Project Start Assessment - CoC PSH

This form should be used by Permanent Supportive Housing Projects for every client. (children pages 1-2; all adults pages 1-7; heads of household pages 1-7)

Answer For All Household Members

Date Of Project Start					HMIS CI	lient	ID - For HI	VIIS Us	sers only
								丄	
Month Day	Year								
Name - (First, Middle, Last, Suffi	ix)				Name Da	ata Q	uality		
First Name					☐ Full r	name	reported		
1 list Name					☐ Parti	al, str	eet name o	or cod	e name
Middle Name					☐ Don'	t knov	W		
Wilder Name					☐ Prefe	er not	to answer		
Last Name					☐ Data	Not (Collected		
Last Name									
Suffix (e.g.,									
Jr, Sr, III)									
	1								
Social Security Number – ####			Dat	a Qu	uality Status				
	□ Full		rox. or		Don't know		Prefer not		Data not
	Reported	Part	ial Reported				to answer		collected
Veteran Status	T_							Τ_	
□ Yes	□ No			Ш	Don't know	Ш	Prefer not		Data not
							to answer		collected
Cov. Colort and of the fall accident	-#: f O	4 - :-4 -		:-!	:!			L	.4! - 4!
Sex – Select one of the following op		x at birth,	according to b						
□ Male	□ Female			Ш	Don't know	Ш	Prefer not to answer		Data not collected
							to answer		collected
Date Of Birth (10/23/1978)			Dat	a Qu	ality Status				
(10/20/1010)	□ Full	□ App	rox. or		Don't know		Prefer not		Data not
	Reported	, , , ,	ial Reported		Don't know		to answer		collected
			•			•			'
Race and Ethnicity - Select one of	or more race and	ethnic cat	T						
American Indian, Alaska Native	, or Indigenous		□ White						
☐ Asian or Asian American			□ Don't kn	ow					
☐ Black, African American, or Afri	can		☐ Prefers i						
☐ Hispanic / Latina/e/o			☐ Data not		ected				
☐ Middle Eastern or North African			Additional Ra						
□ Native Hawaiian or Pacific Islan	nder		and Ethnicity	Deta	ail:				
Gender - Select one or more gende	er ontions that you	identify	vith (for local u	ISA OF	alv)				
☐ Woman (Girl, if child)	options that you	identity V	□ Question		''y <i>)</i>				
Man (Roy if child)			Different		tity				
			Please S						
☐ Culturally Specific Identity (e.g.	Two-Spirit)		☐ Don't kn		•				
□ Transgender	· ,		☐ Prefers i	not to	answer				
☐ Non-Binary			□ Data not	colle	ected				

Please continue to page 2

Relationship to Head of					
☐ Self (head of household	<u>′</u>	Head of household's		per	
☐ Head of household's ch		(Other relation to flea	•		
☐ Head of household's sp	ouse or partner	☐ Other: non-relation n	nember		
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-cont ility to live independently. If the client identifies Yes for any c as Yes. The disability type's Start	lisability type, mark <i>Disabi</i> l		nd 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 y	ou currently covered by health in	nsurance?		_	
☐ Yes	□ No	□ Don't know	☐ Prefer not to answer	□ Data not o	collected
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that	ach health insurance source.	were received in the past	answer		
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only	that is currently received. have been terminated, even if they	were received in the past	answer		
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date.	that is currently received. have been terminated, even if they	were received in the past	answer	rt Date will be t	he
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type	that is currently received. have been terminated, even if they	were received in the past	answer	rt Date will be t	he No
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare	that is currently received. have been terminated, even if they	were received in the past nsurance type, the health	answer	rt Date will be t	he No
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare	that is currently received. have been terminated, even if they If the client identifies Yes for any i	were received in the past nsurance type, the health	answer	rt Date will be t	No 🗆
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insurance	that is currently received. have been terminated, even if they. If the client identifies Yes for any i	were received in the past nsurance type, the health	answer	rt Date will be t	No 🗆
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insu Veteran's Health Administra	that is currently received. have been terminated, even if they if the client identifies Yes for any interpretation (VHA)	were received in the past nsurance type, the health	answer	rt Date will be t	No O
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insurance Type Veteran's Health Administration	rance Program (or North Carolina Hation (VHA) nsurance nrough COBRA	were received in the past nsurance type, the health	answer	rt Date will be t	No O
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insu Veteran's Health Administrat Employer-Provided Health In Health insurance obtained the	rance Program (or North Carolina Hation (VHA) nsurance nrough COBRA e	were received in the past nsurance type, the health	answer	rt Date will be t	No O
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insurance Veteran's Health Administrate Employer-Provided Health Insurance obtained the Private Pay Health Insurance	rance Program (or North Carolina Hation (VHA) nsurance nrough COBRA e dults	were received in the past nsurance type, the health	answer	rt Date will be t	No O
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insurance obtained the Private Pay Health Insurance for A	rance Program (or North Carolina Hation (VHA) Insurance Insuranc	were received in the past nsurance type, the health	answer	rt Date will be t	No O
Answer 'Yes' or 'No' for ear Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insurance Type State Children's Health Insurance Obtained the Private Pay Health Insurance obtained the Insurance State Health Insurance for A Indian Health Services Prog	rance Program (or North Carolina Hation (VHA) Insurance Insuranc	were received in the past nsurance type, the health	answer	rt Date will be t	No O
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date. Health Insurance Type Medicaid Medicare State Children's Health Insurance Obtained the Private Pay Health Insurance obtained the Private Pay Health Insurance State Health Insurance for A Indian Health Services Progon Other If Yes, specify source:	rance Program (or North Carolina Hation (VHA) Insurance Insuranc	were received in the past insurance type, the health in Health Choice)	answer	rt Date will be t	No O

Answer These Questions For Head of Household and Other Adults

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

Homeless History – Select 1 type o	f living situation. Follow the arrows & re	ed instructions to complete other sections
Section 1: Type of Prior	Living Situation- Where did you live ir	nmediately 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	Jail, prison, or juvenile detention facility	Hotel or motel paid for <i>without</i> 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) Public housing unit Rental by client, with other ongoing housing subsidy Housing Choice Voucher (HCV) RRH or Equivalent 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
↓	†	↓
Section 2: Length o	f Stay in Prior Living Situation-How	long did you stay in that place?
If any responses in the shaded boxes 1 night or less	below are checked, you must go to Section ☐ 1 night or less	on 3, all others should go to Income and Sources 1 night or less
☐ 2 to 6 nights	☐ 2 to 6 nights	☐ 2 to 6 nights

1 week or more, but less than 1 month	1 week or more	e, but less than 1		1 week	or n	nore, but le	ss tha	an 1 month
1 month or more, but less than 90	1 month or mo	re, but less than 90		1 month	n or	more, but le	ess th	nan 90 days
days 90 days or more, but less than 1	days 90 days or mo	re, but less than 1						•
year	year					more, but le	ess in	ian i year
1 year or longer	☐ 1 year or longe	er		1 year o		nger		
□ Don't know □ Prefer not to answer	□ Don't know □ Prefer not to a	newer		Don't kı		answer		
☐ Data not collected	☐ Data not collect			Data no				
Section 3: Break in Home	lessness – On the	the night before en	ntering rgency	the livi shelter	ng s ?	situation, o	did th	e client stay on
If any responses in the shaded boxes			TION 4	, all othe	ers s			ome and Sources
	☐ Yes [Go to Se	ection 4]			Go to	Section 4]		
Co to Cootion 4	□ No			No Don't la				
Go to Section 4	□ Don't know □ Prefer not to a	newer		Don't kı		o answer		
	☐ Data not collect			Data no				
1		1				1	,	
Section 4-	Answer the three o	nuestions below t	to con	nnlete i	thie	section		
		•	10 001	ipicto		30001011		
Approximate Date This Episo	de of Homelessr	ness Started?						
			1					
/								
Month	Day	Year	_					
Regardless of where you stayed			you be	een ho	mel	ess on th	e str	eets, or
in an emergency shelter in the p								
One time (Select this if this is the	1 st time you have exp	erienced homelessn	ness in	the past	3 ye	ears)		Don't know
☐ Two times								Prefer not to
☐ Three times								answer Data not collected
☐ Four or more times							Ш	Data Hot Collected
		h	41	-44	- · · !			an abaltan
How Many Months, in total, have in the past 3 years?	you experienced	nomeiessness o	n tne	street,	or i	n an eme	rgen	icy sneiter
☐ 1 month or less (Select this if this	is the 1st time you have	ve experienced hom	elessn	ess in th	е ра	ıst 3 years)		Don't know
☐ Between 2 and 12 Months —	Enter the total	al number of month	ıs:					Prefer not to answer
☐ More than 12 months								Data not collected
Income and Sources - Do you cur	rently have any inco	ome from any sour	ra?					
☐ Yes ☐ No		□ Don't know		□ Pre	ofor	not to		Data not collected
L 163		Don't know			swei		ш !	Data Hot collected
To complete the table below, you me Answer 'Yes' only if the income source income) can be included under the He Answer 'No' for sources that have been the response for any source is 'Yes For Office HMIS Users Only: If the clients	e is recurrent and rece ad of Household's info n terminated, even if t es', complete the am	eived as of today (i.e ormation. they were received in ount in the shaded	not tenthe particular in the p	rminated ast. on belov	d). C v.	hildren's in		
Source of Income			Yes	No				y amount from to nearest dollar)
Earned income (i.e., employment inco	me)				\$			
Unemployment Insurance					\$			
Supplemental Security Income (SSI)					\$			
Social Security Disability Income (SSI	DI)				\$			
VA Service-Connected Disability Com	,				\$			
VA Non-Service-Connected Disability					\$			
- _								

Private disability insurance						\$	
Worker's Compensation						\$	
Temporary Assistance for Ne	edy Families (TANF)					\$	
General Assistance (GA)						\$	
Retirement Income from Soci	al Security					\$	
Pension or retirement income	from a former job					\$	
Child support	•					\$	
Alimony or other spousal sup	port				1	\$	
Other source:	port		 			\$	
Tota	Il monthly income from all sou	rcas				\$	
100	in monthly income from an sou	1063				Ψ	
Non-Cash Benefits - Do y	ou have any non-cash benefits	s from any sou	rce?				
□ Yes	□ No	☐ Don't know	ı			Prefer not to	☐ Data not collected
					;	answer	
To complete the table below	w, you must answer 'Yes' or 'N	o' for each nor	ı-cash l	benef	it.		
Answer 'Yes' only if the non-o	cash benefit is recurrent and rece	ived as of today	/ (i.e. nc	ot tern	nina		
	nefit that have been terminated, e			ed in t	the	past.	
	-cash benefit is 'Yes', complete If the client identifies Yes for any			anafi	t'e S	Start Date will be	the Project Start Date
1 of Office Fliving Osers Offity.	if the cheft defitines resion any	TIOH-Cash bene	III., IIIC L	JCHCII		Start Date will be	the Froject Gtart Date.
Course of New Cook Bonefi	4		Vaa	Ma		If yes, monthly	y amount from source
Source of Non-Cash Benefi			Yes	No		,	to nearest dollar)
Supplemental Nutrition Assist						\$	
Special Supplemental Nutrition Children (WIC)	on Program for Women, Infants, a	and				\$	
TANF Child Care services (or	r use local name)					\$	
TANF transportation services	(or use local name)					\$	
Other TANF-Funded Services	·					\$	
Other source:	(6) 460 1664 1141116)					\$	
Other source.						Ψ	
Domestic Violence - Are	you a survivor of domestic vio	lence?					
☐ Yes	□ No	□ Don't kno	0)4/	I		Prefer not to	□ Data not collected
□ 1 <i>e</i> 5	L NO	Don't kin	UW			answer	
Ψ		'					
If Yes, when did the exper							
☐ Within the past three r		☐ Don't k	now not to a	D0140			
	go (excluding six months exactly ar ago (excluding one year exactly		not to a		ſ		
☐ One year ago or more	3 (y) 🗆 Dala III	or collec	cieu			
↓ • • • • • • • • • • • • • • • • • • •							
If Yes, are you currently fl	eeing?						
□ Yes	□ No	☐ Don't k	now.		Тг	☐ Prefer not to	☐ Data not collected
163		□ Don't k	IIOW		-	answer	Data not collected
NC Natural Disaster/Sto	orm– Are you experiencing ho	malassnass du	o to a r	racan	t na	ntural disaster/s	etorm?
☐ Yes		□ Don't k		CCCII		Prefer not to	□ Data not collected
□ res	□ NO	□ Don't k	MOIL			answer	□ Data not collected
If Vac. There are recovered			41-4-		4 la a	4 b-l	Da wa hawa wawa
	es and partners available during ormation to coordinate with the						
☐ Yes	□ No	□ Don't k				☐ Prefer not to	☐ Data not collected
<u></u>						CHOILLOR	•
▼						answer	
16 V 16 11 11 11 11 11	41-4	-4	41	-14 - 4		answei	
If Yes: What natural disas Hurricane Florence	ter/storm caused you to evacu Hurricane Matthew	ate and seek o				Other:	

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

Тур	e Of Prior Living Situation - Where were you	living immediately prior to the Natural Disaster/Storm?
Homeless	Place not meant for habitation (e.g., a vehicl anywhere outside)	e, an abandoned building, bus/train/subway station/airport or
	☐ Emergency shelter, including hotel or motel	paid for with emergency shelter voucher, or Host Home shelter
	☐ Foster care home or foster care group home	
	☐ Hospital or other residential non-psychiatric	medical facility
Institutional	☐ Jail, prison, or juvenile detention facility	
moditational	☐ Long-term care facility or nursing home	
	☐ Psychiatric hospital or other psychiatric facili	ty
	☐ Substance abuse treatment facility or detox	
	Transitional housing for homeless persons (i	,
	Residential project or halfway house with no	
Temporary	Hotel or motel paid for <i>without</i> emergency sl	nelter voucher
. ,	Host Home (non-crisis)	
	Staying or living in a friend's room, apartmer	
	Staying or living in a family member's room,	•
	Rental by client, no ongoing housing subsidy	
	Rental by client, with ongoing housing subsiderable Rental By client Rental By clie	
	☐ GPD TIP housing subsidy☐ VASH housing subsidy	☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP)
	RRH or equivalent subsidy	□ Foster Youth to Independence Initiative (FYI)
D	☐ Housing Choice Voucher (HCV)	Permanent Supportive Housing (PSH)
Permanent	Public housing unit	 Other permanent housing dedicated for formerly homeless persons
	☐ Rental by client, with other ongoing	memerese persons
	housing subsidy	
	☐ Owned by client, no ongoing housing subsid	V
	☐ Owned by client, with ongoing housing subs	
	☐ Other (specify):	
Other	□ Don't know	
Other	□ Prefer not to answer	
	□ Data not collected	
Length of Sta	y – Before he natural disaster/storm, how long	did you live in the prior living situation?
☐ 1 night o		1 year or longer
□ 2 to 6 nig		☐ Don't know
	r more, but less than 1 month	□ Prefer not to answer
	or more, but less than 90 days	□ Data not collected
□ 90 days	or more, but less than 1 year	
Approximate	Date of Evacuation – On what date did you leav	re your prior living situation?
	Month Day	Year
	if the place you were living was destroyed by tales to demaged?	he natural disaster/storm, seriously damaged but not destroyed,
☐ Destroyed		☐ Don't know
☐ Seriously o		☐ Prefer not to answer
☐ Not serious	sly damaged	☐ Data not collected

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?

☐ I have in	nsurance to cover most of my	losses				Don't know	
☐ I have in	nsurance to cover some of my	losses				Prefer not to a	answer
☐ I have n	o insurance					Data not colle	cted
Have you r	registered with FEMA for as	sistance?					
□ Yes	□ No		☐ Don't know	☐ Prefeansy	er not to ver	□ Data no	ot collected
	e you were living was destro	-	in any way, do you have	insurance to	cover los	sses?	
	nsurance to cover most of my					Don't know	
	nsurance to cover some of my	losses				Prefer not to a	
<u> </u>	no insurance					Data not colle	cieu
	r These Questions F		•				
Coordina			•				
Coordina Start Date	ited Entry Event – For		•	1	1		
Coordina Start Date	ited Entry Event – For	Office HMIS Us	•	1	1		
Coordina	e / Date Of Event Referral to Prevention A	Office HMIS Us	•			- Go to A	
Coordina Start Date Event	Ated Entry Event – For Control of Problem Solving/Divers	Office HMIS Us Assistance project ion/Rapid Resolution	sers Only			Go to A	
Coordina Start Date Event Access	Referral to Prevention A Problem Solving/Divers	Office HMIS Us Assistance project ion/Rapid Resolutio	sers Only on intervention or service			Go to B	
Coordina Start Date Event Access	Referral to Prevention A Problem Solving/Divers	Office HMIS Us assistance project ion/Rapid Resolutions oordinated Entry Coordinated Entry F	on intervention or service Crisis Needs Assessment Housing Needs Assessmen	1 t			
Coordina Start Date Event Access	Referral to Prevention A Problem Solving/Divers Referral to scheduled C Referral to scheduled C	Assistance project ion/Rapid Resolution oordinated Entry Coordinated Entry Hent/follow-up case	on intervention or service Crisis Needs Assessment Housing Needs Assessmen management				
Coordina Start Date Event Access	Referral to Prevention A Problem Solving/Divers Referral to scheduled C Referral to post-placem	Assistance project ion/Rapid Resolution/Capid Resolution/	on intervention or service Crisis Needs Assessment Housing Needs Assessmen management ices				
Coordina Start Date Event Access	Referral to Prevention A Referral to Scheduled C Referral to Housing Nav	Assistance project ion/Rapid Resolution/Capid Resolution/	on intervention or service Crisis Needs Assessment Housing Needs Assessmen management ices				

Referral to Emergency Shelter bed opening

Referral to RRH project resource opening

Referral to PSH project resource opening

Referral to a Housing Stability Voucher

Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-

Referral to post-placement/follow-up case management result – Enrolled in Aftercare

C. Location of Crisis Housing or Permanent Housing

Referral (Project name or Project ID)

D. Referral Result (if applicable)

E. Date of Result (if applicable)

housed in a safe alternative?

Referral to Transitional Housing bed/unit opening

Referral to Other PH project/unit/resource opening

Referral to Joint TH-RRH project/unit/resource opening

Referral to emergency assistance/flex fund/furniture assistance

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:

If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:

□ Yes

□ Yes

Client

accepted

Referral

Events

project?

Go to C

Provider

rejected

□ No

No

Client

rejected