Project Start Assessment – PATH SOThis form should be used by Street Outreach Projects with PATH funding for every client. (children pages 1-2; all adults pages 1-8; heads of household pages 1-10)

Answer For All Household Members

Date Of Project Start												НМ	/IIS Clier	nt ID	- For	HMIS U	sers (only		
	/			/																
Month	<i> </i>	Dov		/	Voo															
Month	11	Day			Yea	ı														
Name	- (First	, Midd	le, La	st, Suf	fix)								Name Da	ata Q	ualit	ty				
First N	-													name i		•				
FIISUN	iaiiie												□ Partia	al, stre	eet na	ame or o	code	name		
Middle	e Name												□ Don't know							
wiidaio	71401110												□ Prefe	er not t	to an	swer				
Last N	lame												□ Data	Not C	ollec	ted (DN	IC)			
Suffix (Jr, Sr,																				
Socia	ıl Secur	ımbe	r				Dat	a Qua	litv	Status										
OOOIG	ooou.	ity ito				Full] Ap	prox.				t know		Pre	fer not		Data n	ot	
						Reporte				eported	_					nswer		collecte		
	an Stat	us									I			1_						
□ Ye	es					No						Don'	t know		Pre not ans			Data n collect		
										_			_							
Date C	Of Birth	(e.g. 10)/23/1	978)									Status	1_						
						Full Reporte	d \Box		prox. Irtial R	or eported)on'	know			fer not nswer		Data n collecte	-	
Gend	er - Sele	ect one	or mo	ore gen	der ide	ntities														
□ V	Voman (Girl, if	child)							Questio										
_ N	∕lan (Boy	, if chil	d)							Different										
	Culturally	Specif	fic Ido	ntity (o	a Two	Spirit)				(Please Don't kn		<u>y)</u>								
	Fransgen		ic ide	nuty (e	.g. Two	-Spirit)			\dashv	Refused										
	Non-Bina									Data no		ted								
									l .											
Race	and Et	hnicity	y - Se	lect on	e or mo	re race a	nd eth	nnic ca	ategor	ies										
ПА	American	Indian	, Alas	ka Nat	ive, or I	ndigenou	S			White										
	Asian or A				<u> </u>					Don't kn	ow									
□ В	Black, Af	rican A	merica	an, or A	African					Refused	l									
	Hispanic									Data no	t collec	ted								
☐ Middle Eastern or North African									ditional R											
□ Native Hawaiian or Pacific Islander								and	d Ethnicity	/ Detail	:									
Relationship to Head of Household								Hood of	house	ادامط	'a athau :-	alati a :-	. ma = :-	abar						
□ Self (head of household) □ Head of household's child								\neg				's other re			noer					
					On 15 2 11.				☐ (other relation to head of household) ☐ Other: non-relation member											
										Other: n	on-rela	ition	member							

Disability Status - Do you ha	ave a disabling condition?				
☐ Yes ☐] No	☐ Don't know	☐ Prefer not to answer	□ Data not o	collected
Answer 'Yes' or 'No' for each Only select YES if the disability is substantially impairs your ability For Office HMIS Users Only: If t Indefinite Duration questions as	type is expected to be long-cont to live independently. The client identifies Yes for any c	lisability type, mark <i>Disabi</i> l		d Long-Continu	ued or
Disability Type				Yes	No
Physical					
Chronic Health Condition					
HIV/AIDS					
Developmental					
Alcohol Use Disorder					
Substance Use Disorder					
Mental Health Disorder					
Health Insurance – Are you	currently covered by health in	surance?			
☐ Yes ☐	No	☐ Don't know	☐ Prefer not to answer	□ Data not c	ollected
Answer 'Yes' or 'No' for each Answer 'Yes' for any source that Answer 'No' for sources that hav For Office HMIS Users Only: If the Project Start Date.	t is currently received. /e been terminated, even if they			t Date will be th	ne
Health Insurance Type				Yes	No
Medicaid					
Medicare					
State Children's Health Insurance	e Program (or North Carolina H	ealth Choice)			
Veteran's Health Administration	(VHA)				
Employer-Provided Health Insur	ance				
Health insurance obtained throu	gh COBRA				
Private Pay Health Insurance					
State Health Insurance for Adult	S				
Indian Health Services Program					
Other If Yes, specify source:					
NC County Of Service In which NC county are you re	eceiving this project's services	s?			
What is the Zip Code of you	ur last permanent address?	,			

Only Answer These Questions For Head Of Household And Other Adults

Enrollment □ NC 502-Du					d of Ho B-NC Ba						project entry? apel Hill/Orange County │ □ Other			
			<u> </u>								1 - 1 - 1 - 1			
Homeless H	listory													
Type Of Prior	-	ituation - V	Vhere v	were v	ou livir	na imr	nediat	elv pri	or to th	nis pro	piect entry?			
71.										<u> </u>	s station/airport or anywhere outsic	10)		
Homeless											shelter voucher, or Host Home she			
		ter care ho								<u> </u>	,			
	☐ Hos	pital or oth	er resid	dential ı	non-psy	/chiatr	ic med	lical fa	cility					
Institutional	☐ Jail,	, prison, or	juvenile	e deten	tion fac	ility								
	☐ Lon	g-term car	e facility	y or nur	rsing ho	me								
		chiatric hos												
		stance abu												
		nsitional ho									h)			
		sidential pro	•		•									
Temporary		el or motel			ut emer	gency	shelte	er vouc	her					
		t Home (no												
		ying or livin								100				
		ying or livin ntal by clier						runeni	, or not	156				
		ntal by clier						sidy (F	lease S	Specify	·)			
		GPD TIF				nouon	ig oub	oldy (I			sing Stability Voucher			
		VASH h								Fami	ly Unification Program Voucher (Fl	JP)		
		RRH or	equival	ent sub	osidy					Foste	er Youth to Independence Initiative			
Permanent		Housing	Choice	e Vouch	her (HC	V)				Perm	nanent Supportive Housing (PSH)			
		Public h	ousing	unit							r permanent housing dedicated for	formerly		
		Rental b	y client	t, with c	other or	ngoing				ПОПТЕ	eless persons			
		housing	subsid	у										
	□ Owi	ned by clie	nt, no o	ngoing	housin	g sub	sidy							
	□ Ow	ned by clie	nt, with	ongoin	ng hous	ing su	bsidy							
	□ Dor	i't know												
Other	□ Pre	fer not to a	nswer											
	□ Dat	a not collec	ted											
Length Of Sta	av In Prio	r I iving Si	tuation	- How	long v	vere v	ou sta	vina i	n that i	nlace?				
☐ 1 night o		. <u>g </u>	<u>tuutioi</u>		iong i	<u>,</u>			r or lon					
☐ 2 to 6 nig								Don't						
		ut less than							r not to		er			
		out less that out less that		•				Data	not coll	ected				
_ Jo days	or more, c	ot 1035 tria	ii i yca											
Approximate this time?	e Date Ti	his Episo	de of I	Home	lessne	ess St	tarted	– Wh	en dic	l you :	start staying on the street, or	in ES		
						,]			
		Month			Day			Y	ear					

Regardless of where you in an emergency shelter			you be	en ho	meless on th	ne streets, or			
☐ One time (Select this if the	nis is the 1 st time you have	experienced homelessr	ness in	the pas	t 3 years)	☐ Don't know			
☐ Two times						☐ Prefer not to answer			
☐ Three times						☐ Data not collected			
☐ Four or more times									
How Many Months, in tot past 3 years?	al, has the client been	homeless on the str	reet, o	r in an	emergency	shelter in the			
1 month or less (Select this if t	his is the 1 st time you have	experienced homeless	ness in	the pas	st 3 years)	☐ Don't know			
Between 2 and 12 Months	Enter the	total number of month	hs:			☐ Prefer not to answer			
More than 12 months						☐ Data not collected			
Income and Sources - Do	you currently have any i	ncome from any sour	ce?						
□ Yes	□ No	☐ Don't know		□ Pr	efer not to	☐ Data not collected			
. 55					swer	24.4			
To complete the table below Answer 'Yes' only if the incomincome) can be included under Answer 'No' for sources that he if the response for any sour For Office HMIS Users Only: I	the source is recurrent and rear the Head of Household's nave been terminated, ever the is 'Yes', complete the	received as of today (i.e s information. n if they were received i amount in the shaded	not tent the partic	rminate ast. ons belo	d). Children's i	` .			
					If yes, m	nonthly amount from			
Source of Income			Yes	No		round to nearest dollar)			
Earned income (i.e., employm	ent income)				\$				
Unemployment Insurance	(00)				\$				
Supplemental Security Income					\$				
Social Security Disability Inco					\$				
VA Non Service Connected Disabi	<u>'</u>				\$				
VA Non-Service-Connected D Private disability insurance	isability Pension				\$				
Worker's Compensation					\$				
Temporary Assistance for Ne					\$				
General Assistance (GA)	say r arrilles (TAN)				\$				
Retirement Income from Social	 al Security				\$				
Pension or retirement income	•				\$				
Child support					\$				
Alimony or other spousal supp	oort				\$				
Other source:	-				\$				
Tota	I monthly income from al	I sources	I	ı	\$				
	-								
Non-Cash Benefits - Do y	ou have any non-cash be	enefits from any sourc	e?						
☐ Yes	□ No	□ Don't know			Prefer not to answer	□ 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.									

Source of N	Ion-Cas	sh Benefi	it		Yes	No	,	If yes			amou			urce
Supplementa	al Nutri	tion Assis	tance Program (SNAP)					\$						
Special Supp Children (WI		tal Nutritio	on Program for Women, Infants, and	d				\$						
		ervices (o	r use local name)				(\$						
TANF transp	ortation	n services	s (or use local name)				,	\$						
Other TANF	-Funde	d Services	s (or use local name)					\$						
Other source	ce:							\$						
							•							
Domestic \	Violen	ce - Are	you a survivor of domestic violer	nce?										
□ Yes			□ No	□ Don't kn	ow			Prefe	r not to		□ Da	ta not	colle	cted
Ψ							ı							
			ience occur?											
		st three me		□ Don't kn										
			o (excluding six months exactly) ago (excluding one year exactly)	☐ Prefer no										
		or more	ago (oxeraamig one year exactly)	Bata not	001100	.tou								
V		4		-										
If YES, Are	you cu	rrently fle	eeing?	☐ Don't kn	214/			Drofo	r not to		□ Da	ta not	t colle	otod
⊔ Yes			□ NO	□ Don t kn	ow			answe		י ן	⊐ Da	ta not	. cone	ctea
Current Liv	vina S	ituation								,				$\overline{1}$
When was t			ı you?							/				
			Situation - Where were you living Itional, Temporary, or Permanent				stior	ns are	listed	d belo	w.			
	П	Place not	meant for habitation (e.g., a vehicle									ort or	anyv	vhere
Homeless		outside) Emergenc shelter	cy shelter, including hotel or motel p	aid for <i>with</i> er	nergei	ncy sh	elter	vouch	er, or	RHY-	funde	d Hos	t Hor	ne
			re home or foster care group home											
			r other residential non-psychiatric n	nedical facility										
la atituti a a al				ledical facility										-
Institutional			n, or juvenile detention facility											
			care facility or nursing home											
			c hospital or other psychiatric facility											
			e abuse treatment facility or detox of											
			al project or halfway house with no l		eria									
			notel paid for without emergency sh											
Temporary			al housing for homeless persons (in	ncluding home	less y	outh)								
			e (non-crisis)											
		Staying or	living in a friend's room, apartment	t, or house										
		Staying or	living in a family member's room, a	apartment or h	ouse									
		Rental by	client, no ongoing housing subsidy											
	□ F	Rental by	client, with other ongoing housing s	subsidy (Pleas	se Spe	cify)								
	□ GPD TIP housing subsidy □ Housing Stability Voucher													
Permanent	manent UNASH housing subsidy Eamily Unification Program Voucher (FUP)													
		□ RRH	H or equivalent subsidy		l F	Foster Youth to Independence Initiative (FYI)								
		□ Hou	using Choice Voucher (HCV)		l P	erman	anent Supportive Housing (PSH)							
		□ Pub	olic housing unit					rmanent housing dedicated for formerly spersons						

			ital by client, with sing subsidy	n other ongo	ing									
			client, no ongoi	ng housing s	ubsidy	/								
			client, with ongo											
		Other (spe				,								
		Don't knov												
Other		Prefer not												
		Data not c	ollected											
Living Sit														
Name the ve	erifying a	igency and p	project											
If Instituti	ional,	Temporar	y, Or Perman	ent Curren	t Livi	ng Situatio	n							
	oing to	have to le	ave your curre	nt living situ	ation						1			
□ Yes			□ No			□ Don't k	now		☐ Prefe answ	er not t	:0	□ Data	a not colle	ected
Ψ									answ	701				
If Yes to, "	you ar	e going to	have to leave t	heir current	living	situation w	/ithir	า 14 days	?"					
	Has a	subseque	ent residence b	een identifie	ed?									
		es	□ No	□ Don't				Prefer no	ot to answ	er er		Data no	t collecte	d
			family have res			t networks	to ol				ousi			
Answer	□ Y	es	□ No	☐ Don't	know			Prefer no	ot to answ	er er		Data no	t collecte	d
all			lease or owner			permanent					_			
		es	□ No	☐ Don't				Prefer no	ot to answ	er		Data no	t collecte	d
			d 2 or more tim			lays?		D	-1.1-			D-1		_1
	□ Y	es	□ No	☐ Don't	Know		Ш	Prefer no	ot to answ	er	Ш	Data no	t collecte	<u>a</u>
CURRENT	LIVINO	SITUATIO	ON - Location o	letails										
OOKKENT	LIVIIV	JOHOAII	DIV LOCATION C	ictaris										
Date Of E									1		1			
Did the cli	ent agr	ee to a cas	se plan on this	contact? If	so, lis	t the date?		Monti	/	Day			Year	
								MONI	[1	Day			rear	
Date Of S									,		,			
			ned eligible and ot enrolled in P			e and client			/		/			
reruseu, o	i illelig	ible allu lic	ot emoned in F	ATH Flogia	111.			Montl	<u> </u>	Day	1		Year	
-						7								
	came I	Enrolled I	n PATH Prog	ram		-								1
□ Yes			□ No											
			IF NO, reason	not enrolle	d									
			-	found ineligit		☐ Client v	vas r	not enrolle	ed for othe	er reas	ons	□ Una	able to loc	ate
			PATH									clie		
Connection	on Wit	h SOAR (PATH only) –	Has the clie	ant ha	on referred	to a	SOAP ca	se mana	nor?				
□ Yes	OII VVII	II JOAN (rias trie cire	THE DE	1		n't know		nt refus	he:	□ Dat	a not colle	acted
100			- 110			_ Onone	.0001		_ 01161	10100	,5u	_ Dat	4 1101 00III	Jolou
NC Natur	al Disa	aster/Stor	m– Are you ex	periencing l	homel	essness du	e to	a recent	natural di	isaste	r/sto	rm?		
□ Voc			□ No			□ Don't k			□ Profe		1		a not colle	octod

			- T					1
.1.							answer	
Y								
		s and partners available on sinformation to coordination						
☐ Yes		□ No		□ Don't k			☐ Prefer not to	☐ Data not collected
T							answer	
If Voc. What	notural disact	er/storm caused you to e	vacuata	and saak	othor	chaltar')	
		☐ Hurricane Matthew		Hurrican			Other:	
What NC Cou	unty were you	living in immediately price	or to the	natural				
disaster/stor	m?							
Тур	e Of Prior Li	ving Situation - Where	were you	ı living imı	nedia	tely pric	or to the Natural Di	saster/Storm?
		ot meant for habitation (e.g	., a vehicl	le, an aban	done	d building	g, bus/train/subway	station/airport or
Homeless	_	re outside)						
		ncy shelter, including hotel			th em	ergency	shelter voucher, or	Host Home shelter
		are home or foster care gro						
		or other residential non-ps		medical fa	cility			
Institutional		on, or juvenile detention fa						
		rm care facility or nursing h						
	☐ Psychiat	tric hospital or other psychi	atric facil	ity				
		ce abuse treatment facility						
		onal housing for homeless	•				1)	
		tial project or halfway hous				ia		
Temporary		motel paid for without eme	ergency sl	helter vouc	her			
		me (non-crisis)						
		or living in a friend's room,						
	, ,	or living in a family membe			or ho	use		
		y client, no ongoing housir	-	-				
		y client, with ongoing hous	ing subsi	idy (Please	Spec	• ,		
		PD TIP housing subsidy					g Stability Voucher	\/
		ASH housing subsidy RH or equivalent subsidy				-	Unification Program Youth to Independe	` ,
		ousing Choice Voucher (H	CV)				nent Supportive Hou	
Permanent	□ PI	ublic housing unit						dedicated for formerly
		ental by client, with other o	naoina			homele	ess persons	
		ousing subsidy	rigoriig					
	□ Owned I	by client, no ongoing housi	ng subsid	dy				
	□ Owned I	by client, with ongoing hou	sing subs	sidy				
	☐ Other (s	pecify):						
Other	□ Don't kn	OW						
Other	☐ Prefer n	ot to answer						
	☐ Data no	t collected						
		natural disaster/storm, l	now long	did you li	ve in	the prio	r living situation?	
☐ 1 night o				☐ 1 yea				
□ 2 to 6 ni		d 4 2		☐ Don't				
		ss than 1 month ess than 90 days				to answe ollected	r	
		ess than 1 year			HOL C	JIIECIEU		
_ 00 0000				j				

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

			/			1													
		Month			101/			<u> </u>	Vaar										
		Month		D	ay				Year										
Do you knoor not seri				re livin	g was	destr	oyed l	by the	natura	l disas	ter/sto	rm, s	eriou	sly da	mag	ed bu	ut not	destro	yed,
□ Destroy	ed														Do	on't k	now		
☐ Serious	ly damag	jed													Pr	efer ı	not to	answer	
☐ Not seri	ously dar	maged													Da	ata no	ot colle	ected	
If the place	e you we	re living	was d	lestroy	ed or	dama	ged in	any v	way, do	you h	ave ins	uran	ce to	cover	loss	es?			
☐ I have in	nsurance	to cover	most o	of my lo	osses										Do	on't k	now		
☐ I have in	nsurance	to cover	some	of my I	osses										Pr	efer ı	not to	answer	
☐ I have n	no insurar	nce													Da	ata no	ot colle	ected	
Have you i	registere	d with F	EMA f	or ass	istanc	e?													
□ Yes				lo					□ Don't	know			Prefe ansv	er not t ver	to		Data n	ot colle	cted
If the place	e you we	re living	was d	lestroy	ed or	dama	ged in	any v	way, do	you h	ave ins	urand	ce to	cover	loss	es?			
☐ I have in	nsurance	to cover	most o	of my lo	osses										Do	on't k	now		
☐ I have in	nsurance	to cover	some	of my I	osses										Pr	efer ı	not to	answer	
☐ I have n	no insurar	nce													Da	ata no	ot colle	ected	
					ouu (JI 11	ouse	HOIC	is Onl	у									
Translation	n Assist	ance Ne	eeded	l - Do y				juage	translat	tion as	1		ofor	not to	Tr		ata no	t colloct	504
□ Yes	n Assist	ance Ne		l - Do y				juage		tion as	1	□ Pr	refer i	not to		□ Da	ata no	t collect	ted
	n Assist	ance Ne	eeded	l - Do y				juage	translat	tion as	1	□ Pr				□ Da	ata no	t collect	ted
□ Yes		ance Ne	eeded	l - Do y				juage	translat	tion as	1	□ Pr				□ Da	ata no	t collect	ted
□ Yes ↓		Langua	eeded	l - Do y	you ne	ed an	y lang	juage □ D	translat	tion as	1	□ Pr ar					ata no		ted
□ Yes ✓ If Yes: Pro	eferred	Langua	eeded No ge(s)	l - Do y	you ne	ed an	se larin or	juage □ D	on't kno	w wench or Cajun		Pr ar	nswer	rman			☐ Hind		
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different	eferred se	Langua Che	eeded No ge(s)	l - Do y	you ne	Chines	se larin or	juage □ D	translat	w wench or Cajun	· Haitian	Pr ar	Gei Teli	rman			☐ Hind ☐ Viet ☐ Data	di tnamese	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different	eferred se	Langua Che	eeded No ge(s)	l - Do y	you ne	Chines	se larin or	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different	eferred se : Preferre ge (Speci	Langua Che	ge(s) erokee	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different Language	eferred se Preferre ge (Specif	Langua Che Kor d fy)	ge(s) erokee	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different ☐ Language Coordinate	eferred se Preferre ge (Special	Langua Che Kor d fy)	ge(s) erokee	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different Language Coordinat Date Of As	eferred se Preferre ge (Special seed Entr	Langua Che Kor d fy)	ge(s) erokee	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different Language Coordinat Date Of As	eferred se Preferre ge (Specif	Langua Che Kor d fy)	ge(s) erokee	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different Language Coordinat Date Of As	eferred Se Preferre ge (Special Seed Entr Seed Entr Seed Entr Hotel	Langua Che Kor d fy)	ge(s) erokee	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	
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☐ Yes If Yes: Pro ☐ Arabic ☐ Japanes ☐ Different Language Coordinat Date Of As Assessme	eferred Se Preferre ge (Specif Seed Entr Seent Loca Ho	Langua Che Kor d fy) y Asses ent ation F busing He bmeLink C Comme	ge(s) erokee ean elpline	I - Do y	you ne	Chines (Mand Cantor	se larin ornese)	juage □ D	translat	w ench or Cajun galog c	· Haitian	Pr ar	Gei Teli	rman ugu fers			☐ Hind ☐ Viet ☐ Data	di tnamese a not	

	☐ Medical Provider				
	□ Outreach				
	□ Shelter				
	☐ Region 1		Region 8		
	☐ Region 2		Region 9		
	☐ Region 3		Region 1	0	
BoS CoC	☐ Region 4		Region 1	1	
	☐ Region 5		Region 1	2	
	☐ Region 6		Region 1	3	
	□ Region 7				
Durham	□ Durham CoC				
			□ Pho	ne	
Assessme	ent Type		□ In P	erson	
			□ Virtu	ıal	
			□ Cris	is Needs Assess	sment
Assessm	ent Level			sing Needs Asse	
Prioritizat	ion Status			ed on Prioritizati	
				Flaced on Flioni	IZATION LIST
Coordinat	ted Entry Event – For Staff Only				
Start Date	e / Date Of Event		/		
Event					
	☐ Referral to Prevention Assistance project				
Access	□ Problem Solving/Diversion/Rapid Resolution intervention	or serv	rice		Go to A
Events	☐ Referral to scheduled Coordinated Entry Crisis Needs As	sessm	ent		
	☐ Referral to scheduled Coordinated Entry Housing Needs	Assess	ment	\longrightarrow	Go to B
	☐ Referral to post-placement/follow-up case management				
	☐ Referral to Street Outreach project or services				
	☐ Referral to Housing Navigation project or services				
	Referral to Non-continuum services: Ineligible for continu				
	Referral to Non-continuum services: No availability in cor	itinuum	services		
Referral	Referral to Emergency Shelter bed opening				
Events	Referral to Transitional Housing bed/unit opening				
	□ Referral to Joint TH-RRH project/unit/resource opening □ Referral to RRH project resource opening				
	□ Referral to PSH project resource opening			$\overline{}$	Go to C
	□ Referral to Other PH project/unit/resource opening				
	□ Referral to emergency assistance/flex fund/furniture assis	stance			
	□ Referral to a Housing Stability Voucher				
If 'Event' a	nswer was 'Problem Solving/Diversion/Rapid Re-Housing i	nterve	ntion or se	rvice result', ple	ease answer A:
A. Pr	oblem Solving/Diversion/Rapid Resolution tervention or service result – Client housed/re-			□ No	
	pused in a safe alternative?	ageme	nt recult	loseo enewer 5	
ii ⊏vent a	nswer was 'Referral to post-placement/follow-up case mana	ayeme	ni result', þ	nease answer E).

В.	Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	□ Ye	es				□ No						
If 'Even	nt' answer was Referral to an ES, TH, Joint TH-RRH, F	RRH, PS	H, or O	ther Ph	ł openi	ng, ple	ase ar	swer	C-E:				
C.	Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)												
D.	Referral Result (if known)		Client ccepted	d	1 1 1 -	lient ejected			Providerejecte				
E.	Date of Result (if known)			/			/						