Interim Assessment – HP, ES, TH This form should be used by Homeless Prevention, Emergency Shelter, & Transitional Housing Projects for all clients. (children pages 1; all adults pages 1-4; heads of household pages 1-5)

ANSWER FOR ALL HOUSEHOLD MEMBERS

DA	TE O	= INT		I ASS	ESS	MENT	•							T		E OF		ERI	N				
		/			/											lpda			1	An	nual Ass	essm	ent
Мо	onth		D	ay			Ye	ear															
CLI	ENT	NAM	E											HN	ЛIS	CLI	IEN	T ID -	For	HMIS	S Users or	nly	
Disa	ability	y Sta	tus -	Do yo	ou hav	/e a di	sabli	ng co	nditi	on?													
ר <u>ר</u>	res	-				No						🗆 Don	t know				Prefe answ	er not ver	to		Data no	t colle	cted
Only sub For	/ selection stantian office	t YES ally im HMIS	S if the pairs S Use	e disat your a rs Onl	bility ty bility t y: If th	t <mark>o live</mark> le clier	expec indep nt ider	ted to ender ntifies	be lo ntly. Yes f	ong-con	dis	ability ty	indefini pe, mar pe the Pr	k <i>Dis</i> a	abili	<i>ity De</i> rt Da	e <i>tern</i> ate.	ninatio	on ai	nd Lo	ong-Conti	nued	or
Disa	ability	Туре	•																		Yes	N	0
Phys	sical																						
Chro	onic H	ealth	Condi	tion																			
HIV/	/AIDS																						
Dev	elopm	ental																					
Alco	hol U	se Dis	order																				
Sub	stance	e Use	Disor	der																			
Men	ital He	alth D	Disord	er																			
Hea	alth In	sura	nce -	- Are	you c	urrent	ly co	vered	by h	ealth	insı	urance	•										
	Yes					No			-			□ Don'	know				Prefe	er not i er	to		Data not	collec	cted
Ans Ans For	wer 'Y wer 'N	es' fo o' for HMIS	r any s sourc S User	source es tha	e that t have		ently i termi	receiv nated	ed. , evei	n if the			eived in t ype, the			sura	nce	type's	Sta	rt Da	ate will be	the	
Неа	lth Ins	suran	се Ту	ре																	Yes	1	No
Med	licaid																						
Med	licare																						
Stat	e Chil	dren's	Heal	th Insu	Irance	e Progi	ram (o	or Nor	th Ca	rolina	Hea	alth Cho	ice)										
Vete	eran's	Healt	h Adm	ninistra	ation (VHA)																	
Emp	oloyer-	Provi	ded H	ealth I	nsura	nce																	
Hea	lth ins	uranc	e obta	ained t	hroug	h COE	BRA																
Priva	ate Pa	iy Hea	alth In	surand	e																		
Stat	e Hea	lth Ins	suranc	e for A	Adults																		
India	an Hea	alth S	ervice	s Prog	gram																		
Othe	er If Ye	es, sp	ecify s	source	:																		

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Income and Sources - Do	you currently have a	ny income from any sou	rce?										
□ Yes	🗆 No		Pre	Data not collected									
			.	swer									
To complete the table below, you must answer 'Yes' or 'No' for each monthly income source. Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated). Children's income (except ea income) can be included under the Head of Household's information. Answer 'No' for sources that have been terminated, even if they were received in the past. If the response for any source is 'Yes', complete the amount in the shaded sections below.													
For Office HMIS Users Only: If the client identifies Yes for any income source, the source's Start Date will be the Project Start Date.													
Source of Income			Yes	No	- · · ·	onthly amount from ound to nearest dollar)							
Earned income (i.e., employme	ent income)				\$								
Unemployment Insurance					\$								
Supplemental Security Income	e (SSI)				\$								
Social Security Disability Incor	ne (SSDI)				\$								
VA Service-Connected Disabil	ity Compensation				\$								
VA Non-Service-Connected D	isability Pension				\$								
Private disability insurance					\$								
Worker's Compensation					\$								
Temporary Assistance for Nee	dy Families (TANF)				\$								
General Assistance (GA)					\$								
Retirement Income from Socia	d Security				\$								
Pension or retirement income	from a former job				\$								
Child support				\$									
Alimony or other spousal supp	ort			\$									
Other source:					\$								
Total	monthly income from	n all sources			\$								

Non-Cash Benefits - Do y	you have any non-cash benefit	s from any sou	rce?			
□ Yes	🗆 No	Don't know	'		Prefer not to	Data not collected
					answer	
Answer 'Yes' only if the non- Answer 'No' for non-cash be	w, you must answer 'Yes' or 'N cash benefit is recurrent and rece nefit that have been terminated, e -cash benefit is 'Yes', complet	eived as of today even if they were	(i.e. no receiv	ot termii ed in th	nated).	
Source of Non-Cash Benef	it		Yes	No		y amount from source to nearest dollar)
Supplemental Nutrition Assis	tance Program (SNAP)				\$	
Special Supplemental Nutrition Children (WIC)	on Program for Women, Infants, a	and			\$	
TANF Child Care services (o	r use local name)				\$	
TANF transportation services	s (or use local name)				\$	
Other TANF-Funded Service	s (or use local name)				\$	
Other source:					\$	

Domestic Violence - Are	you a survivor of domestic viole	nce?		
□ Yes	🗆 No	Don't know	Prefer not to	Data not collected
			answer	
V				
If YES, When did the expe	rience occur?			
Within the past three r	nonths	Don't know		
□ Three to six months ag	go (excluding six months exactly)	Prefer not to answer		
□ Six months to one yea	r ago (excluding one year exactly)	Data not collected		
One year ago or more				

•				
If YES, Are you currently fle	eeing?			
□ Yes	🗆 No	Don't know	Prefer not to	Data not collected
			answer	

Current Liv When was t	Situation ontact with you?			/			/						
	nt Living Situation - Where were you living during this s an Institutional, Temporary, or Permanent situation, fo			stion	s are l	isted	l belo	ow.					
Hemeless	Place not meant for habitation (e.g., a vehicle, an abandon outside)	ed bu	ilding, l	bus/tra	ain/sub	way	statio	on/airp	ort or a	anyw	here		
Homeless	Emergency shelter, including hotel or motel paid for with en shelter	merge	ency sh	elter v	ouche	r, or	RHY	funde	d Host	t Horr	ne		
	Foster care home or foster care group home												
	Hospital or other residential non-psychiatric medical facility												
Institutional	Jail, prison, or juvenile detention facility												
	Long-term care facility or nursing home												
	Psychiatric hospital or other psychiatric facility												
	Substance abuse treatment facility or detox center												
	Residential project or halfway house with no homeless crite	eria											
	Hotel or motel paid for without emergency shelter voucher												
Temporary	Transitional housing for homeless persons (including homeless youth)												
	Staying or living in a friend's room, apartment, or house												
	Staying or living in a family member's room, apartment or house												
	Rental by client, with other ongoing housing subsidy (Pleas	•	• ·	<u>.</u>									
	GPD TIP housing subsidy		lousing	-					(=				
	□ VASH housing subsidy □		amily l			-			-	-			
Denmanant	RRH or equivalent subsidy		Foster \			-			-	YI)			
Permanent	□ Housing Choice Voucher (HCV) □		Perman Other p							rmorl	v		
	Public housing unit		nomeles			using	y ueu	icaleu		men	у		
	Rental by client, with other ongoing housing subsidy												
	Owned by client, no ongoing housing subsidy												
	Owned by client, with ongoing housing subsidy												
	Other (specify):												
Other	Don't know												
	Prefer not to answer												
	Data not collected												

Living	Situation	verifie	d by:
Name th	e verifying ac	gency and	projec

If Institutional, Temporary, Or Permanent Current Living Situation Are you going to have to leave your current living situation within 14 days?													
□ Yes				No		<u> </u>	🗆 Don't ł			Prefer not answer	to	□ Data not collected	
↓													
If Yes to, "you are going to have to leave their current living situation within 14 days?"													
	Has a subsequent residence been identified?												
		Yes		No		Don't know			Prefer n	ot to answer		Data not collected	
	Do you or your family have resources or support networks to obtain other permanent housing?											ing?	
Answer		Yes		No		Don't know			Prefer n	ot to answer		Data not collected	
all	Hav	/e you had a	leas	se or owner	ship	interest in a	permanent	hou	sing unit	in the last 60 o	days	?	
		Yes		No		Don't know			Prefer n	ot to answer		Data not collected	
	Hav	/e you move	d 2 d	or more time	es in	the last 60 d	ays?						
		Yes		No		Don't know			Prefer n	ot to answer		Data not collected	
CURRENT	CURRENT LIVING SITUATION - Location details												

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

Coordinat	ed Entry Assessment - For Office HMIS Users Only					
Date Of A	ssessment					
Assessme	ent Location					
	□ CEF					
	Housing Helpline					
Orange	□ IFC Commons					
CoC	🗆 Jail					
	Medical Provider					
	□ Shelter					
	Region 1		Region 8			
	Region 2		Region 9			
	Region 3		Region 10			
BoS CoC	Region 4		Region 11			
	Region 5		Region 12			
	Region 6		Region 13			
	Region 7					
Durham	Durham CoC					
			□ Phone			
Assessme	ent Type		□ In Person			

	□ Virtual
	Crisis Needs Assessment
Assessment Level	□ Housing Needs Assessment
Deienitiantien Ototue	Placed on Prioritization List
Prioritization Status	Not Placed on Prioritization List

Coordina	Coordinated Entry Event – For Office HMIS Users Only											
Start Date	e / Date Of Event				1			/				
Event												
	Referral to Prevention Assistance project											
Access	Problem Solving/Diversion/Rapid Resolution ir	nterventi	on or serv	vice			-	► G	o to A			
Events	Referral to scheduled Coordinated Entry Crisis	Needs	Assessm	ent								
	Referral to scheduled Coordinated Entry Hous	ing Nee	ds Assess	ment			-	► G	o to B			
	Referral to post-placement/follow-up case mar	nagemei	nt									
	Referral to Street Outreach project or services											
	Referral to Housing Navigation project or servi	ces										
	Referral to Non-continuum services: Ineligible	for conti	nuum ser	vices								
	Referral to Non-continuum services: No availa	bility in o	continuum	servi	ces							
Referral	Referral to Emergency Shelter bed opening											
Events	Referral to Transitional Housing bed/unit open	ing										
	Referral to Joint TH-RRH project/unit/resource		-									
	Referral to RRH project resource opening		_	► G	o to C							
	Referral to PSH project resource opening						-					
	Referral to Other PH project/unit/resource ope	ning										
	Referral to emergency assistance/flex fund/fur	niture as	ssistance									
	□ Referral to a Housing Stability Voucher											
If 'Event' a	nswer was 'Problem Solving/Diversion/Rapid Re-	Housin	g interve	ntion	or ser	vice res	ult', pl	ease	answer	A:		
	oblem Solving/Diversion/Rapid Resolution tervention or service result – Client housed/re-	□ Y	es				No					
	oused in a safe alternative?											
	nswer was 'Referral to post-placement/follow-up	case m	anageme	nt res	ult', p	lease ar	nswer	B:				
m	eferral to post-placement/follow-up case anagement result – Enrolled in Aftercare oject?	□ Y	es				No					
If 'Event' a	nswer was Referral to an ES, TH, Joint TH-RRH, F	RRH, PS	H, or Oth	er PH	l open	ing, ple	ase an	swer	C-E:			
	ocation of Crisis Housing or Permanent Housing eferral (Project name or Project ID)											
D. R	eferral Result (if known)		Client accepted			Client ejected			Provide rejected			
E. D	ate of Result (if known)			/			1					