

Project Start Assessment – ES Nbn - ESG

This form should be used by Emergency Shelter Night by Night Projects funded by HUD (Emergency Solutions Grant) for every client. (children pages 1-2; all adults pages 1-4; heads of household pages 1-6)

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	
☐	Full name reported
☐	Partial, street name or code name
☐	Don't know
☐	Prefer not to answer
☐	Data Not Collected

Social Security Number – #####	Data Quality Status				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Veteran Status				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Sex – Select one of the following options for your Sex at birth				
☐ Male	☐ Female	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Date Of Birth (10/23/1978)	Data Quality Status				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

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

Gender - Select one or more gender options that you identify with (for local use only)	
☐ Woman (Girl, if child)	☐ Questioning
☐ Man (Boy, if child)	☐ Different Identity Please Specify:
☐ Culturally Specific Identity (e.g. Two-Spirit)	☐ Don't know
☐ Transgender	☐ Prefers not to answer
☐ Non-Binary	☐ Data not collected

Please continue to page 2

Relationship to Head of Household	
☐ Self (head of household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	
☐ Head of household's spouse or partner	☐ Other: non-relation member

County/Parish	
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Disability Status - Do you have a disabling condition?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ 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 <i>Disability Determination</i> and <i>Long-Continued or Indefinite Duration</i> questions as Yes. The disability type's Start Date will be the Project Start Date.		
Disability Type	Yes	No
Physical	☐	☐
Chronic Health Condition	☐	☐
HIV/AIDS	☐	☐
Developmental	☐	☐
Alcohol Use Disorder	☐	☐
Substance Use Disorder	☐	☐
Mental Health Disorder	☐	☐

What is the Zip Code of your last permanent address (if known)?	
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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?			
☐ NC 502-Durham City & County	☐ NC 503-NC Balance of State	☐ NC 513-Chapel Hill/Orange County	☐ Other:

Homeless History	
Prior Living Situation - Where did you sleep last night? (Where were you living immediately prior to this project entry?)	
Homeless	☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)
	☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
Institutional	☐ Foster care home or foster care group home
	☐ Hospital or other residential non-psychiatric medical facility
	☐ Jail, prison, or juvenile detention facility
	☐ Long-term care facility or nursing home
	☐ Psychiatric hospital or other psychiatric facility
	☐ Substance abuse treatment facility or detox center
Temporary	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Residential project or halfway house with no homeless criteria
	☐ Hotel or motel paid for without emergency shelter voucher
	☐ Host Home (non-crisis)
	☐ Staying or living in a friend's room, apartment, or house
	☐ Staying or living in a family member's room, apartment, or house

Permanent	☐ Rental by client, no ongoing housing subsidy												
	☐ Rental by client, with other ongoing housing subsidy (Please Specify) <table border="0" style="width: 100%;"> <tr> <td>☐ GPD TIP housing subsidy</td> <td>☐ Housing Stability Voucher</td> </tr> <tr> <td>☐ VASH housing subsidy</td> <td>☐ Family Unification Program Voucher (FUP)</td> </tr> <tr> <td>☐ RRH or equivalent subsidy</td> <td>☐ Foster Youth to Independence Initiative (FYI)</td> </tr> <tr> <td>☐ Housing Choice Voucher (HCV)</td> <td>☐ Permanent Supportive Housing (PSH)</td> </tr> <tr> <td>☐ Public housing unit</td> <td>☐ Other permanent housing dedicated for formerly homeless persons</td> </tr> <tr> <td>☐ Rental by client, with other ongoing housing subsidy</td> <td></td> </tr> </table>	☐ GPD TIP housing subsidy	☐ Housing Stability Voucher	☐ VASH housing subsidy	☐ Family Unification Program Voucher (FUP)	☐ RRH or equivalent subsidy	☐ Foster Youth to Independence Initiative (FYI)	☐ Housing Choice Voucher (HCV)	☐ Permanent Supportive Housing (PSH)	☐ Public housing unit	☐ Other permanent housing dedicated for formerly homeless persons	☐ Rental by client, with other ongoing housing subsidy	
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☐ Public housing unit	☐ Other permanent housing dedicated for formerly homeless persons												
☐ Rental by client, with other ongoing housing subsidy													
☐ Owned by client, no ongoing housing subsidy													
☐ Owned by client, with ongoing housing subsidy													
Other	☐ Don't know												
	☐ Prefer not to answer												
	☐ Data not collected												

Length Of Stay In Prior Living Situation - How long did you stay there?	
☐ 1 night or less	☐ 1 year or longer
☐ 2 to 6 nights	☐ Don't know
☐ 1 week or more, but less than 1 month	☐ Prefer not to answer
☐ 1 month or more, but less than 90 days	☐ Data not collected
☐ 90 days or more, but less than 1 year	

Approximate Date This Episode of Homelessness Started - When did your homelessness start? Please estimate if living outside, in a vehicle, on the street, or in an emergency shelter before arriving here today. Or, use start date.									
			/						
Month				Day			Year		

Regardless of where you stayed last night, How Many Times have you experienced homelessness in the past 3 years? Include this time (tonight) and any separate experiences on the streets, in a car, or in an emergency shelter.	
☐ One time (Select this if this is the 1 st time you have experienced homelessness in the past 3 years)	☐ Don't know
☐ Two times	☐ Prefer not to answer
☐ Three times	☐ Data not collected
☐ Four or more times	

How Many Months have you experienced homelessness in the past 3 years? Include this month and any months where you stayed a night on the street or in an emergency shelter.	
1 month or less (Select this if this is the 1 st time you have experienced homelessness in the past 3 years)	☐ Don't know
Between 2 and 12 Months → Enter the total number of months:	☐ Prefer not to answer
More than 12 months	☐ Data not collected

Domestic Violence - Are you a survivor of domestic violence?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If YES, When did the experience occur?	
☐ Within the past three months	☐ Don't know
☐ Three to six months ago (excluding six months exactly)	☐ Prefer not to answer
☐ Six months to one year ago (excluding one year exactly)	☐ Data not collected
☐ One year ago or more	

If YES, Are you currently fleeing?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Current Living Situation When was this contact with you? (Confirm start date)			/			/			
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Type Of Current Living Situation - Where were you living during this contact?

Homeless	☐ Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter
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Living Situation verified by: Name the verifying agency and project

Current Living Situation – Optional Location details
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Answer These Questions For Head Of Households Only

Only recorded when CE Assessment or CE Events occur. Timing may differ between community.

Coordinated Entry Assessment - For Staff Only

Date Of Assessment			/			/			
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Assessment Location

Orange CoC	☐ CEF	
	☐ Housing Helpline	
	☐ HomeLink	
	☐ IFC Commons	
	☐ Jail	
	☐ Medical Provider	
	☐ Outreach	
	☐ Shelter	
BoS CoC	☐ Region 1	☐ Region 8
	☐ Region 2	☐ Region 9
	☐ Region 3	☐ Region 10
	☐ Region 4	☐ Region 11
	☐ Region 5	☐ Region 12
	☐ Region 6	☐ Region 13
	☐ Region 7	
Durham	☐ Durham CoC	

Assessment Type	☐ Phone
	☐ In Person
	☐ Virtual

Assessment Level	☐ Crisis Needs Assessment
	☐ Housing Needs Assessment

Prioritization Status	☐ Placed on Prioritization List
	☐ Not Placed on Prioritization List

Coordinated Entry Event – For Staff Only											
Start Date / Date Of Event			/			/					

Event											
Access Events	☐ Referral to Prevention Assistance project										
	☐ Problem Solving/Diversion/Rapid Resolution intervention or service										 Go to A
	☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment										
	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment										 Go to B
Referral Events	☐ 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 continuum services										
	☐ Referral to Non-continuum services: No availability in continuum services										
	☐ Referral to Emergency Shelter bed opening										 Go to C
	☐ 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										
	☐ Referral to Other PH project/unit/resource opening										
	☐ Referral to emergency assistance/flex fund/furniture assistance										
☐ 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?				☐ Yes				☐ 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?				☐ Yes				☐ 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)				☐ Client accepted		☐ Client rejected		☐ Provider rejected			
E. Date of Result (if known)						/			/		