# Project Start Assessment – HOPWA SSO, TH, PSH, HP

This form should be used by Short Term Rental Mortgage and Utility (STRMU), Tenant Based Rental Assistance (TBRA), and other SSO, TH, PSH, or HP HOPWA funded projects for every client. (children pages 1-2; HIV/AIDS + page 3; all adults pages 1-9; heads of household pages 1-10)

### **Answer For All Household Members**

Date Of Project Start					HMIS CII	ent ld - For H	MIS Use	rs only			
1 1											
Month Day	Year										
Name - (First, Middle, Last, Suffix	x)				Name Da	ata Quality					
First Name					Full name reported						
				<u> </u>	Partial, street name or code name						
Middle Name					□ Don't know						
				_		r not to answe	r				
Last Name					□ Data l	Not Collected	(DNC)				
Suffix (o.g.				1							
Suffix (e.g., Jr, Sr, III)											
0., 0.,)											
Social Security Number – ####	:	Dat	ta Qualit	y Status							
-	□ Full	□ Ар	prox. or	□ Dor	n't know	□ Prefer i	ot 🗆	Data not			
	Repor		rtial Reported			to ansv	er	collected			
-											
Veteran Status				1		<u> </u>	1				
□ Yes	□ No			□ Do	n't know	□ Prefer		Data not			
						to ansv	er	collected			
Sex – Select one of the following o	ntions for you	ır Sev at hirth	according to h	iological	chromosom	nes or physics	l charac	tarietice			
☐ Male	□ Fema		according to b		n't know	Prefer		Data not			
□ Iviale	□ Fellia	ie			II L KIIOW	to answ		collected			
	•			10		1					
Date Of Birth (10/23/1978)			Dat	ta Qualit	y Status	_					
	□ Full	□ Ар	prox. or	□ Dor	n't know	□ Prefer	ot 🗆	Data not			
	Repor	ted Pa	rtial Reported			to ansv	er	collected			
Race and Ethnicity - Select one											
American Indian, Alaska Nativ	e, or Indigend	ous	□ White								
☐ Asian or Asian American			☐ Don't kn								
☐ Black, African American, or Af	rican			not to ans							
☐ Hispanic / Latina/e/o			☐ Data no	t collected	<u></u>						
☐ Middle Eastern or North Africa			Additional R								
□ Native Hawaiian or Pacific Isla	nder		and Ethnicity	y Detail:							
Gender - Select one or more gend	er options tha	at you identify	1								
□ Woman (Girl, if child)			☐ Question								
☐ Man (Boy, if child)			Different Identity Please Specify:								
Culturally Specific Identity (e.g.)	Two Coirith		☐ Don't kn								
	. 1 wo-Spirit)			not to ans	.wor						
☐ Transgender ☐ Non-Binary				t collected							

Please continue to page 2

Relationship to Head of								
☐ Self (head of househo	old)		d's other relation me	mber				
☐ Head of household's	child	☐ □ (other relation to h	ead of household)					
☐ Head of household's	spouse or partner	☐ Other: non-relation	n member					
Disability Status - Do you	u have a disabling condition?							
☐ Yes	□ No	☐ Don't know	☐ Prefer not to answer		ata not c	collected		
Answer 'Yes' or 'No' for ea	ch disability type (in white).		•	*				
substantially impairs your at For Office HMIS Users Only	lity type is expected to be long-cont bility to live independently. : If the client identifies Yes for any of s as Yes. The disability type's Start	disability type, mark <i>Disab</i> i		nd <i>Long</i>	g-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 insurance?								
Health insurance – Are y	ou currently covered by nealth in	isurance?		1				
☐ Yes	□ No	□ Don't know	☐ Prefer not to answer	□ Da	ata not co	ollected		
Answer 'Yes' or 'No' for ear Answer 'Yes' for any source Answer 'No' for sources that	□ No   Ch health insurance source.	□ Don't know	answer					
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only:	□ No  ch health insurance source. that is currently received. have been terminated, even if they	□ Don't know	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.	□ No  ch health insurance source. that is currently received. have been terminated, even if they	□ Don't know	answer		will be th	e		
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only: Project Start Date.	□ No  ch health insurance source. that is currently received. have been terminated, even if they	□ Don't know	answer		will be th	e 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	□ No  ch health insurance source. that is currently received. have been terminated, even if they	□ Don't know were received in the past insurance type, the health i	answer		will be th	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	Ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in	□ Don't know were received in the past insurance type, the health i	answer		will be th	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	Ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in	□ Don't know were received in the past insurance type, the health i	answer		will be th	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 Veteran's Health Administration	Ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in rance Program (or North Carolina Heion (VHA)	□ Don't know were received in the past insurance type, the health i	answer		Yes	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 Type  Veteran's Health Administrate Employer-Provided Health Insurance obtained the	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in rance Program (or North Carolina Heion (VHA) insurance	□ Don't know were received in the past insurance type, the health i	answer		will be th	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 Veteran's Health Administrate Employer-Provided Health Insurance obtained the Private Pay Health Insurance	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in rance Program (or North Carolina Heion (VHA) hsurance brough COBRA	□ Don't know were received in the past insurance type, the health i	answer		Yes	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 Type  Veteran's Health Administrate Employer-Provided Health Insurance obtained the Private Pay Health Insurance State Health Insurance for A	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in  rance Program (or North Carolina He tion (VHA) insurance irough COBRA e dults	□ Don't know were received in the past insurance type, the health i	answer		will be th	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 Type  Employer-Provided Health Insurance obtained the Private Pay Health Insurance for A Indian Health Services Progression.	Ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any ir rance Program (or North Carolina Heion (VHA) Insurance Irough COBRA Insuran	□ Don't know were received in the past insurance type, the health i	answer		Yes	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 Veteran's Health Administrate Employer-Provided Health In Health insurance obtained the Private Pay Health Insurance State Health Insurance for A Indian Health Services Progression Other If Yes, specify source:	Ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any ir rance Program (or North Carolina He tion (VHA) asurance arough COBRA e dults ram	Don't know  were received in the past asurance type, the health i	answer		will be th	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 Type  Weteran's Health Administrate Employer-Provided Health Insurance obtained the Private Pay Health Insurance State Health Insurance for A Indian Health Services Progression of the If Yes, specify source:	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in  rance Program (or North Carolina He tion (VHA) hasurance brough COBRA e dults ram	Don't know  were received in the past asurance type, the health i	answer		will be th	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 Veteran's Health Administrate Employer-Provided Health In Health insurance obtained the Private Pay Health Insurance for A Indian Health Services Programmer of Yes, specify source:  If Not covered by Health  Applied; decision pending	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in  rance Program (or North Carolina Heion (VHA)  insurance irough COBRA  e dults ram  Insurance, reason not covere	Don't know  were received in the past asurance type, the health i	answer  . nsurance type's Star	rt Date	will be th	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 Type  Weteran's Health Administrate Employer-Provided Health Insurance obtained the Private Pay Health Insurance State Health Insurance for A Indian Health Services Progression of the If Yes, specify source:	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in  rance Program (or North Carolina Heion (VHA)  insurance irough COBRA  e dults ram  Insurance, reason not covere	Don't know  were received in the past asurance type, the health i	answer	rt Date v	will be th	No		

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?	

## Only Answer The Questions Below For Clients Presenting With HIV/AIDS

T-Cell (CD4) And Vira	al Load								
Indicate T-cell count (C beginning at project sta			6 month intervals, or	as frequently as your	r medical plan allows,				
If Yes for HIV/AIDS, d	lo you have a	T-Cell (CD4) cour	nt available?						
☐ Yes	□ No	, ,	□ Don't know	Prefer to not answer	□ Data not collected				
If Yes for T-Cell (CD4) c count (0 – 1500)	count is availat	ole, T-Cell (CD4)		Start Date (MM/DD/YYYY)					
How was the T-Cell cou	ınt information	obtained?							
If Yes for HIV/AIDS, d	lo vou have V	/iral Load informat	tion available?						
Í	☐ Available	□ Undetectable	□ Don't know	Prefer to not answer	☐ Data not collected				
If Yes for Viral Load info Viral Load? (0-999999)	ormation is av	ailable, what is the		Start Date (MM/DD/YYYY)					
How was the Viral Load	l information o								
Medical Assistance? For HMIS Users Only: record the Project Start Date as the Medical Assistance Information Date  Receiving Public HIV/AIDS Drug Assistance Program (ADAP)?  □ Yes □ No □ Don't know □ Prefer to not answer  ■ If No, reason not receiving public HIV/AIDS drug assistance program?  □ Applied; decision pending □ Don't know □ Applied; client not eligible □ Prefer to not answer □ You did not apply □ Data not collected									
- · · - · · · · · · · · · · · · · · · ·		nsurance Type N/A fo							
Receiving Ryan Whit			sistance?  ☐ Don't know	I 🗆 F	Prefer to not answer				
⊔ 162		U			TEIEL TO HOL AUSWEI				
	If No.	reason not receiv	ring Ryan White-fun	ded Medical or Den	ital Assistance?				
		pplied; decision pend		☐ Don't know					
		pplied; client not eligi	ble	☐ Prefer to not an☐ Data not collect					
		ou did not apply nsurance Type N/A fo	r this client	☐ Data not collect	eu				
Prescribed Anti-Retro	oviral – Have	you been prescribed	l anti-retroviral drugs?	•					
☐ Yes	□ N	0	☐ Don't know	□ F	Prefer to not answer				

### **Answer These Questions For Head Of Household And Other Adults**

Enrollment CoC - In which Co	C is the Head of Household st	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:

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

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Section 1: Type of Prior L	iving Situation- Where did you live in	nme	diately 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)	<ul> <li>Hospital or other residential non- psychiatric medical facility</li> </ul>		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	<ul> <li>Psychiatric hospital or other psychiatric facility</li> </ul>		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 □ Housing Stability Voucher □ VASH housing subsidy □ Family Unification Program Voucher (FUP)  RRH or □ 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
			Owned by client, no ongoing housing subsidy Owned by client, with ongoing housing subsidy Don't know Prefer not to answer Data not collected
<b>↓</b>	tay in Prior Living Situation, How lo		<b>†</b>
Da atiana O. I anantia at O.	tarring Duian Living a Oldreadian 11. 1.		

Section 2: Length of Stay in Prior Living Situation- How long did the client 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

☐ 1 night or less	☐ 1 night or less			1 night							
☐ 2 to 6 nights	☐ 2 to 6 nights			2 to 6 n	ights						
☐ 1 week or more, but less than 1 month	<sup>□</sup> month	e, but less than 1		1 week	or more, but les	ss tha	an 1 month				
☐ 1 month or more, but less than 90 days	☐ days	re, but less than 90	)	1 montl	n or more, but le	ess th	nan 90 days				
90 days or more, but less than 1 year	90 days or mo	re, but less than 1		90 days	s or more, but le	ess th	nan 1 year				
☐ 1 year or longer	☐ 1 year or longe	er		1 year	or longer						
☐ Don't know	☐ Don't know										
☐ Prefer not to answer	☐ Prefer not to a	nswer		Prefer r	not to answer						
☐ Data not collected	☐ Data not collect	ted		Data no	ot collected						
			· ·								
Section 3: Break in Homele	str	the night before e eets, or in emerge	ncy she	elter?			_				
If any responses in the shaded boxes	below are checked,	you must go to SE			ers should go to	Inco	ome and Sources				
	☐ Yes [Go to Se	ection 4]		Yes [	Go to Section 4]						
	□ No			No							
Go to Section 4	☐ Don't know			Don't kı							
	☐ Prefer not to a				not to answer						
	☐ Data not collect	ted		Data no	ot collected						
<b>+</b>											
Section 4- Answer the three questions below to complete this section											
Approximate Date This Episode of	of Homelessness	Started?									
			7								
Month	Day	Year									
Regardless of where you stayed in an emergency shelter in the pa			you be	en ho	meless on the	e str	eets, or				
☐ One time (Select this if this is the 1	st time you have exp	erienced homeless	ness 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, in total, have in the past 3 years?	you experienced	homelessness	on the	street,	or in an emei	rgen	cy shelter				
☐ 1 month or less (Select this if this is	e the 1st time you have	ve evnerienced has	nelecon	acc in th	ne nast 3 vooro		Don't know				
·				ะจอ เเเ เก	ie hasi o Afais)						
☐ Between 2 and 12 Months —	Enter the tota	al number of mont	ins:				Prefer not to answer				
☐ More than 12 months							Data not collected				
						_					
Income and Sources - Do you curr	ently have any inco	ome from any sou	rce?	ı	1						
☐ Yes ☐ No		☐ Don't know			efer not to swer		Data not collected				
To complete the table below, you mu	st answer 'Yes' or	No' for each mon	thly inc	ome so	urce.						
Answer 'Yes' only if the income source						come	e (except earned				
income) can be included under the Hea					,		, , , , , , , , , , , , , , , , , , , ,				
Answer 'No' for sources that have been			in the pa	ast.							
If the response for any source is 'Yes					ow.						
For Office HMIS Users Only: If the clien						he Pr	roject Start Date.				
•							•				
Source of Income			Yes	No			y amount from to nearest dollar)				
Earned income (i.e., employment incom	ne)				\$						
Unemployment Insurance					\$						
· · ·											
Supplemental Security Income (SSI)				$\Box$	\$						

Social Secur	rity Disability Inco	ome (SSDI)				\$						
VA Service-0	Connected Disab	oility Compensation				\$						
VA Non-Serv	vice-Connected I	Disability Pension				\$						
Private disab	oility insurance					\$						
Worker's Co	mpensation					\$						
Temporary A	Assistance for Ne	eedy Families (TANF)				\$						
General Ass	istance (GA)					\$						
Retirement I	ncome from Soc	ial Security				\$						
Pension or re	etirement income	e from a former job				\$						
Child suppor	t					\$						
	ther spousal sup	pport				\$						
Other source	e:					\$						
	Tota	al monthly income from all sour	ces			\$						
Non-Cash	Ronofite Dov	ou have any non-cash benefits	from any cou	rco2								
□ Yes	Delients - Do y	□ No	□ Don't know			Duefer	-44-	Тп	l D-4	4	!!	41
□ res		□ NO	□ DOIL KNOW			Prefer n answer	01 10		Dai	a not	collec	ilea
To complete	e the table below	o' for each non	-cash l	penefit.								
Answer 'Yes	only if the non-	cash benefit is recurrent and recei	ived as of today	(i.e. no	t termina							
If the respon	tor non-casn bei nse for any non	nefit that have been terminated, e <sup>a</sup>	ven if they were the shaded se	receive ection.	ed in the	past.						
		, .			I							
Source of N	on-Cash Benef	it		Yes	No	If yes,	month (round					ırce
Supplementa	al Nutrition Assis	tance Program (SNAP)				¢	,					
Special Supr	olemental Nutritio	on Program for Women, Infants, a	nd			\$						
Children (WI	C)					\$						
		r use local name)				\$						
-		s (or use local name)				\$						
Other TANF	-Funded Service	s (or use local name)				\$						
Other source	ce:					\$						
Domestic \	Violence - Are	you a survivor of domestic viole	ence?									
□ Yes		□ No	☐ Don't kno	ow.		Prefer	not to	Tc	Dat	a not	collec	ted
. 55			20			answe						
V												
	n did the exper		D24 I									
	the past three m	onths o (excluding six months exactly)	□ Don't kno		SWAT							
		ago (excluding one year exactly)	☐ Data not									
	ear ago or more											
V												
☐ Yes	you currently flo	eeing?	☐ Don't kno	214		Prefer	not to		Dot	o not	collec	tod
⊔ res		□ NO	Don't kno	JW		answei		-	ı Dai	a not	collec	ilea
Current Living Situation												
	his contact with	ı you?			/			/				
		Situation - Where were you livi	na durina this	contac	t?							
		itional, Temporary, or Permane				ns are	listed b	elov	N.			
		meant for habitation (e.g., a vehic	le, an abandon	ed build	ling, bus	train/sub	oway st	ation	n/airpo	ort or	anywł	nere
Homeless	outside)	cy shelter, including hotel or motel	paid for with er	nergen	cv shelte	r vouche	er, or RI	-HY₋fı	under	Hos	Hom	e
	shelter	paid for With Ci	orgoni	oy officite	. +546116	., oi i (i	- 1 -10	a. 1400	103		<b>-</b>	

		Foster ca	re home or foster	care g	roup home									
	☐ Hospital or other residential non-psychiatric medical facility													
Institutional		<ul><li>□ Jail, prison, or juvenile detention facility</li><li>□ Long-term care facility or nursing home</li></ul>												
		Long-tern	n care facility or n	ursing	home									
			ic hospital or othe			/								
			e abuse treatmen											
			al project or halfw				riteria	l						
			notel paid for <i>with</i>											
Temporary			nal housing for ho					ss vouth)						
remperary			ne (non-crisis)		- porocine (			,						
			r living in a friend'	s roon	n anartment	or house								
			r living in a family				or hou	SP						
			client, no ongoing			ipartinoni (	JI IIOU	<u> </u>						
			client, with other			ubeidy (Dl	2250	Specify)						
		-	D TIP housing su	-	ig flousing s	ubsidy (i ii			Stability Vouch	ner				
			SH housing subsi	-				_	Jnification Prog		/oucher (FLIP)			
			H or equivalent s	-				•	· ·		ce Initiative (FYI)			
Permanent			using Choice Vou	,					· ·		, ,			
		Other permanent housing dedicated for formerly												
		Rai	•	other	ongoing			homeles	ss persons					
		Rental by client, with other ongoing housing subsidy												
		— commany commy managements												
	☐ Other (specify):													
Other		Don't kno	w											
		Prefer no	t to answer											
		Data not												
Living Sit														
			ry, Or Permane					•						
□ Yes	oing to	nave to ie	eave your curren	t IIVIN	g situation	□ Don't			□ Prefer not	to	□ Data not collected			
□ 162						□ Dont	KIIOW		answer	lO	□ Data flot collected			
Ψ														
If Yes to, "	you a	re going to	have to leave th	eir cu	ırrent living	situation	withir	n 14 days	?"					
	Has	a subsequ	ent residence be	en ide	entified?									
	`	Yes	□ No		Don't know			Prefer no	ot to answer		Data not collected			
	Do y	ou or your	family have reso	ource	s or suppor	t networks	s to ol			nousi	ng?			
Answer	<u> </u>	Yes	□ No		Don't know			Prefer no	ot to answer		Data not collected			
all		•	a lease or owners			permanen	t hou							
	<u> </u>	Yes	□ No		Don't know			Prefer no	ot to answer		Data not collected			
			ed 2 or more time			ays?					5			
	<u>'</u>	Yes	□ No		Don't know			Prefer no	ot to answer	Ш	Data not collected			
CHODENT	1 12715	C CITUAT	ION Leastier !	.4e!!=										
CURRENT	LIVIN	G SHUAH	ION - Location de	tails										

NC Natural D	isaster/Storm– Are you experiencing homele	ssness due to a recent	natural disaster/sto	orm?								
□ Yes	□ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected								
<b>V</b>												
	are resources and partners available during na											
your permiss      Yes	sion to use this information to coordinate with	them to help get you re  Don't know	sources and assist  Prefer not to answer	ance?      Data not collected								
<b>T</b>			J	l								
If Yes: What	natural disaster/storm caused you to evacuate	and seek other shelter	?									
☐ Hurrican	e Florence	☐ Hurricane Dorian	□ Other:									
What NC Cou	inty were you living in immediately prior to the m?	natural										
u.ouotor/otor												
T	o Of Bulan Living Office tion 188	P. 1 P. 6.1										
Тур	e Of Prior Living Situation - Where were you											
Homeless	Place not meant for habitation (e.g., a vehic anywhere outside)	cle, an abandoned buildin	g, bus/train/subway :	station/airport or								
	Emergency shelter, including hotel or motel	paid for with emergency	shelter voucher, or l	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											
	☐ Long-term care facility or nursing home											
	☐ Psychiatric hospital or other psychiatric faci	lity										
	☐ Substance abuse treatment facility or detox											
	☐ Transitional housing for homeless persons (including homeless youth)											
	Residential project or halfway house with no											
Temporary	☐ Hotel or motel paid for <i>without</i> emergency s	shelter voucher										
i simporany	☐ Host Home (non-crisis)											
	☐ Staying or living in a friend's room, apartme											
	Staying or living in a family member's room	•										
	Rental by client, no ongoing housing subsid											
	Rental by client, with ongoing housing subs	• • • • • • • • • • • • • • • • • • • •										
	☐ GPD TIP housing subsidy ☐ VASH housing subsidy		ng Stability Voucher Unification Program	Voucher (FLIP)								
	□ RRH or equivalent subsidy		Youth to Independe									
	☐ Housing Choice Voucher (HCV)	□ Perma	nent Supportive Hou	sing (PSH)								
Permanent	Public housing unit		permanent housing c ess persons	ledicated for formerly								
	☐ Rental by client, with other ongoing	nomeie	ess persons									
	housing subsidy											
	Owned by client, no ongoing housing subsite	dv										
	Owned by client, no ongoing housing substitution     Owned by client, with ongoing housing substitutions.	•										
	Other (specify):	siuy										
	□ Don't know											
Other	☐ Prefer not to answer											
	☐ Data not collected											
Length of St	ay – Before he natural disaster/storm, how long	did you live in the price	or living situation?									
□ 1 night o	-	☐ 1 year or longer										
□ 2 to 6 ni		☐ Don't know										
	or more, but less than 1 month	☐ Prefer not to answe	er									
☐ 1 month	or more, but less than 90 days	☐ Data not collected										

□ 90 da	ys or more,	but les	s thar	า 1 yea	ar														
Approxima	te Date of	Evacua	ation ·	– On v	vhat da	ite dic	d you lea	ave y	our pr	ior livi	ing situa	ation	1?						
						T,													
	Mo	onth			ay			Y	'ear										
	15 (1) a m			•• ••		• • • • •		41			1 1 4					- 1 1-	4	- 1 = 4	
Do you kno			u wei	re livin	ig was	destr	oyed by	the	natura	l disas	ster/stor	m, s	seriol	isly a	amaç	ged b	ut no	t desti	royed,
□ Destroy															] [	on't k	now		
	ly damaged	I																answ	er
☐ Not seri	ously dama	ıged													] [	ata n	ot coll	lected	
If the place						dama	ged in a	ny w	vay, do	you h	ave ins	urar	nce to			ses?			
	nsurance to															on't k			
	nsurance to no insurance		some	of my	losses													answ lected	
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Have you r	ragistared	with EF	=MA f	or see	ietanc	02													
□ Yes	egistereu	WILIIFE			istaric	e :		Тп	Don't	know		Т	Pret	fer no	t to	Тп	Data	not co	llected
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If the place	you were	living	was d	lestro	yed or	dama	ged in a	ny w	vay, do	you h	ave ins	urar	nce to	cove	r los	ses?			
	nsurance to															on't k			
	nsurance to		some	of my	losses													answ	
□ I nave n	o insurance	<del></del>													l L	ata n	ot coll	lected	
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Answer TI	nese <b>Q</b> u	estio	ns r	OL 11	eau (	ים זכ	Ousen	Ola	S Um	ıy									
Coordinat	ed Entry	Λεερς	smer	ot - Fo	or Offic	CO HI	AIS Use	ere C	Inly										
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Date Of As	ssessmen	nt										1			1				
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Assessme	ent Locati	on																	
	□ CEF																		
	☐ Hous	sing He	lpline																
	☐ Hom	eLink																	
Orange	□ IFC	Commo	ns																
CoC	☐ Jail																		
	☐ Medi	ical Pro	vider																
	□ Outre																		
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Assessm	ent L	evel					is Needs						
						☐ Housing Needs Assessment							
Prioritizat	tion S	Statue				□ Placed on Prioritization List							
THOTHER		riatus				Not	Placed o	on Prio	ritizati	on List			
Coordina	ted E	ntry Event – For Office HMIS Users Only											
						Τ,			, ,				
Start Date	e / Da	te Of Event				/			<u>/                                    </u>				
Event													
		Referral to Prevention Assistance project											
Access		Problem Solving/Diversion/Rapid Resolution int	rvice				• 0	o to A					
Events		Referral to scheduled Coordinated Entry Crisis	ment										
		Referral to scheduled Coordinated Entry Housin	ds Asse	ssmen	sment Go to B								
		Referral to post-placement/follow-up case mana											
		Referral to Street Outreach project or services											
		Referral to Housing Navigation project or service	es										
		Referral to Non-continuum services: Ineligible for	or conti	nuum se	ervices								
		Referral to Non-continuum services: No availab	ility in o	continuu	m serv	ices							
Referral		Referral to Emergency Shelter bed opening											
Events		Referral to Transitional Housing bed/unit openir											
		Referral to Joint TH-RRH project/unit/resource	openin	g									
		Referral to RRH project resource opening							<b>O</b>	o to C			
		Referral to PSH project resource opening	•										
		Referral to Other PH project/unit/resource open Referral to emergency assistance/flex fund/furn		aciatana									
		Referral to emergency assistancemes fund/furn Referral to a Housing Stability Voucher	iture as	ssistance	е								
If (Event) o			lauain	a inton	ontion	<b>0</b> " 00		l&/	laaaa	000000	- A.		
		r was 'Problem Solving/Diversion/Rapid Re-H n Solving/Diversion/Rapid Resolution	iousin	g interv	ention	or se	rvice res	suit, p	iease	answe	r A:		
in	tervei	ntion or service result – Client housed/re- in a safe alternative?	□ Y	es				] No					
If 'Event' a	nswe	r was 'Referral to post-placement/follow-up c	ase m	anagem	ent re	sult', p	olease a	nswer	B:				
m		I to post-placement/follow-up case ement result – Enrolled in Aftercare ?	□ Y	es				] No					
		r was Referral to an ES, TH, Joint TH-RRH, RI	RH, PS	H, or O	ther Pl	d ope	ning, ple	ease ar	nswei	C-E:			
		n of Crisis Housing or Permanent Housing I (Project name or Project ID)											
D. Re	eferra	I Result (if known)	1 1	Client accepted	d		Client rejected	<u> </u>		Provid rejecte			
E. Da	ate of	Result (if known)			1			1					