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**

| DA   | DATE OF PROJECT START               |         |                |         |         |          |             |       |         |        |                        |              |   | НМ     | IS CL  | JEN           | T ID - Fo          | r HM  | IS Us    | sers on  | ly   |
|------|-------------------------------------|---------|----------------|---------|---------|----------|-------------|-------|---------|--------|------------------------|--------------|---|--------|--------|---------------|--------------------|---|----------|----------|------|
|      |                                     | 1       |                |         | /       |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
| Mo   | <br>onth                            | _       | Day            |         | -       | Ye       | ar<br>•ar   |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        | _            |   |        |        |               |                    |   |          |          |      |
| N.A  | ME -                                | (First, | Midd           | lle, La | st, Su  | iffix)   |             |       |         |        |                        |              |   |        |        |               | QUALITY            |   |          |          |      |
| Fir  | st Nam                              | е       |                |         |         |          |             |       |         |        |                        |              |   |        |        |               | reported reet name |   | -ode     | name     |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          | паппе    |      |
| Mie  | ddle Na                             | ime     |                |         |         |          |             |       |         |        |                        |              | ☐ Client doesn't know (CDK) ☐ Client refused (CR) |        |        |               |                    |   |          |          |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        |              |   |        |        |               | Collected          |   | C)       |          |      |
| La   | Last Name                           |         |                |         |         |          |             |       |         |        |                        |              |   |        |        |               | (=::               | <u>-,                                    </u> |          |          |      |
| Su   | Suffix (e.g.,                       |         |                |         |         |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
|      | Sr, III)                            | , ,     |                |         |         |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
|      |                                     | •       |                |         |         |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
| 500  | ial Se                              | ourity  | , Nium         | abor    |         |          |             |       |         |        | Date                   | · O          | uality  | Stati  |        |               |                    |   |          |          |      |
| 300  | iai Se                              | curity  | Null           | ibei    |         |          | Full        |       | Annı    | OX. OI |                        |              | uality  | t knov |        |               | Prefer no          | ot [  |          | Data no  | nt . |
|      |                                     |         |                |         |         |          | Reported    |       |         |        | ported                 | ш            | DOII  | LKIIOV | v      |               | to answe           |   | _        | collecte |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        |              |   |        | •      |               |                    |   |          |          |      |
| Vet  | eran S                              | tatus   | i              |         |         |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
|      | Yes                                 |         |                |         |         |          | No          |       |         |        |                        |              | Don'  | t knov | v      |               | Prefer             | [   |          | Data no  |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        |              |   |        |        | not to answer |                    | C   | collecte | ed       |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        |              |   |        |        |               | answer             |   |          |          |      |
| Date | e Of B                              | irth (e | e.g. 10        | )/23/19 | 978)    |          |             |       |         |        | Data                   | a Qı         | uality  | Stat   | us     |               |                    |   |          |          |      |
|      |                                     |         |                |         |         |          | Full        |       |         | ox. or |                        | ☐ Don't know |   |        | v      | □ Prefer not  |                    |   |          | Data no  |      |
|      |                                     |         |                |         |         |          | Reported    |       | Parti   | al Re  | ported                 |              |   |        |        |               | to answe           | r:  | C        | collecte | ed   |
| Ger  | ider - S                            | Select  | one o          | r more  | e geno  | der ide  | ntities     |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
|      | Woma                                | an (Gir | l, if ch       | ild)    | -       |          |             |       |         |        | Question               | ing          |   |        |        |               |                    |   |          |          |      |
|      | Man (                               | Boy, if | child)         | )       |         |          |             |       |         |        | Different              |              |   |        |        |               |                    |   |          |          |      |
|      | 014                                 | - 11 0- | :c: .          | 1-14    | :4/-    | T        | O:-:t)      |       |         | (      | (Please S              | •            | cify)   |        |        |               |                    |   |          |          |      |
|      | Trans                               |         |                | adent   | ity (e. | g. Two-  | -Spirit)    |       |         |        | Don't kno<br>Refused   | ow           |   |        |        |               |                    |   |          |          |      |
|      | Non-E                               | •       | ;I             |         |         |          |             |       |         |        | Data not               | coll         | ected   |        |        |               |                    |   |          |          |      |
|      |                                     |         |                |         |         |          |             |       |         |        |                        | 0011         | ootou   |        |        |               |                    |   |          |          |      |
|      | e and                               | Ethn    | icity          | - Sele  | ct one  | or mo    | re race and | ethni | ic cate | egorie | S                      |              |   |        |        |               |                    |   |          |          |      |
|      | Ameri                               | can In  | dian, <i>i</i> | Alaska  | a Nativ | ve, or l | ndigenous   |       |         |        | White                  |              |   |        |        |               |                    |   |          |          |      |
|      | Asian                               |         |                |         |         |          |             |       |         |        | Don't kno              | OW           |   |        |        |               |                    |   |          |          |      |
|      | Black,                              |         |                |         | i, or A | frican   |             |       |         |        | Refused                | 11           | 41  |        |        |               |                    |   |          |          |      |
|      | Hispa<br>Middle                     |         |                |         | Africa  |          |             |       |         |        | Data not               |              | ected   |        |        |               |                    |   |          |          |      |
|      |                                     |         |                |         |         |          |             |       |         |        | tional Ra<br>Ethnicity |              | ail·  |        |        |               |                    |   |          |          |      |
|      | Native Hawaiian or Pacific Islander |         |                |         |         |          |             |       | G. IG   |        | _                      |              |   |        |        |               |                    |   |          |          |      |
| Rela | elationship to Head of Household    |         |                |         |         |          |             |       |         |        |                        |              |   |        |        |               |                    |   |          |          |      |
|      | Self (head of household)            |         |                |         |         |          |             |       |         |        |                        |              |   |        | member | _             | _                  |   |          |          |      |
|      | Head                                |         |                |         |         |          |             |       |         |        | (other re              |              |   |        |        | enol          | u)                 |   |          |          |      |
|      | heaH                                | of hou  | iseholi        | d'e en  | വാടക    | or partr | ner .       |       |         |        | Other no               | n-re         | alati∩n   | mem    | her    |               |                    |   |          |          |      |

| Disability Status - Do you   | ı have a disabling co   | ndition?                               |                                     |                        |                       |           |
|--|---|--|-------------------------------------|------------------------|-----------------------|-----------|
| ☐ Yes  | □ No  |  | ☐ Don't know                        | ☐ Prefer not to answer | □ Data not            | collected |
| Answer 'Yes' or 'No' for ea<br>Only select YES if the disabil<br>substantially impairs your ab<br>For Office HMIS Users Only:<br>Indefinite Duration questions | lity type is expected to<br>bility to live independer<br>: If the client identifies | be long-cont<br>itly.<br>Yes for any o | disability type, mark <i>Disabi</i> |                        | nd <i>Long-Contin</i> | 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 ye  | ou currently covered  | by health in                           | surance?                            |                        |                       |           |
| ☐ Yes  | □ No  |  | □ Don't know                        | ☐ Prefer not to answer | □ Data not o          | collected |
| Answer 'Yes' or 'No' for ea<br>Answer 'Yes' for any source<br>Answer 'No' for sources that<br>For Office HMIS Users Only:<br>Project Start Date.               | that is currently receive<br>have been terminated                                   | ed.<br>, even if they                  |                                     |                        | t Date will be tl     | ne        |
| Health Insurance Type  |   |  |                                     |                        | Yes                   | No        |
| Medicaid   |   |  |                                     |                        |                       |           |
| Medicare   |   |  |                                     |                        |                       |           |
| State Children's Health Insur  | ance Program (or Nor  | th Carolina H                          | lealth Choice)                      |                        |                       |           |
| Veteran's Health Administrat   | ion (VHA)   |  |                                     |                        |                       |           |
| Employer-Provided Health In  | surance   |  |                                     |                        |                       |           |
| Health insurance obtained th   | rough COBRA   |  |                                     |                        |                       |           |
| Private Pay Health Insurance   | 9   |  |                                     |                        |                       |           |
| State Health Insurance for A   | dults   |  |                                     |                        |                       |           |
| Indian Health Services Progr   | am  |  |                                     |                        |                       |           |
| Other If Yes, specify source:  |   |  |                                     |                        |                       |           |
|  |   |  |                                     |                        |                       |           |
| NC County Of Service<br>In which NC county are you   | u receiving this proje  | ct's service                           | s?                                  |                        |                       |           |
|  |   |  |                                     |                        |                       |           |
| What is the Zin Code of  | very loof nermaner  | • • • • • • • • • • • • • • • • • • •  |                                     |                        |                       |           |

## 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** Foster care home or foster Transitional housing for homeless Place not meant for habitation care group home persons (including homeless youth) (e.g., vehicle, abandoned building, bus station/airport or Residential project or halfway house with no anywhere outside) non-psychiatric medical facility homeless criteria Jail, prison, or juvenile Hotel or motel paid for without Emergency shelter, including hotel detention facility emergency shelter voucher or motel paid for with emergency Long-term care facility or shelter voucher, or Host Home ☐ Host Home (non-crisis) $\Box$ nursing home shelter Psychiatric hospital or other Staying or living in a friend's room, apartment, $\Box$ ☐ Don't know or house psychiatric facility Substance abuse treatment Staying or living in a family member's room, Prefer not to answer facility or detox center apartment, or house □ Data not collected Don't know **Permanent Housing** Prefer not to answer Rental by client, no ongoing housing subsidy Rental by client, with another ongoing □ Data not collected housing subsidy (Please specify) GPD TIP housing Housing Stability subsidy Voucher □ Family Unification VASH housing **Program Voucher** subsidy (FUP) RRH or ☐ Foster Youth to equivalent Independence subsidy Initiative (FYI) Permanent Housing Choice Supportive Voucher (HCV) Housing (PSH) Other permanent Public housing housing dedicated П unit 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 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

| month  | month  | □ 1 we                                | eek or more, but l | ess than 1 month                              |
|--|--|---------------------------------------|--------------------|---|
| 1 month or more, but less than 90  | 1 month or more, but less than 90  | □ 1 m                                 | anth or mara but   | loss than 00 days                             |
| days   | │ <sup>─</sup> days  |                                       | onin 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 c                                | lays or more, but  | less than 1 year                              |
| ☐ 1 year or longer   | ☐ 1 year or longer   |                                       | ar or longer       |   |
| ☐ Don't know   | ☐ Don't know   | ☐ Don                                 |                    |   |
| ☐ Prefer not to answer   | ☐ Prefer not to answer   | _                                     | er not to answer   |   |
| ☐ Data not collected   | ☐ Data not collected   | │ □ Data                              | a not collected    |   |
| Section 3: Break in Homele   | ssness - On the night before en  |                                       |                    | did you stay on the                           |
| If any responses in the shaded boxes b   | pelow are checked, you must go to SECT   |                                       |                    | to Income and Sources                         |
|  | ☐ Yes [Go to Section 4]  | ☐ Yes                                 | [Go to Section     | 4]  |
|  | □ No   | □ No                                  |                    |   |
| Go to Section 4  | ☐ Don't know☐ Prefer not to answer   |                                       | er not to answer   |   |
|  | ☐ Data not collected   |                                       | a not collected    |   |
|  | _ Buta not concered  | _ Dut                                 | a not conceted     |   |
| ▼  | <u> </u>   |                                       |                    | *   |
| Section 4- Ar  | nswer the three questions below to   | comple                                | te this section    |   |
| Approximate Date This Episod   | e of Homelessness Started?   |                                       |                    |   |
|  |  |                                       |                    |   |
|  |  |                                       |                    |   |
| Na matin   | Pau Yaan   |                                       |                    |   |
| Month  | Day Year   |                                       |                    |   |
| Regardless of where you stayed lain an emergency shelter in the pas  | ast night, How Many Times have yo<br>st 3 years including today?   | ou been                               | homeless on t      | he streets, or                                |
| ☐ One time (Select this if this is the 1   | st time you have experienced homelessne  | ess in the p                          | past 3 years)      | ☐ Don't know                                  |
| ☐ Two times  | · · · · · · · · · · · · · · · · · · ·  | •                                     | . ,                | ☐ Prefer not to answer                        |
| ☐ Three times  |  |                                       |                    | ☐ Data not collected                          |
| ☐ Four or more times   |  |                                       |                    | 2 4.44 1101 001100104                         |
|  |  | 414                                   | . 4                |   |
| in the past 3 years?   | you experienced homelessness on  | tne stre                              | et, or in an em    | ergency sneiter                               |
| ☐ 1 month or less (Select this if this is  | the 1 <sup>st</sup> time you have experienced home   | lessness i                            | n the past 3 years | s) Don't know                                 |
| ☐ Between 2 and 12 Months ——   | <b>→</b> Enter the total number of months  | S:                                    | -                  | ☐ Prefer not to                               |
| ☐ More than 12 months  |  |                                       |                    | □ Data not collected                          |
|  |  |                                       |                    |   |
|  |  |                                       |                    |   |
| <del>_</del>   | ently have any income from any source  | e?                                    |                    |   |
| ☐ Yes ☐ No   | ☐ Don't know   | □ Prefe                               | er not to answer   | ☐ Data not collected                          |
| Answer 'Yes' only if the income source is income) can be included under the Head Answer 'No' for sources that have been If the response for any source is 'Yes | st answer 'Yes' or 'No' for each month<br>is recurrent and received as of today (i.e.<br>d of Household's information.<br>terminated, even if they were received in<br>', complete the amount in the shaded in<br>it identifies Yes for any income source, the | not termin<br>the past.<br>section be | ated). Children's  | · ·   |
| Source of Income   |  | Yes N                                 |                    | nonthly amount from (round to nearest dollar) |
| Earned income (i.e., employment income   | e)   |                                       | \$                 |   |
| Unemployment Insurance   |  |                                       | \$                 |   |
| Supplemental Security Income (SSI)   |  |                                       | \$                 |   |
| Social Security Disability Income (SSDI)   |  |                                       |                    |   |
| VA Service-Connected Disability Compe  |  |                                       |                    |   |
| VA Non-Service-Connected Disability Pe   |  |                                       | ¥                  |   |
| Control Control Dioability 1   |  |                                       | Ψ                  |   |

| I   | ility insurance  |   |  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|---|--|---|--|---|--|-------------------------|-----------------|----------|------------------|---------------|----------------|--------|----------|------------------------|--|--|--|--|--|--|--|--|--|
| Worker's Co   | mpensation   |   |  |   |  | \$                      |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Temporary A   | ssistance for Ne   | eedy Families (TAN  | NF)  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| General Ass   | istance (GA)   |   |  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Retirement I  | ncome from Soc   | ial Security  |  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Pension or re   | etirement income   | e from a former job   | )  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Child suppor  | t  |   |  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Alimony or o  | ther spousal sup   | port  |  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Other source  | ):   |   |  |   |  |                         |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   | Tota   | al monthly income   | e from all   | Isources  |  | •                       |                 | \$       |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   |  |   |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   |  |   |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   | Benefits - Do y  | you have any non  |  |   |  |                         |                 |          |                  | - I .         | _              |        |          |                        |  |  |  |  |  |  |  |  |  |
| □ Yes   |  | □ No  |  | Don't know  |  | Prefe                   | er not          | to ans   | swer             | L             | □ Da           | ta not | colle    | cted                   |  |  |  |  |  |  |  |  |  |
| Answer 'Yes<br>Answer 'No'  | ' only if the non-<br>for non-cash be<br>nse for any non   | w, you must answ<br>cash benefit is recu<br>nefit that have beet<br>I-cash benefit is of<br>If the client identifi  | urrent and<br>n termina<br><b>Yes', con</b>                          | d received as of too<br>ted, even if they we<br>aplete the shaded   | day (i.e. n<br>ere receiv<br>l <b>section.</b>                   | ot terr<br>ed in        | minate<br>the p | asť.     | te will          | be th         | e Proj         | ect St | tart Da  | ate.                   |  |  |  |  |  |  |  |  |  |
| Source of N   | on-Cash Benef  | it  |  |   | Yes  | No                      |                 | If yes   | , mon<br>(rou    |               | amou<br>neares |        |          | ırce                   |  |  |  |  |  |  |  |  |  |
| Supplementa   | al Nutrition Assis   | tance Program (SI   | NAP)   |   |  |                         |                 | 5        |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Special Supp<br>Children (WI  |  | on Program for Wo   | men, Infa  | ants, and   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   |  | r use local name)   |  |   |  |                         | 1 5             | 5        |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   | •  | s (or use local nam   | e)   |   |  |                         | 1 5             | 5        |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| ·   |  | s (or use local nam   |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Other source  |  | - (0. 0.00  | ,  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Ouror oodire  |  |   |  |   |  |                         |                 | 7        |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   |  |   |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Domestic \  | /iolence - Are   | you a survivor of   | domesti  | c violence?   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| □ Yes   |  | □ No  |  | ☐ Don't know  |  | Pref                    | fer no          | t to an  | swer             |               | □ Dat          | a not  | collec   | ted                    |  |  |  |  |  |  |  |  |  |
|   |  |   | <u>t_</u>  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| Ψ   |  | rioneo occur?   |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
|   | •  | If Yes, when did the experience occur?  ☐ Within the past three months  |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| ☐ Within  | n the past three   | months  |  |   |  |                         |                 |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three  | n the past three<br>to six months a  | months  |  | (actly) 🗆 Prefe   | 't know<br>er not to a<br>not colle                              |                         | er              |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m  | n the past three<br>e to six months a<br>conths to one yea   | months<br>igo (excluding six n<br>ar ago (excluding c   |  | (actly) 🗆 Prefe   | er not to a  |                         | er              |          |                  |               |                |        |          | ☐ One year ago or more |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y  | n the past three<br>e to six months a<br>conths to one yea<br>year ago or more   | months<br>igo (excluding six r<br>ar ago (excluding c   |  | (actly) 🗆 Prefe   | er not to a  |                         | er              |          |                  |               |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y  | n the past three<br>e to six months a<br>conths to one yea   | months<br>igo (excluding six r<br>ar ago (excluding c   |  | (actly) 🗆 Prefe   | er not to a  |                         | er              |          |                  | 1             |                |        |          |                        |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y  | n the past three<br>e to six months a<br>conths to one yea<br>year ago or more   | months<br>igo (excluding six r<br>ar ago (excluding c   |  | (actly) 🗆 Prefe   | er not to a<br>not colle   | cted                    |                 | not to a | answei           | -             | □ D            | ata no | ot colle | ected                  |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y ✓  If Yes, are   | n the past three<br>e to six months a<br>conths to one yea<br>year ago or more   | months  igo (excluding six r  ar ago (excluding c  e  leeing?   |  | cactly)   | er not to a<br>not colle   | cted                    |                 | not to a | answei           | -             | _ D            | ata no | ot colle | ected                  |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y ✓  If Yes, are ☐ Yes  Current L                                      | n the past three<br>e to six months a<br>conths to one yea<br>year ago or more   | months ago (excluding six r ar ago (excluding c e  leeing?  |  | cactly)   | er not to a<br>not colle   | cted                    |                 | not to a | answei           | .             | □ D            | ata no | ot colle | ected                  |  |  |  |  |  |  |  |  |  |
| ☐ Within☐ Three☐ Six m☐ One y☐ If Yes, are☐ Yes☐ Current L☐ When was t☐ Type Of Cu                    | n the past three to six months a conths to one year ago or more you currently f  | months ago (excluding six r ar ago (excluding c e  leeing?  | one year e   | cactly)   | er not to a not colle  | □ Pr                    | refer r         |          |                  | 1             |                | ata no | ot colle | ected                  |  |  |  |  |  |  |  |  |  |
| ☐ Within☐ Three☐ Six m☐ One y☐ If Yes, are☐ Yes☐ Current L☐ When was t☐ Type Of Cu                    | the past three to six months a conths to one year ago or more you currently full this contact with this contact with the place not the past three to six months to one year ago or more you currently full this contact with the place not the place not the past three to six months the place not the past three to six months three thr | months ago (excluding six r ar ago (excluding of e  leeing?  No  n you?  Situation - Where  | e were yo  | Don't know  u living during the manent situation,   | er not to a not colle  | □ Pr                    | efer r          | s are    | listed           | /<br>belo     | w.             |        |          |                        |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y ✓  If Yes, are ☐ Yes  Current L When was t  Type Of Cu If the respon | iving Situation is contact with series and institution on the past three is to six months a contact with series and institution of the past three is an institution of the past three is the past three is an institution of the past three is the past three is an institution of the past three is the past three is the past three is to six months a contact with the past three is to six months a contact with the past three is to six months a contact with the past three is to six months a contact with the past three is to six months a contact with the past three is to six months a contact with the past three is to six months a contact with the past three is to six months a contact with the past three is three is three is the past three is three is three is three is the past three is  | months ago (excluding six r ar ago (excluding of e  leeing?  No  n you?  Situation - Where stional, Temporary meant for habitation  | e were yo<br>y, or Peri  | Don't know  u living during the manent situation, vehicle, an abandon   | er not to a not colle a not colle is contact follow-u oned built | □ Proceed Proceeding, I | estion          | es are   | listed<br>bway : | <b>/</b> belo | w.<br>n/airpo  | ort or | anywh    | nere                   |  |  |  |  |  |  |  |  |  |
| ☐ Within☐ Three☐ Six m☐ One y☐ If Yes, are☐ Yes☐ Current L☐ When was t☐ Type Of Cu                    | iving Situation is contact with series an Institution of the series and institution of the serie | months ago (excluding six r ar ago (excluding of e  leeing?  No  n you?  Situation - Where utional, Temporar  | e were yo<br>y, or Peri  | Don't know  u living during the manent situation, vehicle, an abandon   | er not to a not colle a not colle is contact follow-u oned built | □ Proceed Proceeding, I | estion          | es are   | listed<br>bway : | <b>/</b> belo | w.<br>n/airpo  | ort or | anywh    | nere                   |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y ✓  If Yes, are ☐ Yes  Current L When was t  Type Of Cu If the respon | iving Situation is an Institution outside)  Place not outside)  Emergence is an Institution outside)  Emergence is an Institution outside)  Emergence shelter  | months ago (excluding six r ar ago (excluding of e  leeing?  No  n you?  Situation - Where stional, Temporar meant for habitation by shelter, including                       | were you y, or Perion (e.g., a                                       | Don't know  Don't know  u living during the manent situation, vehicle, an abandomotel paid for with                                 | er not to a not colle a not colle is contact follow-u oned built | □ Proceed Proceeding, I | estion          | es are   | listed<br>bway : | <b>/</b> belo | w.<br>n/airpo  | ort or | anywh    | nere                   |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y ✓  If Yes, are ☐ Yes  Current L When was t  Type Of Cu If the respon | iving Situation is an Institution outside)  Place not outside)  Emergence shelter  Foster call   | months ago (excluding six r ar ago (excluding of e  leeing?  No  n you?  Situation - Where stional, Temporary meant for habitation by shelter, including re home or foster of | e were yo<br>y, or Peri<br>on (e.g., a<br>g hotel or                 | pu living during the manent situation, vehicle, an abandomotel paid for with the home   | is contact follow-u oned build emerger                           | □ Proceed Proceeding, I | estion          | es are   | listed<br>bway : | <b>/</b> belo | w.<br>n/airpo  | ort or | anywh    | nere                   |  |  |  |  |  |  |  |  |  |
| ☐ Within ☐ Three ☐ Six m ☐ One y ✓  If Yes, are ☐ Yes  Current L When was t  Type Of Cu If the respon | iving Situation is contact with series an Institution outside)  Place not outside)  Emergence shelter  Hospital of   | months ago (excluding six r ar ago (excluding of e  leeing?  No  n you?  Situation - Where stional, Temporar meant for habitation by shelter, including                       | e were yo<br>y, or Perron<br>on (e.g., a<br>g hotel or<br>hare group | Don't know  Don't know  u living during the manent situation, vehicle, an abandomotel paid for with the hiatric medical facilities. | is contact follow-u oned build emerger                           | □ Proceed Proceeding, I | estion          | es are   | listed<br>bway : | <b>/</b> belo | w.<br>n/airpo  | ort or | anywh    | nere                   |  |  |  |  |  |  |  |  |  |

|  |                                  | Long-tern   | n care facility or r   | nursing home  |                    |   |   |   |  |  |  |  |  |  |
|--|----------------------------------|---|--|---|--------------------|---|---|---|--|--|--|--|--|--|
|  |                                  | Psychiatr   | ic hospital or othe  | er psychiatric facilit  | ty                 |   |   |   |  |  |  |  |  |  |
|  |                                  | Substanc  | e abuse treatmer   | nt facility or detox o  | center             |   |   |   |  |  |  |  |  |  |
|  |                                  | Residenti   | al project or halfv  | way house with no   | homeless criteria  | 1   |   |   |  |  |  |  |  |  |
|  |                                  | Hotel or n  | notel paid for <i>with</i>   | hout emergency sh   | elter voucher      |   |   |   |  |  |  |  |  |  |
| Temporary  |                                  |   |  | meless persons (ir  |                    | ss youth)   |   |   |  |  |  |  |  |  |
|  |                                  |   | ne (non-crisis)  | •   | <u> </u>           | <u>, , , , , , , , , , , , , , , , , , , </u>           |   |   |  |  |  |  |  |  |
|  |                                  |   | ,  | l's room, apartmen  | t. or house        |   |   |   |  |  |  |  |  |  |
|  |                                  |   |  | / member's room, a  |                    | se  |   |   |  |  |  |  |  |  |
|  |                                  |   |  | ng housing subsidy  | •                  |   |   |   |  |  |  |  |  |  |
|  |                                  |   |  | r ongoing housing s   |                    | Specify)  |   |   |  |  |  |  |  |  |
|  |                                  | -   | 'D TIP housing su  |   | subsidy (i lease ( |   | Stability Voucher   |   |  |  |  |  |  |  |
|  |                                  |   | SH housing subs  | -   |                    | -   | Unification Program   | Voucher (FLIP)  |  |  |  |  |  |  |
|  |                                  |   | H or equivalent s  | •   |                    | •   | outh to Independer  | ` ,   |  |  |  |  |  |  |
| Permanent  |                                  |   | using Choice Vol   | •   |                    |   | •   | ` ,   |  |  |  |  |  |  |
| 1 cimanent   |                                  |   | •  | ucher (HCV)   | Ш                  |   | ent Supportive House  | edicated for formerly   |  |  |  |  |  |  |
|  |                                  | □ Pul   | blic housing unit  |   |                    |   | ss persons  | edicated for formerly   |  |  |  |  |  |  |
|  |                                  |   | ntal by client, with   | h other ongoing   |                    |   |   |   |  |  |  |  |  |  |
|  |                                  | hou   | using subsidy  |   |                    |   |   |   |  |  |  |  |  |  |
|  |                                  |   |  | ng housing subsidy  |                    |   |   |   |  |  |  |  |  |  |
|  |                                  |   |  | oing housing subsi  | dy                 |   |   |   |  |  |  |  |  |  |
|  |                                  | Other (sp   | ecify):  |   |                    |   |   |   |  |  |  |  |  |  |
| Other  |                                  | Don't kno   | W  |   |                    |   |   |   |  |  |  |  |  |  |
|  |                                  | Prefer no   | t to answer  |   |                    |   |   |   |  |  |  |  |  |  |
|  |                                  | Data not  |  |   |                    |   |   |   |  |  |  |  |  |  |
|  |                                  |   |  | Living Situation verified by:   |                    |   |   |   |  |  |  |  |  |  |
| Name the verifying agency and project                    |                                  |   |  |   |                    |   |   |   |  |  |  |  |  |  |
| Traine are ve  | ,9                               | agency and  | project  |   |                    |   |   |   |  |  |  |  |  |  |
| riame are ve   | y <u>g</u>                       | agency and  | project  |   |                    |   |   |   |  |  |  |  |  |  |
| Hame the ve  | ,9                               | agency and  | project  |   |                    |   |   |   |  |  |  |  |  |  |
|  |                                  |   |  | ent Current Livi  | ng Situation       |   |   |   |  |  |  |  |  |  |
| If Instituti   | onal,                            | Tempora   | ry, Or Perman  | ent Current Livi  |                    | <b>,</b>  |   |   |  |  |  |  |  |  |
| If Instituti<br>Are you go                               | onal,                            | Tempora<br>b have to le   | ry, Or Perman  |   |                    |   | □ Prefer not to   | □ Data not collected  |  |  |  |  |  |  |
| If Instituti   | onal,                            | Tempora<br>b have to le   | ry, Or Perman  | nt living situation   | within 14 days?    |   | ☐ Prefer not to answer  | □ Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go □ Yes                            | onal,                            | Tempora<br>have to le   | ry, Or Permaneave your curre   | nt living situation   | within 14 days?    |   | answer  | ☐ Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go □ Yes                            | onal,<br>ing to                  | Tempora<br>o have to le<br>re going to  | ry, Or Permaneave your curren  | nt living situation   | within 14 days?    |   | answer  | □ Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go □ Yes                            | onal,<br>bing to<br>you a        | Tempora o have to le re going to a subsequ  | ry, Or Permaneave your current No have to leave tent residence be  | nt living situation heir current living   | within 14 days?    | n 14 days   | answer  |   |  |  |  |  |  |  |
| If Instituti Are you go □ Yes                            | onal,<br>bing to<br>you a        | Tempora o have to le re going to a subseque   | ry, Or Permaneave your current No have to leave tent residence be  | heir current living een identified?   | Don't know         | n 14 days   | answer ?" ot to answer  | Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "             | onal,<br>bing to<br>you a<br>Has | Tempora o have to le re going to a subsequ Yes ou or your                                     | ry, Or Permane<br>eave your currer<br>No<br>have to leave t<br>ent residence be  | heir current living een identified? Don't know  | Don't know         | n 14 days Prefer n                                      | answer ?" ot to answer  | Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "             | you a Has Do y                   | Tempora o have to le re going to a subseque Yes ou or your                                    | ry, Or Permaneave your current No  have to leave | heir current living een identified?  Don't know ources or suppor  | Don't know         | Prefer n  | answer  ??"  ot to answer  er permanent hous ot to answer                                   | Data not collected ing? Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "             | you a Has Do y                   | Tempora o have to le re going to a subseque Yes ou or your Yes e you had a                    | ny, Or Permaneave your current No  have to leave | heir current living een identified?  Don't know cources or suppor Don't know  | permanent hou      | Prefer n btain oth Prefer n sing unit                   | answer  of to answer  of to answer  of to answer  of to answer  in the last 60 days         | Data not collected ing? Data not collected ?  |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "             | you a Has Do y                   | Tempora o have to le re going to a subseque Yes ou or your Yes e you had a Yes                | ry, Or Permane ave your currer  No have to leave tent residence become no family have residence or owner No a lease or owner   | heir current living een identified? Don't know cources or suppor Don't know rship interest in a   | permanent hou      | Prefer n btain oth Prefer n sing unit                   | answer  ??"  ot to answer  er permanent hous ot to answer                                   | Data not collected ing? Data not collected  |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "             | you a Has Do y Have              | Tempora o have to le re going to a subseque Yes ou or your Yes e you had a Yes e you move     | ry, Or Permane ave your currer  No have to leave tent residence become no family have residence or owner No a lease or owner   | heir current living een identified? Don't know cources or support Don't know rship interest in a Don't know   | permanent hou      | Prefer n btain oth Prefer n sing unit                   | answer  ??"  ot to answer  or permanent hous ot to answer  in the last 60 days ot to answer | Data not collected ing? Data not collected ? Data not collected                     |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "             | you a Has Do y Have              | Tempora o have to le re going to a subseque Yes ou or your Yes e you had a Yes                | ry, Or Permaneave your current No  have to leave | heir current living een identified?  Don't know cources or suppor Don't know rship interest in a Don't know   | permanent hou      | Prefer n btain oth Prefer n sing unit                   | answer  of to answer  of to answer  of to answer  in the last 60 days of to answer          | Data not collected ing? Data not collected ?  |  |  |  |  |  |  |
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| If Instituti Are you go  ☐ Yes  If Yes to, "  Answer all | you a Has Have                   | re going to a subseque Yes ou or your Yes e you had a Yes e you move Yes                      | ry, Or Permane ave your currer  No  have to leave tent residence become no family have residence or owner  No a lease or owner No ad 2 or more time  | heir current living een identified? Don't know cources or suppor Don't know rship interest in a Don't know es in the last 60 c                      | permanent hou      | Prefer n btain oth Prefer n sing unit                   | answer  ??"  ot to answer  or permanent hous ot to answer  in the last 60 days ot to answer | Data not collected ing? Data not collected ? Data not collected                     |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "  Answer all | you a  Has  Have                 | Tempora o have to le re going to a subseque Yes ou or your Yes e you had a Yes e you move Yes | ry, Or Permaneave your currer  No have to leave tent residence beneficially have residence or owner No a lease or owner No ed 2 or more time No  | heir current living een identified? Don't know cources or support Don't know rship interest in a Don't know es in the last 60 c                     | permanent hou      | Prefer n btain oth Prefer n sing unit Prefer n Prefer n | answer  ?"  ot to answer  er permanent hous ot to answer  in the last 60 days ot to answer  | Data not collected ing? Data not collected ? Data not collected  Data not collected |  |  |  |  |  |  |
| If Instituti Are you go  ☐ Yes  If Yes to, "  Answer all | you a  Has  Have                 | Tempora o have to le re going to a subseque Yes ou or your Yes e you had a Yes e you move Yes | ry, Or Permaneave your currer  No have to leave tent residence beneficially have residence or owner No a lease or owner No ed 2 or more time No  | heir current living een identified?  Don't know cources or suppor Don't know rship interest in a Don't know res in the last 60 c Don't know details | permanent hou      | Prefer n btain oth Prefer n sing unit Prefer n Prefer n | answer  ??"  ot to answer  or permanent hous ot to answer  in the last 60 days ot to answer | Data not collected ing? Data not collected ? Data not collected  Data not collected |  |  |  |  |  |  |

| If Yes: There        | are resource   | s and partners                       | available<br>to coordin | during n   | atural disas          | sters       | storms     | that can help you<br>sources and assi  | J. Do we have          |
|----------------------|----------------|--------------------------------------|-------------------------|------------|-----------------------|-------------|------------|--|------------------------|
| ☐ Yes                | sion to use th | □ No                                 | to coordin              |            | 't know               | p ge        |            | fer not to answer                      | □ Data not collected   |
| <b>T</b>             |                |                                      |                         |            |                       |             | ı          |  |                        |
| If Yes: What         | natural disas  | ter/storm caus                       | ed you to               | evacuate   | and seek              | other       | shelter    | ?                                      |                        |
|                      | e Florence     | ☐ Hurricane M                        | -                       |            | ☐ Hurricane           |             |            | □ Other:                               |                        |
|                      |                |                                      |                         |            |                       |             |            | •                                      |                        |
|                      |                | ı living in imme                     | diately pri             | or to the  | natural               |             |            |  |                        |
| disaster/stor        | m?             |                                      |                         |            |                       |             |            |  |                        |
| T                    | - Of D.: I     |                                      | - \\A/I                 |            |                       |             |            |  | 2'                     |
| Тур                  |                |                                      |                         |            |                       |             |            | or to the Natural I                    |                        |
| Homeless             | anywhe         | ot meant for hat<br>ere outside)     | oitation (e.g           | j., a vehi | cle, an aban          | done        | d building | g, bus/train/subwa                     | y station/airport or   |
|                      | ☐ Emerge       | ency shelter, incl                   | uding hote              | l or mote  | l paid for <i>wit</i> | <i>h</i> em | ergency    | shelter voucher, o                     | r Host Home shelter    |
|                      | ☐ Foster       | care home or fo                      | ster care gr            | oup hom    | ne                    |             |            |  |                        |
|                      | ☐ Hospita      | l or other reside                    | ntial non-p             | sychiatri  | c medical fac         | ility       |            |  |                        |
| Institutional        | □ Jail, pri    | son, or juvenile                     | detention fa            | acility    |                       |             |            |  |                        |
| Institutional        | □ Long-te      | rm care facility                     | or nursing h            | nome       |                       |             |            |  |                        |
|                      | ☐ Psychia      | atric hospital or o                  | ther psych              | iatric fac | ility                 |             |            |  |                        |
|                      | ☐ Substa       | nce abuse treatr                     | nent facility           | or detox   | x center              |             |            |  |                        |
|                      | ☐ Transiti     | onal housing for                     | homeless                | persons    | (including he         | omel        | ess youth  | ٦)                                     |                        |
|                      | ☐ Reside       | ntial project or h                   | alfway hou              | se with n  | o homeless            | criter      | ria        |  |                        |
| _                    | ☐ Hotel o      | r motel paid for i                   | without em              | ergency    | shelter voucl         | her         |            |  |                        |
| Temporary            | ☐ Host Ho      | ome (non-crisis)                     |                         |            |                       |             |            |  |                        |
|                      | ☐ Staying      | or living in a frie                  | end's room              | , apartme  | ent or house          |             |            |  |                        |
|                      | ☐ Staying      | or living in a far                   | nily membe              | er's room  | ı, apartment          | or ho       | ouse       |  |                        |
|                      | □ Rental       | by client, no ong                    | oing housi              | ng subsi   | dy                    |             |            |  |                        |
|                      | ☐ Rental       | by client, with or                   | ngoing hous             | sing subs  | sidy (Please          | Spec        | cify)      |  |                        |
|                      |                | SPD TIP housing                      | subsidy                 |            |                       |             | Housin     | g Stability Vouche                     | r                      |
|                      |                | ASH housing su                       |                         |            |                       |             |            |  | m Voucher (FUP)        |
|                      |                | RRH or equivaler<br>lousing Choice \ |                         | CV)        |                       |             |            | Youth to Independ<br>nent Supportive H | dence Initiative (FYI) |
| Permanent            |                |                                      |                         | (V)        |                       |             |            |  | dedicated for formerly |
|                      | _              | Public housing u                     |                         |            |                       |             |            | ess persons                            |                        |
|                      |                | Rental by client, v                  | with other o            | ongoing    |                       |             |            |  |                        |
|                      |                | by client, no one                    | going hous              | ing subs   | idy                   |             |            |  |                        |
|                      |                | by client, with o                    |                         |            |                       |             |            |  |                        |
|                      |                | specify):                            | 3 3                     | <u> </u>   | •                     |             |            |  |                        |
|                      | ☐ Don't ki     | ,                                    |                         |            |                       |             |            |  |                        |
| Other                |                | not to answer                        |                         |            |                       |             |            |  |                        |
|                      |                | ot collected                         |                         |            |                       |             |            |  |                        |
|                      |                |                                      |                         |            |                       |             |            |  |                        |
|                      | •              | e natural disas                      | ter/storm,              | how lon    | <del> </del>          |             | -          | r living situation                     | ?                      |
| ☐ 1 night o          |                |                                      |                         |            | ☐ 1 yea☐ Don't        |             |            |  |                        |
| □ 2 to 6 ni □ 1 week |                | ess than 1 month                     | <u> </u>                |            |                       |             | to answe   | <u> </u>                               |                        |
|                      |                | ess than 90 day                      |                         |            |                       |             | ollected   | ,ı                                     |                        |
|                      |                | ess than 1 year                      |                         |            |                       |             |            |  |                        |
|                      | D. (           |                                      |                         |            |                       |             |            |  |                        |
| Approximate          | Date of Evac   | uation – On wh                       | at date did             | i you lea  | ave your pri          | or liv      | /ing situa | ation?                                 |                        |
|                      |                |                                      |                         |            |                       |             |            |  |                        |
|                      |                |                                      |                         |            |                       |             |            |  |                        |
|                      | Month          | Day                                  | у                       |            | 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?

| □ Destroy    | ed                    |                        |           |              |        |               |                                 |              |               | Do    | on't kr | now     |         |       |  |
|--------------|-----------------------|------------------------|-----------|--------------|--------|---------------|---------------------------------|--------------|---------------|-------|---------|---------|---------|-------|--|
|              | ly damaged            |                        |           |              |        |               |                                 |              | ot to a       |       | r       |         |         |       |  |
| ☐ Not serie  | ously damaged         |                        |           |              |        |               | Da                              | ata no       | t colle       | cted  |         |         |         |       |  |
| If the place | vou were living       | was destroyed or dama  | ged in ar | ıv wav. do ı | vou ha | ave in        | suran                           | ce to        | covei         | rloss | es?     |         |         |       |  |
|              | •                     | most of my losses      | J- 2 ul   | ,, , wo      | ,      |               | , • 11                          |              |               |       | on't kr | now     |         |       |  |
|              |                       | some of my losses      |           |              |        |               |                                 |              |               |       |         | ot to a | answe   | r     |  |
| □ I have n   | o insurance           | •                      |           |              |        |               |                                 |              |               | Da    | ata no  | t colle | cted    |       |  |
|              |                       |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | egistered with F      | EMA for assistance?    |           | I            |        |               |                                 |              |               |       |         | N-4     | -4      | 4 '   |  |
| □ Yes        |                       | □ No                   |           | ☐ Don't k    | now    |               |                                 | Pref<br>ansv | er not<br>ver | to    |         | Data n  | ot coll | ected |  |
|              |                       |                        |           | 1            |        |               |                                 |              |               |       |         |         |         |       |  |
| -            | •                     | was destroyed or dama  | ged in ar | ny way, do   | you ha | ave in        | suran                           | ce to        | cover         |       |         |         |         |       |  |
|              |                       | most of my losses      |           |              |        |               |                                 |              |               |       | on't kr |         |         |       |  |
|              |                       | some of my losses      |           |              |        |               |                                 |              |               |       |         | ot to   |         | r     |  |
| ☐ I have n   | o insurance           |                        |           |              |        |               |                                 |              |               | Da    | ata no  | t colle | cted    |       |  |
| Answer       | These Quest           | tions For Head Of      | Housel    | holds Or     | nly    |               |                                 |              |               |       |         |         |         |       |  |
| Coordinat    | ed Entry Asses        | ssment - For Office HM | MIS User  | rs Only      |        |               |                                 |              |               |       |         |         |         |       |  |
| Date Of As   | ssessment             |                        |           |              |        |               | 1                               |              |               | /     |         |         |         |       |  |
| Assessme     | ent Location          |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | □ CEF                 |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | ☐ Housing H           | elpline                |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | ☐ HomeLink            |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
| Orange       | □ IFC Comm            | ons                    |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
| CoC          | □ Jail                |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | ☐ Medical Pr          | ovider                 |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | □ Outreach            |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | □ Shelter             |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              | ☐ Region 1            |                        |           | I            |        | Regi          | on 8                            |              |               |       |         |         |         |       |  |
| 1            | □ Region 2            |                        |           |              |        |               | on 9                            |              |               |       |         |         |         |       |  |
| 1            | □ Region 3            |                        |           |              |        |               | on 10                           |              |               |       |         |         |         |       |  |
| BoS CoC      | ☐ Region 4            |                        |           |              |        |               | on 11                           |              |               |       |         |         |         |       |  |
| -            | ☐ Region 5            |                        |           |              |        |               | on 12                           |              |               |       |         |         |         |       |  |
|              | ☐ Region 6            |                        |           |              |        |               | on 13                           |              |               |       |         |         |         |       |  |
|              | ☐ Region 7            |                        |           |              |        | ວຽາ           | 10                              |              |               |       |         |         |         |       |  |
| Durham       | ☐ Durham Co           | nC.                    |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
| uiilaili     | Dullalli Co           |                        |           |              |        |               |                                 |              |               |       |         |         |         |       |  |
|              |                       |                        |           |              |        |               | Phon                            |              |               |       |         |         |         |       |  |
| Assessme     | ent Type              |                        |           |              |        |               | In Pe                           |              |               |       |         |         |         |       |  |
|              |                       |                        |           |              |        | Virtua        | al                              |              |               |       |         |         |         |       |  |
| Assessme     | ant Level             |                        |           |              |        |               | Crisis                          | Nee          | ds Ass        | essm  | ent     |         |         |       |  |
| ASSESSIIIE   |                       |                        |           | Hous         | ing N  | eeds <i>F</i> | Asses                           | smen         | t             |       |         |         |         |       |  |
|              |                       |                        |           |              |        |               | ☐ Placed on Prioritization List |              |               |       |         |         |         |       |  |
| Prioritizati | Prioritization Status |                        |           |              |        |               |                                 |              | on Pr         |       |         | List    |         |       |  |

| Coordinated Entry Event – For Office HMIS Users Only |        |   |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|--|--------|---|-----------|--------------------|---------|-----------|-------------------|----------|--------|-----------------|----|-----|--|--|--|--|
| Start Date   | e / Da | ite Of Event  |           |                    |         | /         |                   |          | /      |                 |    |     |  |  |  |  |
| Event  |        |   |           | •                  | •       |           |                   |          |        | •               |    | il. |  |  |  |  |
|  |        | Referral to Prevention Assistance project   |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
| Access   |        | Problem Solving/Diversion/Rapid Resolution in   | terventi  | on or ser          | vice    |           |                   | Go to A  |        |                 |    |     |  |  |  |  |
| Events   |        | Referral to scheduled Coordinated Entry Crisis  | Needs     | Assessn            | nent    |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | □ Referral to scheduled Coordinated Entry Housing Needs Assessment Go to B                                      |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to post-placement/follow-up case man   | ageme     | nt                 |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to Street Outreach project or services   |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to Housing Navigation project or service   | ces       |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to Non-continuum services: Ineligible  | for cont  | nuum se            | rvices  |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to Non-continuum services: No availal  | oility in | continuur          | n servi | ces       |                   |          |        |                 |    |     |  |  |  |  |
| Referral   |        | Referral to Emergency Shelter bed opening   |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
| Events   |        | Referral to Transitional Housing bed/unit openi   | ng        |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to Joint TH-RRH project/unit/resource  |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to RRH project resource opening  |           |                    | ► Go    | to C      |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to PSH project resource opening  |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to Other PH project/unit/resource oper   | ning      |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to emergency assistance/flex fund/furn   | niture as | ssistance          | !       |           |                   |          |        |                 |    |     |  |  |  |  |
|  |        | Referral to a Housing Stability Voucher   |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
| If 'Event' a   | answe  | r was 'Problem Solving/Diversion/Rapid Re-  | Housin    | g interve          | ention  | or serv   | ice res           | ult', pl | ease a | answer          | A: |     |  |  |  |  |
| in   | iterve | n Solving/Diversion/Rapid Resolution<br>ntion or service result – Client housed/re-<br>I in a safe alternative? | □ Y       | es                 |         |           |                   | No       |        |                 |    |     |  |  |  |  |
| If 'Event' a   | answe  | r was 'Referral to post-placement/follow-up   | case m    | anagem             | ent res | sult', pl | ease ar           | nswer    | B:     |                 |    |     |  |  |  |  |
| m  |        | ll to post-placement/follow-up case<br>ement result – Enrolled in Aftercare<br>?                                | □ Y       | es                 |         |           |                   | No       |        |                 |    |     |  |  |  |  |
| If 'Event' a   | answe  | er was Referral to an ES, TH, Joint TH-RRH, R   | RH, PS    | SH, or Ot          | her Ph  | l openi   | ing, ple          | ase an   | swer   | C-E:            |    |     |  |  |  |  |
|  |        | on of Crisis Housing or Permanent Housing<br>Il (Project name or Project ID)                                    |           |                    |         |           |                   |          |        |                 |    |     |  |  |  |  |
| D. R   | eferra | Il Result (if known)  |           | Client<br>accepted |         |           | Client<br>ejected |          |        | Provide rejecte |    |     |  |  |  |  |
| E. D   | ate of | Result (if known)   |           |                    | <u></u> |           |                   | 1        |        |                 |    |     |  |  |  |  |