

Project Start Assessment – HUD VASH PSH

This form should be used by HUD-VASH projects (except HUD VASH Other Than Honorable) for every client. (children pages 1-2; all adults pages 1-6; veterans pages 1-8; heads of households 1-9)

Answer For All Household Members

Date Of Project Start							
		/			/		
Month		Day		Year			

HMIS Client ID - For HMIS Users only							

Name - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

Name Data Quality
<input type="checkbox"/> Full name reported
<input type="checkbox"/> Partial, street name or code name
<input type="checkbox"/> Don't know
<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Data Not Collected (DNC)

Social Security Number	Data Quality Status				
	<input type="checkbox"/> Full Reported	<input type="checkbox"/> Approx. or Partial Reported	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Veteran Status				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Date Of Birth (e.g. 10/23/1978)	Data Quality Status				
	<input type="checkbox"/> Full Reported	<input type="checkbox"/> Approx. or Partial Reported	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Gender - Select one or more gender identities	
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity (Please Specify)
<input type="checkbox"/> Culturally Specific Identity (e.g. Two-Spirit)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Data not collected

Race and Ethnicity - Select one or more race and ethnic categories	
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Don't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Hispanic / Latina/e/o	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Middle Eastern or North African	Additional Race and Ethnicity Detail:
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Relationship to Head of Household	
<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member

Disability Status - Do you have a disabling condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
------------------------------	-----------------------------	-------------------------------------	---	---

Answer 'Yes' or 'No' for each disability type (in white).
 Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently.
 For Office HMIS Users Only: If the client identifies Yes for any disability type, mark *Disability Determination* and *Long-Continued or Indefinite Duration* questions as Yes. The disability type's Start Date will be the Project Start Date.

Disability Type	Yes	No
Physical	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance – Are you currently covered by health insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
------------------------------	-----------------------------	-------------------------------------	---	---

Answer 'Yes' or 'No' for each health insurance source.
 Answer 'Yes' for any source that is currently received.
 Answer 'No' for sources that have been terminated, even if they were received in the past.
 For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.

Health Insurance Type	Yes	No
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program (or North Carolina Health Choice)	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration (VHA)	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance obtained through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Other If Yes, specify source:	<input type="checkbox"/>	<input type="checkbox"/>

NC County Of Service In which NC county are you receiving this project's services?	
--	--

What is the Zip Code of your last permanent address?	
---	--

ANSWER THESE QUESTIONS For Head Of Household And Other Adults

Enrollment CoC – In which CoC is the Head of Household staying at the time of project entry?			
<input type="checkbox"/> NC 502-Durham City & County	<input type="checkbox"/> NC 503-NC Balance of State	<input type="checkbox"/> NC 513-Chapel Hill/Orange County	<input type="checkbox"/> Other:

Homeless History – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections

Section 1: Type of Prior Living Situation- Where did you live immediately prior to this project entry?
--

Homeless	Institutional	Temporary Housing
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="checkbox"/> Hospital or other residential non- psychiatric medical facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Don't know	<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Host Home (non-crisis)
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
	<input type="checkbox"/> Don't know	Permanent Housing
	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Rental by client, with another ongoing housing subsidy (Please specify)
		<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Housing Choice Voucher (HCV) <input type="checkbox"/> Permanent Supportive Housing (PSH) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Rental by client, with other ongoing housing subsidy
		<input type="checkbox"/> Owned by client, no ongoing housing subsidy
		<input type="checkbox"/> Owned by client, with ongoing housing subsidy
		<input type="checkbox"/> Don't know
		<input type="checkbox"/> Prefer not to answer
		<input type="checkbox"/> Data not collected

Section 2: Length of Stay in Prior Living Situation- How long did you stay in that place?

If any responses in the shaded boxes below are checked, you must go to Section 3, all others should go to Income and Sources		
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 night or less

<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 2 to 6 nights
<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 week or more, but less than 1 month
<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 month or more, but less than 90 days
<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> 90 days or more, but less than 1 year
<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected

Section 3: Break in Homelessness – On the night before entering the living situation, did the client stay on the streets, or in emergency shelter?

If any responses in the shaded boxes below are checked, you must go to SECTION 4, all others should go to Income and Sources

Go to Section 4	<input type="checkbox"/> Yes [Go to Section 4]	<input type="checkbox"/> Yes [Go to Section 4]
	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Prefer not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected

Section 4- Answer the three questions below to complete this section

Approximate Date This Episode of Homelessness Started?

		/			/				
Month			Day			Year			

Regardless of where you stayed last night, How Many Times have you been homeless on the streets, or in an emergency shelter in the past 3 years including today?

<input type="checkbox"/> One time (Select this if this is the 1 st time you have experienced homelessness in the past 3 years)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Three times	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Four or more times	

How Many Months, in total, have you experienced homelessness on the street, or in an emergency shelter in the past 3 years?

<input type="checkbox"/> 1 month or less (Select this if this is the 1 st time you have experienced homelessness in the past 3 years)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Between 2 and 12 Months → Enter the total number of months:	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Data not collected

Income and Sources - Do you currently have any income from any source?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
------------------------------	-----------------------------	-------------------------------------	---	---

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 earned 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 section 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	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Social Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$

VA Service-Connected Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
VA Non-Service-Connected Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$
Private disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	\$
General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Retirement Income from Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$
Pension or retirement income from a former job	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Alimony or other spousal support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other source:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Total monthly income from all sources			\$

Non-Cash Benefits - Do you have any non-cash benefits from any source?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
 Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
 Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.
 For Office HMIS Users Only: If the client identifies Yes for any non-cash benefit, the benefit's Start Date will be the Project Start Date.

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	\$
TANF Child Care services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	\$
TANF transportation services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other TANF-Funded Services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other source:	<input type="checkbox"/>	<input type="checkbox"/>	\$

Domestic Violence - Are you a survivor of domestic violence?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

↓

If Yes, when did the experience occur?	
<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Don't know
<input type="checkbox"/> Three to six months ago (excluding six months exactly)	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Six months to one year ago (excluding one year exactly)	<input type="checkbox"/> Data not collected
<input type="checkbox"/> One year ago or more	

↓

If Yes, are you currently fleeing?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Last Grade Completed	
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Grade 12 / High School Diploma	<input type="checkbox"/> Don't know
<input type="checkbox"/> School Program does not have grade levels	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> GED	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Some College	

Employment Status– Is the client currently employed?	
<input type="checkbox"/> Yes	If Yes, what type of employment? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Sporadic (including day labor) <input type="checkbox"/> Data not collected
<input type="checkbox"/> No	
<input type="checkbox"/> Don't know	
<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Data not collected	
If No, why not employed? <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work <input type="checkbox"/> Data not collected	

General Health Status							
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

NC Natural Disaster/Storm– Are you experiencing homelessness due to a recent natural disaster/storm?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

↓

If Yes: There are resources and partners available during natural disasters/storms that can help you. Do we have your permission to use this information to coordinate with them to help get you resources and assistance?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

↓

If Yes: What natural disaster/storm caused you to evacuate and seek other shelter?			
<input type="checkbox"/> Hurricane Florence	<input type="checkbox"/> Hurricane Matthew	<input type="checkbox"/> Hurricane Dorian	<input type="checkbox"/> Other:

What NC County were you living in immediately prior to the natural disaster/storm?	
--	--

Type Of Prior Living Situation - Where were you living immediately prior to the Natural Disaster/Storm?	
Homeless	<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or Host Home shelter
Institutional	<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
Temporary	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
	<input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher
	<input type="checkbox"/> Host Home (non-crisis)
	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
Permanent	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
	<input type="checkbox"/> Rental by client, with ongoing housing subsidy (Please Specify)
	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> Housing Stability Voucher

	<input type="checkbox"/> VASH housing subsidy	<input type="checkbox"/> Family Unification Program Voucher (FUP)
	<input type="checkbox"/> RRH or equivalent subsidy	<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)
	<input type="checkbox"/> Housing Choice Voucher (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)
	<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons
	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
	<input type="checkbox"/> Owned by client, no ongoing housing subsidy	
	<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
Other	<input type="checkbox"/> Other (specify):	
	<input type="checkbox"/> Don't know	
	<input type="checkbox"/> Prefer not to answer	
	<input type="checkbox"/> Data not collected	

Length of Stay – Before the natural disaster/storm, how long did you live in the prior living situation?	
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> Don't know
<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> Data not collected
<input type="checkbox"/> 90 days or more, but less than 1 year	

Approximate Date of Evacuation – On what date did you leave your prior living situation?									
		/			/				
Month			Day		Year				

Do you know if the place you were living was destroyed by the natural disaster/storm, seriously damaged but not destroyed, or not seriously damaged?	
<input type="checkbox"/> Destroyed	<input type="checkbox"/> Don't know
<input type="checkbox"/> Seriously damaged	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Not seriously damaged	<input type="checkbox"/> Data not collected

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?	
<input type="checkbox"/> I have insurance to cover most of my losses	<input type="checkbox"/> Don't know
<input type="checkbox"/> I have insurance to cover some of my losses	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> I have no insurance	<input type="checkbox"/> Data not collected

Have you registered with FEMA for assistance?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?	
<input type="checkbox"/> I have insurance to cover most of my losses	<input type="checkbox"/> Don't know
<input type="checkbox"/> I have insurance to cover some of my losses	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> I have no insurance	<input type="checkbox"/> Data not collected

Only Answer These Questions For Veterans

Veteran Information – If the client is a veteran, please provide details of service below

Year entered military service								
		/			/			
Month		Day			Year			

Year separated military service								
		/			/			
Month		Day			Year			

Answer 'Yes' or 'No' for each Military Operation (in white).					
Military Operation	Served in?				
World War II	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Korean War	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Vietnam War	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Persian Gulf War	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Afghanistan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Iraq Freedom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Iraq Dawn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected
Other Peace-Keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

Branch Of Military	
<input type="checkbox"/> Army	<input type="checkbox"/> Space Force
<input type="checkbox"/> Air Force	<input type="checkbox"/> Don't know
<input type="checkbox"/> Navy	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Marines	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Coast Guard	

Discharge Status	
<input type="checkbox"/> Honorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Don't know
<input type="checkbox"/> Under other than honorable conditions	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Not Applicable

VAMC Station Number
Three-digit code and location for VA Medical Center

Answer These Questions For Head Of Households Only

Translation Assistance Needed - Do you need any language translation assistance?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Data not collected

↓

If Yes: Preferred Language(s)					
<input type="checkbox"/> Arabic	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Chinese (Mandarin or Cantonese)	<input type="checkbox"/> French or Haitian or Cajun	<input type="checkbox"/> German	<input type="checkbox"/> Hindi
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog or Filipino	<input type="checkbox"/> Telugu	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Different Preferred Language (Specify)			<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefers not to answer	<input type="checkbox"/> Data not collected

Coordinated Entry Assessment - For Office HMIS Users Only

Date Of Assessment												/			/				
Assessment Location																			
Orange CoC	<input type="checkbox"/> CEF																		
	<input type="checkbox"/> Housing Helpline																		
	<input type="checkbox"/> HomeLink																		
	<input type="checkbox"/> IFC Commons																		
	<input type="checkbox"/> Jail																		
	<input type="checkbox"/> Medical Provider																		
	<input type="checkbox"/> Outreach																		
	<input type="checkbox"/> Shelter																		
BoS CoC	<input type="checkbox"/> Region 1									<input type="checkbox"/> Region 8									
	<input type="checkbox"/> Region 2									<input type="checkbox"/> Region 9									
	<input type="checkbox"/> Region 3									<input type="checkbox"/> Region 10									
	<input type="checkbox"/> Region 4									<input type="checkbox"/> Region 11									
	<input type="checkbox"/> Region 5									<input type="checkbox"/> Region 12									
	<input type="checkbox"/> Region 6									<input type="checkbox"/> Region 13									
	<input type="checkbox"/> Region 7																		
Durham	<input type="checkbox"/>																		
Assessment Type												<input type="checkbox"/> Phone							
												<input type="checkbox"/> In Person							
												<input type="checkbox"/> Virtual							
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 – For Office HMIS Users Only																			
Start Date / Date Of Event												/			/				
Event																			
Access Events	<input type="checkbox"/> Referral to Prevention Assistance project																		
	<input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service												→ Go to A						
	<input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment																		
	<input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment												→ Go to B						
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 Non-continuum services: No availability in continuum services																		
	<input type="checkbox"/> Referral to Emergency Shelter bed opening												→ Go to C						
	<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 a Housing Stability Voucher								
If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:									
A. 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 B:									
B. 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 C-E:									
C. Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)									
D. Referral Result (if known)	<input type="checkbox"/> Client accepted		<input type="checkbox"/> Client rejected		<input type="checkbox"/> Provider rejected				
E. Date of Result (if known)			/			/			