Resolution		· ·					
intervention or service result – Client housed/re- housed in a safe alternative:		☐ Yes	□ No				
If 'Event' answer was 'Referral to post-placement/f		llow-up	rase manag	rement resul	t' nlease answer	the	
following question:	tererrar to po	or placement, re	mow up	case manag	,cilicite i esul	t, picase answer	the
Referral to post-							
placement/follow-up c	ase	□ Yes □ No					
management result- En	rolled in						
Aftercare project:							
If 'Event' answer was 'F	Referral to an	ES, TH, Joint TH	-RRH, RR	H, PSH or C	other PH ope	ning', please ansv	wer the
following question:							
Location of Crisis housi	ng or Perman	ent Housing Ref	erral:				
If 'Event' answer was 'F	Referral to an	FS TH Joint TH	-RRH RR	H PSH or C	other PH one	ning' nlease ansi	ver the
following question (bel		23, 111, 301110 111	,	, . 5 6.	инст тторс	imig) piedse unis	ver the
Referral Result:	☐ Successful r	eferral:	☐ Unsucce	ssful	□ Unsuccessful		
		client accepte	d	referral: cl	ient	referral: provide	r
Note: Housing Program			rejected		rejected		
Referral Result & Date of Result							
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the					wer the		
following question:							
Data of Result:							
Translation Assistance	Noodod:	□ Yes			Client Does	n't Know	
Translation Assistance	recucu.	□ No □ Data Not Collected					
☐ Client Prefers Not to Answer			onceted				
		☐ Different Preferred Language ☐ Client Doesn't Know					
Preferred Language: Client Prefers							
f Different Preferred Language, please specify:							
Permanent Supportive	Housing Only	:					
Sexual Orientation:			1	-!			
☐ Heterosexual	□ Gay			Lesbian			
Bisexual	☐ Questionin		□ Oth		V		
☐ Different Identity	☐ Data Not C		☐ Clie	☐ Client Doesn't Know			
	☐ Client Prefers Not to						