Project Start Assessment – HP, TH

This form should be used by Homeless Prevention & Transitional Housing Projects for every client.
(children pages 1-2; all adults pages 1-8; heads of household pages 1-9)

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
☐ Client doesn't know (CDK)
☐ Client refused (CR)
☐ Data Not Collected (DNC)

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

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

Gender - Select one or more gender identities	
☐ Woman (Girl, if child)	☐ Questioning
☐ Man (Boy, if child)	☐ Different Identity (Please Specify)
☐ Culturally Specific Identity (e.g. Two-Spirit)	☐ Don't know
☐ Transgender	☐ Refused
☐ Non-Binary	☐ 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	☐ Refused
☐ Hispanic / Latina/e/o	☐ Data not collected
☐ Middle Eastern or North African	Additional Race and Ethnicity Detail:
☐ Native Hawaiian or Pacific Islander	

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

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 *Disability Determination* and *Long-Continued or Indefinite Duration* 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	☐	☐

Health Insurance – Are you currently covered by health insurance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each health insurance source.
Answer 'Yes' for any source that is currently received.
Answer 'No' for sources that have been terminated, even if they were received in the past.
For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.

Health Insurance Type	**Yes**	**No**
Medicaid	☐	☐
Medicare	☐	☐
State Children's Health Insurance Program (or North Carolina Health Choice)	☐	☐
Veteran's Health Administration (VHA)	☐	☐
Employer-Provided Health Insurance	☐	☐
Health insurance obtained through COBRA	☐	☐
Private Pay Health Insurance	☐	☐
State Health Insurance for Adults	☐	☐
Indian Health Services Program	☐	☐
Other If Yes, specify source:	☐	☐

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?	

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 – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections

Section 1: Type of Prior Living Situation- Where did you live immediately prior to this project entry?

Homeless	Institutional	Temporary Housing
☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	☐ Foster care home or foster care group home	☐ Transitional housing for homeless persons (including homeless youth)
	☐ 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 shelter voucher, or Host Home shelter	☐ Jail, prison, or juvenile detention facility	☐ Hotel or motel paid for *without* emergency shelter voucher
	☐ 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 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

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 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, but less than 1 month	☐ 1 week or more, but less than 1 month
☐ 1 month or more, but less than 90 days	☐ 1 month or more, but less than 90 days	☐ 1 month or more, but less than 90 days
☐ 90 days or more, but less than 1 year	☐ 90 days or more, but less than 1 year	☐ 90 days or more, but less than 1 year
☐ 1 year or longer	☐ 1 year or longer	☐ 1 year or longer
☐ Don't know	☐ Don't know	☐ Don't know
☐ Prefer not to answer	☐ Prefer not to answer	☐ Prefer not to answer
☐ Data not collected	☐ Data not collected	☐ Data not collected

Section 3: Break in Homelessness –	**On the night before entering the living situation, did you stay on the streets, or in emergency shelter?**	
If any responses in the shaded boxes below are checked, you must go to SECTION 4, all others should go to Income and Sources		
Go to Section 4	☐ Yes **[Go to Section 4]**	☐ Yes **[Go to Section 4]**
	☐ No	☐ No
	☐ Don't know	☐ Don't know
	☐ Prefer not to answer	☐ Prefer not to answer
	☐ Data not collected	☐ Data not collected

Section 4- Answer the three questions below to complete this section

Approximate Date This Episode of Homelessness Started?

		/			/				
Month			Day			Year			

Regardless of where you stayed last night, How Many Times have you been homeless on the streets, or in an emergency shelter in the past 3 years including today?

☐ One time (Select this if this is the 1st 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, in total, have you experienced homelessness on the street, or in an emergency shelter in the past 3 years?

☐ 1 month or less (Select this if this is the 1st 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

Income and Sources - Do you currently have any income from any source?

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

To complete the table below, you must answer 'Yes' or 'No' for each 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 Income	**Yes**	**No**	**If yes, monthly amount from source (round to nearest dollar)**
Earned income (i.e., employment income)	☐	☐	$
Unemployment Insurance	☐	☐	$
Supplemental Security Income (SSI)	☐	☐	$
Social Security Disability Income (SSDI)	☐	☐	$
VA Service-Connected Disability Compensation	☐	☐	$
VA Non-Service-Connected Disability Pension	☐	☐	$

Private disability insurance	☐	☐	$
Worker's Compensation	☐	☐	$
Temporary Assistance for Needy Families (TANF)	☐	☐	$
General Assistance (GA)	☐	☐	$
Retirement Income from Social Security	☐	☐	$
Pension or retirement income from a former job	☐	☐	$
Child support	☐	☐	$
Alimony or other spousal support	☐	☐	$
Other source:	☐	☐	$
Total monthly income from all sources			$

Non-Cash Benefits - Do you have any non-cash benefits from any source?

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

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.
For Office HMIS Users Only: If the client identifies Yes for any non-cash benefit, the benefit's Start Date will be the Project Start Date.

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Supplemental Nutrition Assistance Program (SNAP)	☐	☐	$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	☐	$
TANF Child Care services *(or use local name)*	☐	☐	$
TANF transportation services *(or use local name)*	☐	☐	$
Other TANF-Funded Services *(or use local name)*	☐	☐	$
Other source:	☐	☐	$

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?

			/			/				

Type Of Current Living Situation - Where were you living during this contact?
If the response is an Institutional, Temporary, or Permanent situation, follow-up questions are listed below.

Homeless	☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	☐	Emergency shelter, including hotel or motel paid for *with* emergency shelter voucher, or RHY-funded 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	☐ Residential project or halfway house with no homeless criteria
	☐ Hotel or motel paid for *without* emergency shelter voucher
	☐ Transitional housing for homeless persons (including homeless youth)
	☐ 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) ☐ 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 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
Other	☐ Other (specify):
	☐ Don't know
	☐ Prefer not to answer
	☐ Data not collected
Living Situation verified by: Name the verifying agency and project	

If Institutional, Temporary, Or Permanent Current Living Situation **Are you going to have to leave your current living situation within 14 days?**				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes to, "you are going to have to leave their current living situation within 14 days?"					
Answer all	**Has a subsequent residence been identified?**				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
	Do you or your family have resources or support networks to obtain other permanent housing?				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
	Have you had a lease or ownership interest in a permanent housing unit in the last 60 days?				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
	Have you moved 2 or more times in the last 60 days?				
	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

CURRENT LIVING SITUATION - Location details

NC Natural Disaster/Storm– Are you experiencing homelessness due to a recent natural disaster/storm?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes: There are resources and partners available during natural disasters/storms that can help you. Do we have your permission to use this information to coordinate with them to help get you resources and assistance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes: What natural disaster/storm caused you to evacuate and seek other shelter?			
☐ Hurricane Florence	☐ Hurricane Matthew	☐ Hurricane Dorian	☐ Other:

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

Type Of Prior Living Situation - Where were you living immediately prior to the Natural Disaster/Storm?	
Homeless	☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway 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 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 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
Other	☐ Other (specify):
	☐ Don't know
	☐ Prefer not to answer
	☐ Data not collected

Length of Stay – Before he natural disaster/storm, how long did you live in the prior living situation?	
☐ 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 of Evacuation – On what date did you leave your prior living situation?
__ __ / __ __ / __ __ __ __ 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	☐ Don't know
☐ Seriously damaged	☐ Prefer not to answer
☐ Not seriously 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 insurance to cover most of my losses	☐ Don't know
☐ I have insurance to cover some of my losses	☐ Prefer not to answer
☐ I have no insurance	☐ Data not collected

Have you registered with FEMA for assistance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ 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 insurance to cover most of my losses	☐ Don't know
☐ I have insurance to cover some of my losses	☐ Prefer not to answer
☐ I have no insurance	☐ Data not collected

Answer These Questions For Head Of Households Only

Coordinated Entry Assessment - For Office HMIS Users Only										
Date Of Assessment			/			/				

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 Office HMIS Users 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)	/	/