Project Start Assessment - PATH SSO

This form should be used by Supportive Services Only 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

Da	Date Of Project Start														НМ	IS CI	ient	ID - F	or HM	IS Us	ers only	
		/			/																	
Мо	onth		Day	I		Υe	ear	<u> </u>									1					
Na	me - (First,	Midd	le, La	st, Su	ffix)									Nan	ne Da	ta Q	uality				
																		repor	ted			
Fir	st Nam	е														Partia	al, stı	reet na	ame o	r cod	e name	
																Clien	t doe	sn't k	now (0	CDK)		
Mic	ddle Na	ame														Clien	t refu	ısed (CR)			
Las	st Nam	е														Data	Not	Collec	ted (D	NC)		
Cur	ffix (a.e																					
	ffix (e.g Sr, III)] .,																				
Soc	Social Security Number											Data Quality Status										
	□ Full □									Appr				Don'	t knov	V		Prefe	r not		Data n	ot
							Rep	orted		Parti	al Re	eported						to an	swer		collecte	ed
Vata		4-4																				
	eran S	tatus																- ·				
`	Yes						No							Don'	t knov	W		Prefe not to answ)		Data n collect	
Date	Of B	irth (e.g. 10)/23/1	978)				T			Dat	a Q	uality	Stat	us				1		
							Full Rep	orted		Appr Parti		or eported		Don'	t knov	N		Prefe to an			Data no	
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	der - S				e geno	der ide	ntities	3														
	Woma	•										Question	_									
	Man (Boy, if	child)									Different (Please										
	Cultur	ally S	pecific	Ident	ity (e.	g. Two	-Spiri	t)				Don't kn										
	Trans	gende	r		<u> </u>		•	·				Refused										
	Non-E	Binary										Data not	t coll	ected								
D		E 4l	! = !4	0.1																		
								ce and	etnni	ic cate												
						ve, or I	ndige	nous				White										
	Asian											Don't kn										
	Black, African American, or African									Refused		4										
Hispanic / Latina/e/o									Data not		ectea											
Middle Eastern or North African									litional Ra Ethnicity		tail·											
Native Hawaiian or Pacific Islander								anu	Lumicity	י טפו	iaii.											
Rela	Relationship to Head of Household																					
☐ Self (head of household)									Head of							per						
								(other relation to head of household)														
	Head of household's spouse or partner									☐ Other: non-relation member												

Disability Status - Do you	ı have a disabling condition?				
□ Yes	□ No	☐ Don't know	☐ Prefer not to answer	□ Data not o	collected
Only select YES if the disabil substantially impairs your ab For Office HMIS Users Only:	ch disability type (in white). ity type is expected to be long-cor ility to live independently. If the client identifies Yes for any as Yes. The disability type's Star	disability type, mark <i>Disab</i>		d Long-Contin	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 yo	ou currently covered by health i	nsurance?			
☐ Yes	□ No	□ Don't know	☐ Prefer not to answer	□ Data not o	collected
Answer 'Yes' for any source t Answer 'No' for sources that	ch health insurance source. that is currently received. have been terminated, even if the If the client identifies Yes for any			t Date will be th	ne
Health Insurance Type				Yes	No
Medicaid					
Medicare					
State Children's Health Insur	ance Program (or North Carolina	Health Choice)			
Veteran's Health Administrati	ion (VHA)				
Employer-Provided Health In	surance				
Health insurance obtained the	rough COBRA				
Private Pay Health Insurance)				
State Health Insurance for Ad	dults				
Indian Health Services Progra	am				
Other If Yes, specify source:					
NC County Of Service In which NC county are you	u receiving this project's service	es?			
What is the Zin Code of	vour last normanent address	2			

Answer These Questions For Head Of Household And Other Adults

Enrollment CoC - In which Co	C is the Head of Household s	taying at the time of project entry?	
☐ NC 502-Durham City & County	☐ NC 503-NC Balance of State	☐ NC 513-Chapel Hill/Orange County ☐ Other:	

Н	meless History – Select 1 type of	living situation. Follow the arrows & re	d ins	structions to complete other sections					
	Section 1: Type of Prior L	iving Situation- Where did you live im	med	liately prior to this project entry?					
	Homeless	Institutional		Temporary Housing					
]	Place not meant for habitation (e.g., vehicle, abandoned	Foster care home or foster care group home		Transitional housing for homeless persons (including homeless youth)					
	building, bus station/airport or anywhere outside)	 Hospital or other residential non- psychiatric medical facility 		Residential project or halfway house with no homeless criteria					
]	Emergency shelter, including hotel or motel paid for with emergency	lacility		Hotel or motel paid for without emergency shelter voucher					
	shelter voucher, or Host Home shelter	Long-term care facility or ☐ nursing home		Host Home (non-crisis)					
	Don't know	 Psychiatric hospital or other psychiatric facility 		Staying or living in a friend's room, apartment, or house					
	Prefer not to answer	☐ Substance abuse treatment facility or detox center		Staying or living in a family member's room, apartment, or house					
	Data not collected	☐ Don't know		Permanent Housing					
		☐ Prefer not to answer		Rental by client, no ongoing housing subsidy					
		☐ Data not collected		Rental by client, with another ongoing housing subsidy (Please specify)					
				GPD TIP housing subsidy VASH housing subsidy RRH or equivalent subsidy Housing Choice Voucher (HCV) Permanent Supportive Housing (PSH) Public housing unit Rental by client, with other ongoing housing subsidy Housing Stability Voucher Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing (PSH) Other permanent housing dedicated for formerly homeless persons					
				Owned by client, no ongoing housing subsidy					
				Owned by client, with ongoing housing subsidy Don't know					
			☐ Prefer not to answer						
			□ Data not collected						
	†	↓	↓						
		Stay in Prior Living Situation- How							
			ction 3, all others should go to Income and Sources						
	1 night or less 2 to 6 nights	☐ 1 night or less ☐ 2 to 6 nights	☐ 1 night or less ☐ 2 to 6 nights						
	2 to 0 mignto	- 2 to 0 mgms		L to 0 mgms					

□ 1 week or m	nore, but less t	than 1		week o onth	r more	e, but le	ss tha	n 1		1 week	or n	nore, but le	ss tha	an 1 month
1 month or	more, but less	than 90	□ 1:	month o	or mor	ess tha	an 90		1 month	n or	more, but le	ess th	nan 90 days	
00 days or	more, but less	than 1		ays) davs c	or mor	e, but le	ess tha	an 1						-
□ year			ye	ar								more, but le	ess tn	nan 1 year
☐ 1 year or lo	nger			year or on't kno		r				1 year o Don't kr		nger		
☐ Prefer not to	o answer			efer no		nswer						o answer		
☐ Data not co				ata not						Data no				
Continu	O. Dunale in	Hamala			On	the nic	ht hof	oro or	atorino	tha livi	ina 4	situation o	lid th	e client stay on
Section	3: Break in	nomeie	ssnes	s -						shelter		situation, c	iia tii	le chefit stay off
If any response	es in the shade	ed boxes b			ked, y	ou mus	st go to		TION 4	l, all oth	ers s		Inco	ome and Sources
					to Se	ection 4]				Yes [0	Go to	Section 4]		
Go to	Section 4			on't kno)W					Don't kr	now			
				efer no		nswer						o answer		
				ata not	collec	ted				Data no	ot co	llected		
Continue 4. Amount the three avertions below to assumb to the													•	
Section 4- Answer the three questions below to complete this section														
Approximate Date This Episode of Homelessness Started?														
		_							1					
		/												
	Month	<u>- </u>	Day			Yea	ar		l					
Dewardless of		ataysad la		مال 4ماء	NA.	T:.	b		.a b.			4b	4-	vanta av
Regardless of in an emerger								iave y	ou be	en noi	mei	ess on th	e str	eets, or
☐ One time (S	Select this if th	is is the 1s	time y	ou hav	е ехре	erience	d hom	elessn	ess in	the past	3 y	ears)		Don't know
☐ Two times														Prefer not to answer
☐ Three times	3													Data not collected
☐ Four or mo	re times													
How Many Mo		al, have y	ou ex	perien	nced I	homel	essne	ess o	n the	street,	or i	n an eme	rgen	cy shelter
☐ 1 month or	less (Select th	is if this is	the 1st	time yo	ou hav	e expe	rience	d hom	elessn	ess in th	ne pa	ast 3 years)		Don't know
□ Between 2	and 12 Months	s 	► E	nter th	e tota	l numb	er of ı	month	is:		-			Prefer not to answer
☐ More than ?	12 months													Data not collected
														_
Income and S	auraga Da		41 1		. !				0					
Income and S	ources - Do	Ī	entiy na	ave any	/ Inco				ce r			1		.
□ Yes		□ No				□ Do	n't kno	OW		☐ Pre			ШΙ	Data not collected
Answer 'Yes' on income) can be a Answer 'No' for sift the response	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 Incor	Source of Income If yes, monthly amount from source (round to nearest dollar)													
Earned income (i.e., employment income)										1	\$, , , , , , , , , , , , , , , , , , , ,
Unemployment Insurance										\$				
Supplemental Se		(SSI)									\$			
Social Security Disability Income (SSDI)											\$			
VA Service-Con		, ,	nsation)							\$			
VA Non-Service											\$			

	oility insurance						\$	
Worker's Co	mpensation						\$	
Temporary A	Assistance for Ne	edy Families (TANF)					\$	
General Ass	istance (GA)						\$	
Retirement I	ncome from Soc	ial Security					\$	
Pension or re	etirement income	from a former job					\$	
Child suppor							\$	
	ther spousal sup	nort					\$	
Other source		Port					\$	
	Tota	al monthly income fro	m all source	.e			\$	
	1010	a monthly moonic no	in an source				Ψ	
Non-Cash	Benefits - Do y	ou have any non-cas	h benefits fr	om any soui	ce?			l
□ Yes		□ No		Don't know			Prefer not to answer	☐ Data not collected
Answer 'Yes Answer 'No'	only if the non- for non-cash ber nse for any non	w, you must answer '\ cash benefit is recurren nefit that have been terr -cash benefit is 'Yes', If the client identifies Y	ed as of today n if they were ne shaded se	(i.e. not receive ection.	t termina d in the	past.	the Project Start Date.	
Source of N	Ion-Cash Benefi	it			Yes	No		y amount from source to nearest dollar)
		tance Program (SNAP)				,	to ficultiat dollar)	
Special Supp Children (WI		on Program for Women	<u> </u>			\$		
		r use local name)					\$	
		(or use local name)					\$	
		s (or use local name)					\$	
Other source		(\$	
					l	L		
			acetic violen	ce?				
Domestic \	Violence - Are	you a survivor of dom						
□ Yes	Violence - Are	you a survivor of dom	lestic violen	□ Don't kno	DW .		Prefer not to answer	☐ Data not collected
□ Yes		□ No	lestic violen	□ Don't kno	DW .			☐ Data not collected
☐ Yes If Yes, who	en did the expe	□ No	lestic violeti					☐ Data not collected
☐ Yes If Yes, who	en did the expe	□ No rience occur? months		□ Don't k	now			☐ Data not collected
☐ Yes If Yes, whe ☐ Within ☐ Three	en did the expe n the past three i e to six months a	□ No	ns exactly)	☐ Don't k		nswer		☐ Data not collected
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m	en did the expe n the past three i e to six months a	ience occur? months go (excluding six month ar ago (excluding one y	ns exactly)	☐ Don't k	now not to ar	nswer		☐ Data not collected
☐ Yes If Yes, whe ☐ Within ☐ Three ☐ Six m ☐ One y	en did the exper n the past three re to six months a nonths to one year year ago or more	□ No rience occur? months go (excluding six month ar ago (excluding one y	ns exactly)	☐ Don't k	now not to ar	nswer		☐ Data not collected
☐ Yes If Yes, whe ☐ Within ☐ Three ☐ Six m ☐ One y	en did the expense the past three to six months anonths to one year	□ No rience occur? months go (excluding six month ar ago (excluding one y	ns exactly)	☐ Don't k	now not to ar	nswer		☐ Data not collected
☐ Yes If Yes, whe ☐ Within ☐ Three ☐ Six m ☐ One y	en did the exper n the past three re to six months a nonths to one year year ago or more	□ No rience occur? months go (excluding six month ar ago (excluding one y	ns exactly)	☐ Don't k	now not to ar	nswer		☐ Data not collected ☐ Data not collected
☐ Yes If Yes, whe ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes	en did the exper n the past three re to six months a nonths to one year year ago or more	ience occur? months go (excluding six month ar ago (excluding one y	ns exactly)	☐ Don't k ☐ Prefer i ☐ Data no	now not to ar	nswer	answer □ Prefer not to	
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes Current Liv	en did the exper n the past three re to six months a nonths to one year year ago or more	□ No rience occur? months go (excluding six month ar ago (excluding one y e) rience occur? months go (excluding six month ar ago (excluding one y e) rience occur? months	ns exactly)	☐ Don't k ☐ Prefer i ☐ Data no	now not to ar	nswer	answer □ Prefer not to	
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes Current Liv When was the state of th	en did the experiment the past three is to six months a nonths to one year ago or more you currently flowing Situation this contact with	□ No rience occur? months go (excluding six month ar ago (excluding one y e) rience occur? months go (excluding six month ar ago (excluding one y e) rience occur? months	ns exactly) ear exactly)	□ Don't k □ Prefer i □ Data no	now not to ar not collect	nswer ted	□ Prefer not to answer	□ Data not collected
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes Current Liv When was to Type Of Cu If the response	en did the experiment the past three is to six months a nonths to one year ago or more you currently flowing Situation his contact with urrent Living Situation his eis an Institution of the past of	months go (excluding six month ar ago (excluding one y e leeing? No you? Situation - Where wer tional, Temporary, or	ns exactly) ear exactly) re you living Permanent	Don't k	now not to ar ot collect now	nswer ted	□ Prefer not to answer	□ Data not collected
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes Current Liv When was to	en did the experiment the past three restrictions to one year ago or more you currently for the contact with	months go (excluding six month ar ago (excluding one y e leeing? No you? Situation - Where wer tional, Temporary, or	re you living Permanent g., a vehicle,	Don't k	now not to ar of collect now	rswer ted ? questic	Prefer not to answer ons are listed be //train/subway star	Data not collected Plow. tion/airport or anywhere
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes Current Liv When was to Type Of Cu If the response	en did the experiment the past three reports to six months a months to one year ago or more you currently fill you currently fill you currently fill you current Living Situation this contact with the contact with your current Living Situation place is an Institution outside) Place not outside)	months go (excluding six month ar ago (excluding one y e leeing? No lyou? Situation - Where wer tional, Temporary, or meant for habitation (e.	re you living Permanent g., a vehicle,	Don't k	now not to ar of collect now	rswer ted ? questic	Prefer not to answer ons are listed be //train/subway star	Data not collected Plow. tion/airport or anywhere
☐ Yes If Yes, who ☐ Within ☐ Three ☐ Six m ☐ One y If Yes, are ☐ Yes Current Liv When was to Type Of Cu If the response	en did the experiment the past three reports to six months a months to one year ago or more you currently for the past three reports to six months to one year ago or more you currently for the past of the past	months go (excluding six month ar ago (excluding one y eeing? No you? Situation - Where wer stional, Temporary, or meant for habitation (e.	re you living Permanent g., a vehicle, el or motel pa	Don't k Data no	now not to ar of collect now	rswer ted ? questic	Prefer not to answer ons are listed be //train/subway star	Data not collected Plow. tion/airport or anywhere

		Long-tern	n care	tacility:	/ or nu	ursing	g hom	<u>e</u>												
		Psychiatr	ic hos	pital or	· other	r psy	chiatri	c facilit	у											
		Substanc	e abu	se trea	tment	t facil	ity or	detox c	enter											
		Residenti	al pro	ject or	halfwa	ay ho	use v	vith no	homeless c	riteria	l									
		Hotel or r	notel	paid for	r <i>with</i>	out ei	merge	ency sh	elter vouch	er										
Temporary		Transition	nal ho	using fo	or hon	neles	s per	sons (ir	ncluding ho	meles	s youth)									
		Host Hon	ne (no	n-crisis	3)															
		Staying o	r livine	g in a fi	riend's	s roo	m, ap	artmen	t, or house											
		Staying o	r livin	g in a f	amily	mem	ber's	room, a	apartment o	r hou	se									
		Rental by	clien	t, no or	ngoing	g hou	sing s	ubsidy												
		Rental by	clien	t, with o	other (ongo	ing ho	ousing s	subsidy (Ple	ease S	Specify)									
				housir				Ū	, ,		Housing	g Stal	oility V	ouch/	er					
		□ VA	SH ho	ousing	subsic	dy					Family	Unific	ation	Progi	am ∖	/ou	cher	(FUP	')	
		□ RR	H or e	equival	ent su	ıbsid	V				Foster `	Youth	to Inc	deper	ndend	ce Ir	nitiat	ve (F	YI)	
Permanent				Choice)			Permar	ent S	oggu	rtive I	Housi	ina	(PSF	1)	•	
			_	ousing (` ,				Other p					_	-		rmerly	
				·						ш	homele	ss pe	rsons							
				y client subsidy		otne	r ongo	oing												
		Owned by				a hoi	ısina	subsidv	, , , , , , , , , , , , , , , , , , ,											
		Owned by	•	-																_
		Other (sp			origor	9	Juoni	j oabole	<i>_</i>											
		Don't kno																		
Other		Prefer no		newor																_
		Data not																		_
Living Situ	uatio			ieu																
Name the ver				t																
If Institution																				
☐ Yes	ing u	J Have to R		No No	arrein.	LIIVII	ig sit	uation	□ Don't			ПП	Prefe	r not t	0	П	Dat	a not	collecte	٦ -
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Ψ																				
If Yes to, "y	ou a	re going to) have	e to lea	ve th	eir c	urren	t living	situation	withir	າ 14 days	?"								
	Has	a subsequ	ent re	siden		on id	lentifi	ed?												
		\/			ce be	en iu						ot to	answe	er		Da	ta no	t coll	ected	
		Yes		No	ce be			t know			Prefer n	01 10 1			Ш					
	Do y	ou or your	1	No ly have			Don'	suppor	t networks		btain oth	er pe	rman	ent h						
Answer	Do y	rou or your Yes	r famil	No ly have No	e resc	ource	Don't s or s Don't	suppor t know		to ol	btain oth Prefer n	er pe	rman answe	ent h er	ousi	Da		ot coll	ected	_
_	Do y	you or your Yes e you had a	r famil	No ly have No se or ov	e resc	ource	Don't s or s Don't	suppor t know est in a		t hou	btain oth Prefer n sing unit	er pe ot to a	rman answe	ent h er	ousi	Da	ta no			
Answer all	Do y	you or your Yes e you had a Yes	famil	No ly have No se or ov	e reso wners	Durce	Don't es or s Don't intere Don't	suppor t know est in a t know	permanen	to ol	btain oth Prefer n	er pe ot to a	rman answe	ent h er	ousi	Da	ta no		ected ected	
Answer all	Do y Have	you or your Yes e you had a Yes	famil	No No Se or ov No or more	e reso wners	Durce	Don'i s or s Don'i intere Don'i the la	suppor t know est in a t know	permanen	t hou	otain oth Prefer n sing unit Prefer n	er pe ot to a in th ot to a	rman answe e last answe	ent h er : 60 d	ousi	Da Da	ta no	ot coll	ected	
Answer all	Do y Have	you or your Yes e you had a Yes	famil	No ly have No se or ov	e reso wners	Durce	Don'i s or s Don'i intere Don'i the la	suppor t know est in a t know	permanen	t hou	btain oth Prefer n sing unit	er pe ot to a in th ot to a	rman answe e last answe	ent h er : 60 d	ousi	Da Da	ta no	ot coll		
Answer	Have	you or your Yes e you had a Yes e you move Yes	r famil	No	e reso wners	burce bhip i	Don't es or s Don't intere Don't the la	suppor t know est in a t know	permanen	t hou	otain oth Prefer n sing unit Prefer n	er pe ot to a in th ot to a	rman answe e last answe	ent h er : 60 d	ousi	Da Da	ta no	ot coll	ected	
Answer all	Have	you or your Yes e you had a Yes e you move Yes	r famil	No	e reso wners	burce bhip i	Don't es or s Don't intere Don't the la	suppor t know est in a t know	permanen	t hou	otain oth Prefer n sing unit Prefer n	er pe ot to a in th ot to a	answe e last	ent h er : 60 d	ousi	Da Da	ta no	ot coll	ected	
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Answer	Have	Yes e you had a Yes e you move Yes IG SITUAT	r famil	No No No No No No Locati	wners time	bhip i	Don'i es or s Don'i intere Don'i the la	support know est in a t know est 60 d t know	permanen	t hou	otain oth Prefer n sing unit Prefer n	er pe ot to a in th ot to a	answe e last	ent h er : 60 d	ousi	Da Da	ta no	ot coll	ected	

Date the client		ation ned eligible and e ot enrolled in PAT		and client			1			1				
Torusou, or me	ngibio ana m	ot om oned m i Ai	og.a		1	Mont	th	I	Day		I	Y	ear	
Client Becom	o Enrolled I	n DATU Drogran	<u> </u>	1										
	ie Enrollea i	n PATH Program	Λ	-										
□ Yes		□ No □ No												
		IF NO, reason no	t enrolled											
		☐ Client was fou		☐ Client	was not	t enro	lled fo	or othe	er		□ Un	able t	o loca	te
		PATH		reason	S						clie	ent		
	With SOAR ((PATH only) – Ha	as the client be				1							
□ Yes		□ No		☐ Client de	oesn't k	now		Client	refus	ed	□ Da	ta not	collec	cted
NC Natural D	isaster/Stor	m– Are you expe	riencing homele	essness due	to a re	ecent	natu	ral dis	saster	/stor	m?			
□ Yes		□ No		□ Don't kn	ow			Prefe		0	□ Da	ta not	collec	cted
<u> </u>	(Va. There are the state of the													
If Yes: There	re are resources and partners available during natural disasters/storms that can help you. Do we have													
	ssion to use this information to coordinate with them to help get you resources and assistance? □ No □ Don't know □ Prefer not to □ Data not collected													
☐ Yes	□ No □ Don't know □ Prefer not to □ Data not collected answer													
V	answer													
	t natural disaster/storm caused you to evacuate and seek other shelter?													
☐ Hurrican	ne Florence	☐ Hurricane Matt	new	☐ Hurricane	Doriar	<u> </u>	⊔ O	ther:						
What NC Cou		ı living in immedia	ately prior to the	e natural										
Tyn	o Of Prior I	iving Situation -	Where were vo	u livina imn	nodiato	dy pri	or to	tha N	atura	l Dies	setor/9	Storm	2	
. 76		ot meant for habita												
Homeless	anywhe	ere outside)												
		ency shelter, includi			h emer	gency	shelt	er vou	ıcher,	or Ho	ost Ho	me sh	elter	
		care home or foster												
		l or other residentia		c medical fac	ility									
Institutional		son, or juvenile det	-											
		erm care facility or r		:1:4										
		atric hospital or othe												
		nce abuse treatmer onal housing for ho			meles	s vout	:h)							
		ntial project or halfy	· ·	` 0		, , , ,	,							
		r motel paid for <i>with</i>												
Temporary		ome (non-crisis)												
	□ Staying	or living in a friend	's room, apartme	ent or house										
	☐ Staying	or living in a family	member's room	n, apartment	or hous	se								
	, ,	by client, no ongoin		•										
	□ Rental	by client, with ongo	ing housing subs	sidy (Please	Specify	/)								
Permanent	☐ GPD TIP housing subsidy ☐ Housing Stability Voucher													

□ Rental by client, with other ongoing housing subsidy □ Owned by client, no ongoing housing subsidy												
		Owned h	v client. no on	goin	a housina subs	idv						
			<u> </u>		ing housing sub							
		Other (sp	•	. 3	J 2.3 g 300	<u>-</u> -						
		Don't kno										
Other			t to answer									
		Data not										
		efore he	natural disas	ter/s	storm, how lon	-	you live in the prior	livin	g situa	ation?		
☐ 1 night o							1 year or longer					
☐ 2 to 6 nig	•	o but loca	s than 1 month				Don't know Prefer not to answer					
		•	ss than 90 day				Data not collected					
			ss than 1 year			T	2444110100100104					
						_						
Approximate	Date o	of Evacua	ation – On wh	nat d	ate did you lea	ave y	our prior living situat	ion?				
			1									
Month Day Year												
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?												
☐ Destroyed)on't	t know
☐ Seriously of	damag	ed								□ P	refe	er not to answer
☐ Not serious	sly dar	maged									ata	not collected
												_
						ıny w	ay, do you have insu	ranc	e to co			
☐ I have insu			•									t know
			some of my lo	sses	<u> </u>							er not to answer
☐ I have no i	nsurar	nce									vata	not collected
Have you reg	istere	d with Fi	EMA for assis	stan	ce?							
□ Yes			□ No			Тп	Don't know		Prefer	not to	Г	Data not collected
									answe	r		
			-	_						_		-
					r damaged in a	iny w	ay, do you have insu	ranc	e to co			
_			most of my los									t know
			some of my lo	sses	<u> </u>							er not to answer
☐ I have no i	nsurar	nce									vata	not collected
nswer The	se Q	uestio	ns For He	ad	Of Househ	old	s Only					
Translation	Assis	stance N	leeded - Do	you	need any lang	uage	translation assistant	ce?				
□ Yes												
Ψ					•							
If Yes: Prefe	erred	Langua	ge(s)									
□ Arabic		□ Che	erokee		Chinese (Mandarin or Cantonese)		☐ French or Haitian or Cajun		Germ	an		☐ Hindi
☐ Japanese		□ Kore	ean		Spanish		☐ Tagalog or Filipino		Telug	u		□ Vietnamese
□ Different Preferred □ Don't know □ Prefers □ Data not collected												

Coordinat	ed Entry Assessment - For Staff Only									
Date Of A	ssessment			1			1			
Assessme	ent Location				1					
	□ CEF									
	☐ Housing Helpline									
	☐ HomeLink									
Orange	☐ IFC Commons									
CoC	☐ Jail									
	☐ Medical Provider									
	☐ Outreach									
	□ Shelter									
	☐ Region 1		Reg	ion 8						
	☐ Region 2			ion 9						
	☐ Region 3		Reg	ion 10						
BoS CoC	☐ Region 4		Reg	ion 11						
	☐ Region 5		Reg	ion 12						
	☐ Region 6		Reg	ion 13						
	☐ Region 7									
Durham	□ Durham CoC									
				Phor	ne					
Assessme	ent Tyne			In Pe						
7100000111				Virtu						
				Crisis	s Nee	eds Ass	sessm	nent		
Assessme	ent Level					leeds /			nt	
Drioritizat	ion Status			Place	ed on	Priorit	izatio	n List		
Prioritizat	ion status			Not F	Place	d on P	rioritiz	ation	List	
Coordinat	ed Entry Event – For Staff Only									
Start Date	/ Date Of Event			1			1			
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 Ass	sessm	ent							
	☐ Referral to scheduled Coordinated Entry Housing Needs	Assess	ment			_	<u></u>	Go	to B	
	☐ Referral to post-placement/follow-up case management									
	☐ Referral to Street Outreach project or services									
Referral	☐ Referral to Housing Navigation project or services									
Events	Referral to Non-continuum services: Ineligible for continuum									
	Referral to Non-continuum services: No availability in con-	tinuum	servi	ces	1					
	☐ Referral to Emergency Shelter bed opening						<u> </u>	Go	to C	

	☐ Referral to Transitional Housing bed/unit oper	ing									
	☐ Referral to Joint TH-RRH project/unit/resource	e open	ing								
	☐ Referral to RRH project resource opening										
	☐ Referral to PSH project resource opening										
	☐ Referral to Other PH project/unit/resource ope	ning									
	☐ Referral to emergency assistance/flex fund/fu	niture	assista	nce							
	☐ Referral to a Housing Stability Voucher										
If 'Even	t' answer was 'Problem Solving/Diversion/Rapid Re	-Hous	ing inte	rvention	or serv	ice res	ult', p	lease a	answei	r A:	
A.	Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/rehoused in a safe alternative?		Yes				No				
If 'Even	t' answer was 'Referral to post-placement/follow-up	case	manage	ment re	sult', pl	ease ar	nswer	B:			
B.	Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?		Yes				No				
If 'Even	t' answer was Referral to an ES, TH, Joint TH-RRH,	RRH, I	PSH, or	Other PI	H 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 accep	ted		Client ejected			Provide rejecte		
E.	Date of Result (if known)			/			/				