Project Start Assessment – SSO, CE
This form should be used by Support Services Only and Coordinated Entry Housing Projects for every client. (children pages 1-2; other adults pages 1-8; heads of household pages 1-10)

Answer For All Household Members

Date Of Project Start			HMIS Client ID - For HMIS Users only										
								T					
Month Day	Year												
Name - (First, Middle, Last, Suff	ix)			Name Data Quality									
First Name				☐ Full name reported									
THECHANIC				☐ Partial, street name or code name									
Middle Name					☐ Don'	t kno	W						
madie Hame					☐ Prefe	er no	to answer						
Last Name					☐ Data	Not	Collected						
Last Hamo													
Suffix (e.g.,													
Jr, Sr, III)													
Social Security Number – ####			Dat	a Qı	uality Status								
	□ Full	□ App	orox. or		Don't know		Prefer not		Data n	ot			
	Reported	Par	tial Reported				to answer		collecte	ed			
Veteran Status													
□ Yes	□ No				Don't know		Prefer not		Data n				
							to answer		collect	ed			
Sex – Select one of the following op		x at birth,	according to b	iolog		es, o		arac					
□ Male	□ Female				Don't know		Prefer not		Data n				
							to answer		collect	ea			
Date Of Birth (10/23/1978)			Dat	a Quality Status									
Date Of Birtii (10/23/1978)	□ Full	□ A := :=					Dueferret		Dete	-4			
	☐ Full Reported		orox. or tial Reported		Don't know		Prefer not to answer		Data n				
	rtoportou	1 41	tiai i toportoa				to unower		CONCOL	<u> </u>			
Race and Ethnicity - Select one of	or more race and	ethnic cat	tegories										
☐ American Indian, Alaska Native	e, or Indigenous		□ White										
☐ Asian or Asian American			☐ Don't kn	ow									
☐ Black, African American, or Afri	ican		☐ Prefers r	not to	o answer								
☐ Hispanic / Latina/e/o			☐ Data not	colle	ected								
☐ Middle Eastern or North Africar	า		Additional Ra	ace									
□ Native Hawaiian or Pacific Islar	nder		and Ethnicity	/ Det	ail:								
Gender - Select one or more gende	er ontions that you	ı identifu	with (for local u	188.0	nly)								
☐ Woman (Girl, if child)	options that you	i identity (Question		i ii y)								
— Man (Boy if child)			Different		ntity								
□ Man (Boy, ii chilid)			Please S		•								
☐ Culturally Specific Identity (e.g.	Two-Spirit)		☐ Don't kn		•								
☐ Transgender	. ,		☐ Prefers r	not to	o answer								
□ Non-Binary			□ Data not	colle	ected								

Please continue to page 2

Relationship to Head of	Household										
☐ Self (head of household	,		1 1		other relation memb	oer					
☐ Head of household's ch			(otner i		ad of household)						
☐ Head of household's sp	ouse or partner		☐ Other: r	non-relation n	nember						
Disability Status - Do you have a disabling condition?											
☐ Yes	□ No		□ Don't kr	now	☐ Prefer not to answer	□ Data not o	collected				
Answer 'Yes' or 'No' for each disability type (in white). Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently. For Office HMIS Users Only: If the client identifies Yes for any disability type, mark Disability Determination and Long-Continued or Indefinite Duration questions as Yes. The disability type's Start Date will be the Project Start Date.											
Disability Type						Yes	No				
Physical											
Chronic Health Condition											
HIV/AIDS											
Developmental											
Alcohol Use Disorder											
Substance Use Disorder											
Mental Health Disorder											
Health Insurance - Are y ☐ Yes	ou currently covered	by health in	surance?	now	☐ Prefer not to answer	□ Data not o	collected				
Answer 'Yes' or 'No' for ea Answer 'Yes' for any source Answer 'No' for sources that For Office HMIS Users Only Project Start Date.	that is currently receive have been terminated,	ed. even if they				rt Date will be t	he				
Health Insurance Type						Yes	No				
Medicaid											
Medicare											
State Children's Health Insu	rance Program (or Nort	h Carolina He	ealth Choice								
Veteran's Health Administra	tion (VHA)										
Employer-Provided Health In	nsurance										
Health insurance obtained th	rough COBRA										
Private Pay Health Insurance	e										
State Health Insurance for A	dults										
Indian Health Services Prog	ram										
Other If Yes, specify source:											
NC County Of Service							l.				
In which NC county are you	ı receiving this projec	t's services	?								
In which NC county are you	ı receiving this projec	t's services	?								

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:							

п	Homeless History – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections												
	Section 1: Type of Prior L	iving Situation- Where did you live in	nme	diately prior to this project entry?									
	Homeless	Institutional		Temporary Housing									
	Place not meant for habitation (e.g., vehicle, abandoned	Foster care home or foster care group home		Transitional housing for homeless persons (including homeless youth)									
	building, bus station/airport or anywhere outside)	 Hospital or other residential non- psychiatric medical facility 	Residential project or halfway house with no homeless criteria										
	Emergency shelter, including hotel or motel paid for with emergency	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	Psychiatric hospital or other psychiatric facility		Staying or living in a friend's room, apartment, or house									
	Prefer not to answer	☐ Substance abuse treatment facility or detox center	Staying or living in a family member's rapartment, or house										
	Data not collected	□ Don't know		Permanent Housing									
		☐ Prefer not to answer		Rental by client, no ongoing housing subsidy									
		☐ Data not collected		Rental by client, with another ongoing housing subsidy (Please specify)									
				GPD TIP housing subsidy VASH housing subsidy RRH or equivalent subsidy Housing Choice Voucher (HCV) Public housing unit Rental by client, with other ongoing housing subsidy Housing Choice Voucher (HCV) Housing Choice Voucher (HCV) Comparison 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									
	†	↓		↓									
		Stay in Prior Living Situation-How											
				all others should go to Income and Sources									
	1 night or less 2 to 6 nights	☐ 1 night or less☐ 2 to 6 nights		1 night or less 2 to 6 nights									
	2 to 0 mignto	L 2 to 0 mignto		2 to 0 hights									

1 week or more, but less than 1 month	1 week or more month	, but less than 1		1 week	or n	nore, but le	ss tha	an 1 month
1 month or more, but less than 90		e, but less than 90		1 month	h or	more but l	ace th	nan 90 days
days	_ days			1 11101111	1 01	more, but i	II	lan 50 days
90 days or more, but less than 1 year	year	e, but less than 1		90 days	s or	more, but le	ess th	nan 1 year
☐ 1 year or longer	☐ 1 year or longer	ŗ		1 year o	or lo	nger		
☐ Don't know	☐ Don't know			Don't kı		_		
☐ Prefer not to answer	☐ Prefer not to an					o answer		
☐ Data not collected	☐ Data not collect	ea		Data no	ot co	llected		
Section 3: Break in Homele		the night before en streets, or in emen				situation, o	did th	e client stay on
If any responses in the shaded boxes I			TION 4	, all othe	ers s			ome and Sources
	☐ Yes [Go to Se	ction 4]			Go to	Section 4]		
Go to Section 4	☐ No☐ Don't know			No Don't kı	2014			
Go to Section 4	☐ Prefer not to an	swer				o answer		
	☐ Data not collect			Data no				
1	•	1					,	
Section 4- A	nswer the three q	uestions below t	to con	nplete 1	this	section		
Approximate Date This Episod	•			•				
Approximate Date Tills Episou	e or montelessin	coo olal leu !						
	1							
Month	Day	Year						
Regardless of where you stayed I in an emergency shelter in the pa			you be	een ho	mel	ess on th	e str	reets, or
☐ One time (Select this if this is the 1			age in	the nast	3 1/	aare)		Don't know
☐ Two times	time you have expe	menced nomelessi	1033 111	ine pasi	. J y	cais)		Prefer not to
								answer
☐ Three times								Data not collected
☐ Four or more times							I	
How Many Months, in total, have in the past 3 years?	you experienced l	nomelessness o	n the	street,	or i	n an eme	rgen	cy shelter
☐ 1 month or less (Select this if this is	s the 1st time you have	e experienced hom	elessn	ess in th	ne na	ast 3 vears)		Don't know
□ Between 2 and 12 Months —							1	Prefer not to answer
☐ More than 12 months								Data not collected
							I	
Income and Sources - Do you curre	ently have any incor	me from any source	ce?					
☐ Yes ☐ No		☐ Don't know		☐ Pre	efer swe			Data not collected
To complete the table below, you mu Answer 'Yes' only if the income source i income) can be included under the Hear Answer 'No' for sources that have been If the response for any source is 'Yes For Office HMIS Users Only: If the clien	s recurrent and receing of Household's infocterminated, even if the complete the amount of the complete t	ved as of today (i.e rmation. ney were received in punt in the shaded	not tenthe particular in the p	ome so rminated ast.	d). C	e. Children's in		
						If yes me	onthi	y amount from
Source of Income			Yes	No				to nearest dollar)
Earned income (i.e., employment incom	e)				\$			
Unemployment Insurance					\$			
Supplemental Security Income (SSI)					\$			
Social Security Disability Income (SSDI)					\$			
VA Service-Connected Disability Compe	ensation				\$			
VA Non-Service-Connected Disability P	ension				\$			

Private disab	oility insurance											
Worker's Co	mpensation						\$					
Temporary A	Assistance for N	eedy Families (TANF)					\$					
General Assi	istance (GA)						\$					
Retirement In	ncome from Soc	cial Security					\$					
Pension or re	etirement incom	e from a former job				\$						
Child suppor	t					\$						
Alimony or o	ther spousal sup	port				\$						
Other source) :						\$					
	Tot	al monthly income fro			\$							
Non Orale	D 6'4											
	Benefits - Do	you have any non-cas						In				
□ Yes		□ No		Don't know			Prefer not to answer	☐ Data not collected				
T	. 41 4-1-1- 11-					<i>6</i> :4	answei					
		w, you must answer ' cash benefit is recurrer					ated)					
If the respon	swer 'No' for non-cash benefit that have been terminated, even if they were received in the past. The response for any non-cash benefit is 'Yes', complete the shaded section. Office HMIS Livers Only: If the client identifies Yes for any non-cash benefit, the benefit's Start Date will be the Project Start Date.											
For Office Fil	or Office HMIS Users Only: If the client identifies Yes for any non-cash benefit, the benefit's Start Date will be the Project Start Date.											
Source of N	on-Cash Benef	Fil4			Yes	No	ly amount from source to nearest dollar)					
		stance Program (SNAP)				,	to flearest dollar)				
• • •		on Program for Womer	<u> </u>				\$					
Children (WI	C)						\$					
	•	or use local name)					\$					
		s (or use local name)					\$					
		es (or use local name)					\$					
Other source	ce:						\$					
Domostic V	Violonco Ara	you a survivor of dor	mostic violen	202								
	VIOIEIICE - AIE	Ĭ_	illestic violeti			TE] Df	□ D-441141				
□ Yes		□ No		□ Don't kno)W		Prefer not to answer	☐ Data not collected				
Ψ		1					unowor					
	en did the expe											
	n the past three	montns ago (excluding six mont	the exactly)	☐ Don't ki		newer						
		ar ago (excluding one y			not to answer ot collected							
				n conec	เซน							
☐ One y	year ago or mor		, , , ,		or collec	ieu						
¥	year ago or mor	е	, , ,] Data in	or collec	ieu						
¥		е	, , ,	J Data in	or collec	ieu						
↓	year ago or mor	е	, ,,	□ Don't ki		T	□ Prefer not to answer	□ Data not collected				
↓ If Yes, are	year ago or mor	e fleeing?	, ,,			T		☐ Data not collected				
↓ If Yes, are	year ago or mor	e fleeing?	, ,			T		□ Data not collected				
If Yes, are ☐ Yes	year ago or more	fleeing?	, ,			T		☐ Data not collected				
If Yes, are Yes Current Li	year ago or mor	fleeing?				T		☐ Data not collected				
If Yes, are Yes Current Li When was the	year ago or more you currently to iving Situation his contact with	fleeing? No No nh you? Situation - Where we	re you living	□ Don't ki	now	1	answer	<u>'</u>				
If Yes, are Yes Current Li When was the	you currently fiving Situation his contact with urrent Living Situations is an Institu	ileeing? No No n h you? Situation - Where we utional, Temporary, or	re you living r Permanent	Don't ki	now	? questi	answer ons are listed be	elow.				
If Yes, are Yes Current Li When was the Type Of Cu If the response	you currently fiving Situation his contact with urrent Living Situation Place not outside)	Fileeing? No No No No Situation - Where we utional, Temporary, or meant for habitation (e	re you living r Permanent seg., a vehicle,	Don't ki	contact	? questing, bus	ons are listed butterin/subway sta	elow. ation/airport or anywhere				
If Yes, are Yes Current Li When was the	you currently fiving Situation his contact with urrent Living Situation Place not outside)	ileeing? No No n h you? Situation - Where we utional, Temporary, or	re you living r Permanent seg., a vehicle,	Don't ki	contact	? questing, bus	ons are listed butterin/subway sta	elow. ation/airport or anywhere				
If Yes, are Yes Current Li When was the Type Of Cu If the response	you currently fiving Situation his contact with urrent Living Sinse is an Institution Place not outside) Emergency shelter Foster car	Fileeing? No No No No Situation - Where we utional, Temporary, or meant for habitation (e	re you living remanent e.g., a vehicle, tel or motel pa	during this osituation, followid for with en	contact	? questing, bus	ons are listed butterin/subway sta	elow. ation/airport or anywhere				

		Jail, prisoi	n, or juvenile	e detentio	on facility						
		Long-term	care facility	y or nursi	ng home						
		Psychiatri	c hospital o	r other ps	sychiatric facili	ty					
		Substance	e abuse trea	atment fa	cility or detox	center					
		Residentia	al project or	halfway	house with no	homeless ci	riteria	l			
		Hotel or m	notel paid fo	r <i>without</i>	emergency sh	elter vouche	er				
Temporary		Transition	al housing f	or homel	ess persons (i	ncluding hor	neles	ss youth)			
		Host Hom	e (non-crisi	s)							
		Staying or	· living in a f	riend's ro	om, apartmer	t, or house					
		Staying or	· living in a f	amily me	mber's room,	apartment o	r hou	se			
		Rental by	client, no o	ngoing ho	ousing subsidy	1					
		Rental by	client, with	other ong	joing housing	subsidy (Ple	ase S	Specify)			
		☐ GP	D TIP housi	ng subsid	dy			Housing	Stability Vouc	ner	
		□ VAS	SH housing	subsidy				Family l	Jnification Prog	ram ۱	Voucher (FUP)
		□ RR	H or equival	lent subs	idy			Foster Y	outh to Indepe	nden	ce Initiative (FYI)
Permanent		☐ Hou	using Choice	e Vouche	er (HCV)				ent Supportive		0 ()
		□ Pub	olic housing	unit					ermanent housi ss persons	ng de	edicated for formerly
			ntal by clien		ner ongoing			Homoloc	o porcone		
					ousing subsid	v					
					housing subsi						
		Other (spe				•					
		Don't know									
Other		Prefer not	to answer								
		Data not o	collected								
Living Sit											
Name the ve	rirying	agency and p	oroject								
					Current Liv						
	ing to	have to le		urrent liv	ing situation				□ Prefer not	4	□ Dete not collected
□ Yes			□ No			☐ Don't l	Know		□ Prefer not answer	ιο	☐ Data not collected
Ψ			•			•					
If Yes to, "	you a	re going to	have to lea	ave their	current living	g situation v	withir	n 14 days	?"		
	Has	a subsequ	ent residen	ce been	identified?						
		Yes	□ No		Don't know			Prefer no	ot to answer		Data not collected
ĺ									er permanent l		
Answer	•	Yes	□ No						ot to answer		Data not collected
all		you had a	lease or o	wnershi _l			hou		in the last 60 of to answer	days' □	
			*		*			Prefer no	ot to answer	<u> </u>	Data not collected
	Have	-	□ No	e times i	n the last 60 o			Prefer no	ot to answer		Data not collected
		. 55	_ 110		Dontaiow			, 10101 110	2		
CURRENT	LIVIN	G SITUATI	ON - Locat	ion detai	ils						
		57.17									

NC Natural D	Disaster/Storm– Are you experiencing homel	essness due to a rec	ent natural disaster/st	orm?
□ Yes	□ No	□ Don't know	☐ Prefer not to answer	□ Data not collected
<u> </u>				
your permiss Ves	e are resources and partners available during resion to use this information to coordinate with	them to help get you	u resources and assist	
	natural disaster/storm caused you to evacuate			
☐ Hurrican	ne Florence	☐ Hurricane Dorian	□ Other:	
What NC Cou	unty were you living in immediately prior to the m?	e natural		
Тур	oe Of Prior Living Situation - Where were yo	u living immediately	prior to the Natural Di	saster/Storm?
Homeless	Place not meant for habitation (e.g., a vehi anywhere outside)	cle, an abandoned bu	ilding, bus/train/subway	station/airport or
	Emergency shelter, including hotel or mote	l paid for <i>with</i> emerge	ency shelter voucher, or	Host Home shelter
	☐ Foster care home or foster care group hom			
	☐ Hospital or other residential non-psychiatric			
	☐ Jail, prison, or juvenile detention facility	o modical racinty		
Institutional				
	☐ Long-term care facility or nursing home	***		
	☐ Psychiatric hospital or other psychiatric fac			
	□ Substance abuse treatment facility or detor □ Transitional housing for homeless persons		(outh)	
		, ,	youin)	
	Residential project or halfway house with n			
Temporary	☐ Hotel or motel paid for <i>without</i> emergency	shelter voucher		
	☐ Host Home (non-crisis)			
	☐ Staying or living in a friend's room, apartme			
	☐ Staying or living in a family member's room	n, apartment or house		
	☐ Rental by client, no ongoing housing subside	•		
	☐ Rental by client, with ongoing housing subs	sidy (Please Specify)		
Permanent	□ GPD TIP housing subsidy □ VASH housing subsidy □ RRH or equivalent subsidy □ Housing Choice Voucher (HCV) □ Public housing unit □ Rental by client, with other ongoing	□ Fa □ Fo □ Pe □ Otl	ousing Stability Voucher mily Unification Program ster Youth to Independe trmanent Supportive Houher permanent housing of meless persons	nce Initiative (FYI) using (PSH)
	housing subsidy			
	☐ Owned by client, no ongoing housing subs	idy		
	☐ Owned by client, with ongoing housing sub	sidy		
	☐ Other (specify):			
Othor	☐ Don't know			
Other	☐ Prefer not to answer			
	☐ Data not collected			
	ay – Before the natural disaster/storm, how lo			
☐ 1 night o		☐ 1 year or longe	er	
□ 2 to 6 ni	•	☐ Don't know	anuar .	
	or more, but less than 1 month or more, but less than 90 days	☐ Prefer not to ar☐ Data not collect		
	or more, but less than 1 year	Data not collect	nou	
Approximate	Date of Evacuation – On what date did you lea	ave your prior living	situation?	

		1			1													
	Month		D	ay			Y	'ear										
	ow if the place yously damaged		e livin	g was	destro	oyed	by the	natura	l disas	ster/s	torm,	serio	ously	dama	ged b	ut not	destr	oyed,
□ Destroy	ed												[Don't l	know		
☐ Serious	y damaged												[Prefer	not to	answe	er
☐ Not seri	ously damaged												[I	Data r	ot coll	ected	
If the place	you were living	g was d	lestroy	ed or	damaç	ged ir	n any v	vay, do	you h	ave ii	nsura	nce t	o cov	er los	ses?			
	nsurance to cove												[Don't l	now		
	nsurance to cove	r some	of my l	osses												not to		er
☐ I have n	o insurance												Į l		Data r	ot coll	ected	
Have you r	egistered with I	FEMA f	or ass	istanc	e?													
□ Yes		□ N						Don't	know				efer no	ot to		Data ı	not col	lected
If the place	v vou word living	7 W00 d	lootro	rod or	domo	and in	2 001/14	vov. do	you b	ovo i	201120	noo t	0.00	or loc	2002			
	you were living surance to cove				uailid(jeu ir	i ally V	vay, uo	you n	ave II	isura	nce t			Don't l			
	nsurance to cove															not to	answe	er
	o insurance															ot coll		
Answar Th	nese Questi	one F	or H	aad (ົງf H∢	11166	hold	s On	lv									
unowor ii	iooo quooti	01101	0	ouu (J. 110	<i>,</i> 400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	• •									
Coordinat	ed Entry Asse	ssmen	nt - Fo	r Staf	f Only	/												
Date Of A	ssessment										1			1				
Assessme	ent Location																	
	□ CEF																	
	☐ Housing H	Iolnlino																
		-																
	☐ HomeLink																	
Orange CoC	☐ IFC Comm	ions																
000	☐ Jail																	
	☐ Medical Pi	rovider																
	☐ Outreach																	
	☐ Shelter								1									
	☐ Region 1										jion 8							
	☐ Region 2										jion 9							
	☐ Region 3									Reg	jion 1	0						
BoS CoC	☐ Region 4									Reg	jion 1	1						
	☐ Region 5									Reg	jion 1	2						
	☐ Region 6									Reg	jion 1	3						
	☐ Region 7																	
Durham	□ Durham C	۰.							1									

Phone

In Person

Assessment Type

						Virtu	al								
_						Crisis	s Needs	eds Assessment							
Assessn	nent L	-evel				Hous	ing Nee	Needs Assessment							
					☐ Placed on Prioritization List										
Prioritiza	ation	Status			H	_									
						11011	laccu o	11 1 1101	itizatio	III LIST					
Coordina	ated E	Entry Event – For Staff Only													
Start Dat	te / Da	ate Of Event				1			/						
Event						<u> </u>	<u> </u>								
		Referral to Prevention Assistance project													
Access		Problem Solving/Diversion/Rapid Resolution in			► G	o to A									
Events		Referral to scheduled Coordinated Entry Crisis													
		Referral to scheduled Coordinated Entry Housi		→ Go to B											
		Referral to post-placement/follow-up case man	•												
		Referral to Street Outreach project or services													
		Referral to Housing Navigation project or service	ces												
		Referral to Non-continuum services: Ineligible	for conti	nuum se	ervices										
		<u> </u>													
Referral		Referral to Emergency Shelter bed opening													
Events		Referral to Transitional Housing bed/unit openi	ng												
		Referral to Joint TH-RRH project/unit/resource	opening	g											
		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/fur	niture as	ssistance)										
		Referral to a Housing Stability Voucher													
		er was 'Problem Solving/Diversion/Rapid Re-	Housin	g interve	ention	or ser	vice res	ult', pl	ease	answei	r A:				
		m Solving/Diversion/Rapid Resolution ntion or service result – Client housed/re-	□ Y	es				No							
		d in a safe alternative?													
If 'Event'	answe	er was 'Referral to post-placement/follow-up	case m	anagem	ent res	ult', p	lease ar	nswer	B:						
		al to post-placement/follow-up case ement result – Enrolled in Aftercare		es				No							
	roject			U S				INO							
If 'Event'	answe	er was Referral to an ES, TH, Joint TH-RRH, F	RRH, PS	SH, or O	ther Ph	l open	ing, ple	ase ar	swer	C-E:					
		on of Crisis Housing or Permanent Housing													
		al Result (if known)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Client rejected			Providerejecte					
E. C	Date of	f Result (if known)			7		<u>, </u>	1		,					