Project Start Assessment – RRH, OPH
This form should be used by Rapid Re-Housing & Other Permanent Housing Projects for every client. (children pages 1-2; all adults pages 1-6; heads of household pages 1-9)

## **Answer For All Household Members**

Dat	Date Of Project Start											HMIS Cli	ent I	D - For HMIS	S Use	rs only					
		1			/																
М	onth	•	 Da	V	•	Y	<u> </u>														
	Ortari		Ба	y		•	oui					_	_								
Nar	ne - (	First,	Middl	e, Las	st, Su	ffix)								Name Data Quality							
Firs	t Nam	е												☐ Full name reported							
														<ul><li>☐ Partial, street name or code name</li><li>☐ Don't know</li></ul>							
Mid	dle Na	me																			
														o answer							
Last	ast Name									□ Data I	NOT C	ollected									
Suffix (e.g., Jr, Sr, III)																					
																			_		
Soc	ial Se	ecurit	ty Nu	mbei	r – ##:	##						a Qı	ualit	y Status							
			Full Reported	☐ Approx. or d Partial Report					Dor	n't know		Prefer not to answer		Data not							
				,				•								_					
Veteran Status									1			1		1							
	Yes						No						Dor	n't know		Prefer not to answer		Data no collecte			
																to answer		Collecte			
Sex	<b>(</b> – Se	elect o	ne of	the fo	llowing	n ontion	s for your S	Sex a	ıt hirth	acco	ording to h	niolog	nical	chromosom	nes c	or physical cl	narac	teristics			
	Male	00000	110 01	110 10	iiowii iş		Female	JOX C	it birtiri,	uooc	oranig to k			n't know		Prefer not		Data no	t		
																to answer		collecte			
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Dat	e Of I	Birtn	(10/23	3/19/8	3)		- ·	T-	1 4					y Status		D ( )		D 1	_		
							Full Reported				or Reported		Dor	n't know		Prefer not to answer		Data not collected			
Rac	o and	d Ethi	nicit	, Sal	ect or	oe or mo	ore race and	d oth	nic cate	agor	iec										
							Indigenous	u Gui	iiic cate		White										
		n or A				uvc, or	indigenous				Don't kn	ow							-		
						African					Prefers		o ans	wer							
		anic /			,					□ Data not collected											
		lle Eas			th Afri	can				Ad	ditional R	ace									
	Nativ	∕e Hav	waiian	or Pa	cific Is	slander					d Ethnicity		tail:								
Ger	nder -	Selec	ct one	or mo	re aer	nder on	tions that yo	ou id	entifv w	/ith (	for local u	ise ດ	nly)								
		nan (G			· · · · · ·				<i>j</i>		Question		,								
		(Boy,								Different Identity								_			
				-						Please Specify:											
				ic Ide	ntity (e	e.g. Two	-Spirit)			□ Don't know											
	3						refers not to answer														
1 1	INOn-	.rsınar\	v							П	DAIA DO	coll	HUIDO	1							

Please continue to page 2

Relationship to Head of Household									
□ Self (head of household)	Head of household's other relation member								
☐ Head of household's child ☐ (other relation to head of household)									
☐ Head of household's spouse or partner	□ Other: non-relation member								
Physical Phy									
Disability Status - Do you have a disabling condition?	_		T	ı					
☐ Yes ☐ No ☐ Don't know ☐ Prefer not to ☐ Data not college answer									
Answer 'Yes' or 'No' for each disability type (in white). Only select YES if the disability type is expected to be long-cont substantially impairs your ability to live independently. For Office HMIS Users Only: If the client identifies Yes for any of Indefinite Duration questions as Yes. The disability type's Start	disabil	lity type, mark <i>Disabi</i>		nd <i>Lon</i> g	g-Continu	ued or			
Disability Type					Yes	No			
Physical									
Chronic Health Condition									
HIV/AIDS									
Developmental									
Alcohol Use Disorder									
Substance Use Disorder									
Mental Health Disorder									
Health Insurance – Are you currently covered by health in No  Answer 'Yes' or 'No' for each health insurance source.		ance? Don't know	☐ Prefer not to answer		Data not o	collected			
Answer 'Yes' for any source that is currently received.  Answer 'No' for sources that have been terminated, even if they For Office HMIS Users Only: If the client identifies Yes for any i Project Start Date.				rt Date	will be t	he			
Health Insurance Type					Yes	No			
Medicaid									
Medicare									
State Children's Health Insurance Program (or North Carolina F	Health	n 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:									

## ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Enrollment Location – 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

	ionieless mistory – select r type of living situation. I offow the arrows & red mistractions 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	Foster care home or foster care group home		Transitional housing for homeless persons (including homeless youth)								
	building, bus station/airport or anywhere outside)	<ul> <li>Hospital or other residential non- psychiatric medical facility</li> </ul>		Residential project or halfway house with no homeless criteria								
]	Emergency shelter, including hotel or motel paid for with emergency	☐ Jail, prison, or juvenile detention facility		Hotel or motel paid for <i>without</i> emergency shelter voucher								
	shelter voucher, or Host Home shelter	Long-term care facility or □ nursing home		☐ Host Home (non-crisis)								
	Don't know	<ul> <li>Psychiatric hospital or other psychiatric facility</li> </ul>		Staying or living in a friend's room, apartment, or house								
	Prefer not to answer	☐ Substance abuse treatment facility or detox center		Staying or living in a family member's room, apartment, or house								
	Data not collected	☐ Don't know		Permanent Housing								
		☐ Prefer not to answer		Rental by client, no ongoing housing subsidy								
		☐ Data not collected		Rental by client, with another ongoing housing subsidy (Please specify)								
				GPD TIP housing subsidy  VASH housing subsidy  RRH or Foster Youth to Independence Initiative (FYI)  Housing Choice Voucher (HCV)  Permanent Supportive Housing (PSH)  Other permanent housing dedicated for formerly homeless persons  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								
	<b>↓</b>	<b>†</b>		<b>†</b>								

Section 2: Length									
If any responses in the shaded boxe						Income and Sources			
1 night or less	☐ 1 night or less			1 night					
☐ 2 to 6 nights ☐ 1 week or more, but less than 1	2 to 6 nights	e, but less than 1		2 to 6 n	ignts				
<sup>□</sup> month	□ month			1 week	or more, but le	ss than 1 month			
1 month or more, but less than 90 days	days days								
year year	90 days or more, but less than 1								
1 year or longer	☐ 1 year or longe	er			or longer				
☐ Don't know	☐ Don't know☐ Prefer not to a	nouver		Don't k					
☐ Prefer not to answer ☐ Data not collected	☐ Data not collect				not to answer ot collected				
Data Not concoted	□ Data not conce	otou		Data ne	or concorca				
Section 3: Break in Home	the	streets, or in emer	rgency	shelter	·?¯	did the client stay on			
If any responses in the shaded boxes									
		ection 4]			Go to Section 4]				
Go to Section 4	□ No □ Don't know			No Don't ki	2014				
GO to Section 4	☐ Prefer not to a	nswer			not to answer				
	☐ Data not collect				ot collected				
		Ī			1				
Section 4- Answer the three questions below to complete this section									
Section 4-7	answer the three o	questions below t	o con	ipiete i	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 1 <sup>st</sup> time you have experienced homelessness in the past 3 years) ☐ Don't know									
☐ Two times	T time you have exp	remembed from clessif	1000 111	ше разі	o years)	☐ Prefer not to			
☐ Three times						answer  Data not collected			
□ Four or more times						_ Buta not conceted			
How Many Months, in total, have in the past 3 years?	you experienced	homelessness o	n the	street,	or in an eme	rgency shelter			
☐ 1 month or less (Select this if this	is the 1 <sup>st</sup> time you ha	ve experienced hom	elessn	ess in th	ie past 3 years)	□ Don't know			
☐ Between 2 and 12 Months —	Enter the total	al number of month	is:			☐ Prefer not to answer			
☐ More than 12 months						☐ Data not collected			
Income and Sources - Do you cur	rently have any inco	ome from any source	ce?						
☐ Yes ☐ No		☐ Don't know			efer not to swer	☐ Data not collected			
Answer 'Yes' only if the income source income) can be included under the He Answer 'No' for sources that have bee If the response for any source is 'Yes'	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		onthly amount from ound to nearest dollar)			
Earned income (i.e., employment income	ne)				\$				
Unemployment Insurance					\$				

Supplemental Security Incom	ne (SSI)				\$				
Social Security Disability Inco	ome (SSDI)				\$				
VA Service-Connected Disab	ility Compensation				\$				
VA Non-Service-Connected [	Disability Pension				\$				
Private disability insurance				\$					
Worker's Compensation				\$					
Temporary Assistance for Ne	edy Families (TANF)				\$				
General Assistance (GA)	, ,				\$				
Retirement Income from Soci	al Security				\$				
Pension or retirement income	•				\$				
Child support	, nem a termer jes				\$				
Alimony or other spousal sup	nort				\$				
Other source:	port				\$				
	al monthly income from all source				\$				
1018	in monthly income from all source	es			Φ				
Non-Cash Benefits - Do v	ou have any non-cash benefits f	rom anv sou	ce?						
□ Yes	•	□ Don't know		Тг	Prefer not to	☐ Data not collected			
L 103		_ Don't know			answer	Data not conceted			
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.									
					If ves. month	ly amount from source			
Source of Non-Cash Benefi	t		Yes	No					
Supplemental Nutrition Assis	tance Program (SNAP)				\$				
Special Supplemental Nutrition	on Program for Women, Infants, and	d			\$				
TANF Child Care services (or	r use local name)				\$				
TANF transportation services	·				\$				
Other TANF-Funded Services	,				\$				
Other source:	,				\$				
					•				
Domestic Violence - Are	you a survivor of domestic viole	nce?							
□ Yes	□ No	□ Don't kno	ow	]	□ Prefer not to answer	□ Data not collected			
<u> </u>				l .					
If Yes, when did the exper		□ Don't k	2011						
☐ Within the past three i	go (excluding six months exactly)	☐ Don't k		nswer					
	ar ago (excluding one year exactly)	☐ Data no							
☐ One year ago or more									
<b>V</b>									
If Yes, are you currently fl	eeing?								
☐ Yes	□ No	□ Don't kno	ow	[	□ Prefer not to answer	□ Data not collected			
				,					
NC Natural Disaster/Sto	orm– Are you experiencing home	elessness du	e to a r	ecent	natural disaster/s	storm?			
☐ Yes	□ No	□ Don't k			□ Prefer not to	□ Data not collected			
		25			answer				
<b>V</b>						D 1			
	es and partners available during i	natural disasi	ers/sto						
permission to use this inf	ormation to coordinate with then	n to help get	OU res	OUTCE	s and assistance	17			

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☐ Yes		□ No			□ Don't l	now		efer not to swer	☐ Data not collected		
Ψ		I									
If Yes: What natural disaster/storm caused you to evacuate and seek other shelter?											
☐ Hurrican	e Florence	☐ Hurricane	Matthew		☐ Hurrican	e Dorian	□ Othe	r:			
disaster/stor	What NC County were you living in immediately prior to the natural										
Type Of Prior Living Situation - Where were you living immediately prior to the Natural Disaster/Storm?											
Homeless	anywher	e outside)							ation/airport or		
						h emerge	ency shelter v	oucher, or Ho	st Home shelter		
		are home or fo	•								
	☐ Hospital	or other resid	ential non-	psychiatric	medical fac	ility					
Institutional	☐ Jail, prison, or juvenile detention facility										
	☐ Long-ter	m care facility	or nursing	home							
	□ Psychiatric hospital or other psychiatric facility										
<ul> <li>☐ Substance abuse treatment facility or detox center</li> <li>☐ Transitional housing for homeless persons (including homeless youth)</li> </ul>											
	□ Resident	tial project or	halfway ho	use with no	homeless	criteria					
	☐ Hotel or motel paid for <i>without</i> emergency shelter voucher										
Temporary	☐ Host Home (non-crisis)										
	☐ Staying o	or living in a fi	iend's roon	n, apartme	nt or house						
	☐ Staying o	or living in a fa	amily memb	per's room,	apartment	or house					
	, ,	y client, no or									
			• •		•	Specify)					
	<ul> <li>□ Rental by client, with ongoing housing subsidy (Please Specify)</li> <li>□ GPD TIP housing subsidy</li> <li>□ Housing Stability Voucher</li> </ul>										
	□ VA	□ VASH housing subsidy □ Fan							oucher (FUP)		
		RH or equival			<ul><li>☐ Foster Youth to Independence Initiative (FYI)</li><li>☐ Permanent Supportive Housing (PSH)</li></ul>						
Permanent		Other permanent housing dedicated for formerly									
	Pu	homeless persons									
		Rental by client, with other ongoing housing subsidy									
	Tiousing subsidy										
	☐ Owned b	y client, no o	ngoing hou	sing subsic	dy						
	☐ Owned b	y client, with	ongoing ho	using subs	sidy						
	☐ Other (sp	pecify):									
Other	□ Don't kn	OW									
001		ot to answer									
	□ Data not	collected									
Length of Sta	ay – Before he	natural disa	star/starm	how long	ı did you liv	e in the	nrior living s	situation?			
☐ 1 night of	<u> </u>	natarar alba	010170101111	, now long	1	or longe		ntuation.			
□ 2 to 6 ni					☐ Don't						
☐ 1 week (	or more, but les	s than 1 mon	th		☐ Prefer	not to ar	nswer				
	or more, but le		•		☐ Data r	ot collec	ted				
□ 90 days	or more, but le	ss than 1 yea	r		j						
Approximate	Date of Evacu	ation – On w	hat date d	id you leav	ve your pri	or living	situation?				
		1	,								
		/	/								
	Month	D	ay	•	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	red						Don't kr	now		
☐ Serious		Prefer r	ot to a	answe	r					
□ Not ser		☐ Data not collected								
If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?										
		I _								
		most of my losses some of my losses					Don't kr Profor r		newo	r
	no insurance		☐ Prefer not to answer ☐ Data not collected							
1114701	io modranos						Jata He	71 00110	otou	
Have you registered with FEMA for assistance?										
□ Yes		□ No	☐ Don't know		☐ Prefer answe			Data n	ot colle	ected
If the place	e you were living	was destroyed or damaged in a	ny way, do you h	ave insu	rance to c	over lo	sses?			
□ I have i	nsurance to cover	most of my losses					Don't kr	now		
☐ I have i	nsurance to cover	some of my losses					Prefer r	not to a	answe	r
☐ I have r	no insurance						Data no	t colle	cted	
Answer These Questions For Head Of Households Only  Coordinated Entry Event – For Office HMIS Users Only										
				<del></del>	.		1	1		
Start Date	/ Date Of Even	t			/	/				
Event										
Access Events  Referral Events	□ Problem So □ Referral to s	Prevention Assistance project  Iving/Diversion/Rapid Resolution in scheduled Coordinated Entry Crisis scheduled Coordinated Entry House post-placement/follow-up case manual Street Outreach project or services. Housing Navigation project or services. Non-continuum services: Ineligible Non-continuum services: No availa Emergency Shelter bed opening Transitional Housing bed/unit open Joint TH-RRH project/unit/resource.	s Needs Assessment nagement fices for continuum ser bility in continuum	ent sment vices	;	→ → → → → → → → → → → → → → → → → → →	Go 1	o B		
	Referral to F Referral to C Referral to C Referral to C				Go to C					
If 'Event' a	nswer was 'Probl	lem Solving/Diversion/Rapid Re-	Housing interver	ntion or	service res	ult', ple	ase an	swer	A:	
int		iversion/Rapid Resolution vice result – Client housed/re- ternative?	□ Yes			l No				
		rral to post-placement/follow-up	case manageme	nt result	', please aı	nswer E	B:			
ma		cement/follow-up case t – Enrolled in Aftercare	□ Yes			No No				

If 'Even	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 applicable)	Client accepted				lient ejected		□ Provider rejected			
E.	Date of Result (if applicable)			1			1				