**Project Start Assessment – VA GPD TH**This form should be used by VA funded Grant Per Diem (GPD) projects for every client. (children pages 1-2; all adults pages 1-8; veterans pages 1-8; heads of household pages 1-10)

## **Answer For All Household Members**

Date Of Project Start									HM	IIS C	lient	ID - F	or HMI	S Use	rs only	,					
		1			/																
Мо	nth		Day			Ye	ar												I		
Nar	ne - (	First,	Middl	e, La	st, Su	ffix)							]	Na	me C	ata C	Quali	tv			
				,	,											name					
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Mide	dle Na	ame													Don	't knov	V				
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Last	t Nam	е													Data	Not (	Collec	ted			
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	Male							nale						on't kr				fer not		Data	
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Ger	nder -	- Sele	ct one	or mo	ore ge	nder op	tions	that you	ide	entify w	vith (	for local ι	ise only	)							
	Wor	nan (G	Girl, if c	hild)								Questio	ning								
	Man	(Boy,	if chile	d)								Different Please S		/							
	Cult	urally	Specif	ic Ide	ntity (e	e.g. Two	-Spir	rit)				Don't kn									
		sgend			<u> </u>		-	,				Prefers	not to ar	nswer							
П		-Rinar									П	Data no									

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 he	<u> </u>								
☐ Head of household's spouse or partner		Other: non-relation	member								
Disability Status - Do you have a disabling condition?											
☐ Yes ☐ No		Don't know	☐ Prefer not to answer	□ Data no	t collected						
Answer 'Yes' or 'No' for each disability type (in white).  Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently.  For Office HMIS Users Only: If the client identifies Yes for any disability type, mark Disability Determination and Long-Continued or Indefinite Duration questions as Yes. The disability type's Start Date will be the Project Start Date.											
Disability Type				Yes	No						
Physical											
Chronic Health Condition											
HIV/AIDS											
Developmental											
Alcohol Use Disorder											
Substance Use Disorder											
Mental Health Disorder											
Health Insurance – Are you currently covered by health	Health Insurance – Are you currently covered by health insurance?  Yes Don't know Prefer not to answer  Answer 'Yes' or 'No' for each health insurance source.  Answer 'Yes' for any source that is currently received.  Answer 'No' for sources that have been terminated, even if they were received in the past.										
Answer 'Yes' or 'No' for each health insurance source.  Answer 'Yes' for any source that is currently received.  Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for any sources that have been terminated.	ney wer	Don't know	answer t.								
Answer 'Yes' or 'No' for each health insurance source.  Answer 'Yes' for any source that is currently received.  Answer 'No' for sources that have been terminated, even if the	ney wer	Don't know	answer t.								
Answer 'Yes' or 'No' for each health insurance source.  Answer 'Yes' for any source that is currently received.  Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.	ney wer	Don't know	answer t.	rt Date will be	the						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type	ney wer	Don't know	answer t.	rt Date will be	the No						
Answer 'Yes' or 'No' for each health insurance source.  Answer 'Yes' for any source that is currently received.  Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid	ney wer	Don't know re received in the past ance type, the health	answer t.	rt Date will be	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare	ney wer	Don't know re received in the past ance type, the health	answer t.	rt Date will be	No 🗆						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin	ney wer	Don't know re received in the past ance type, the health	answer t.	rt Date will be	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin Veteran's Health Administration (VHA)  Employer-Provided Health Insurance	ney wer	Don't know re received in the past ance type, the health	answer t.	Yes	No O						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin Veteran's Health Administration (VHA)  Employer-Provided Health Insurance  Health insurance obtained through COBRA	ney wer	Don't know re received in the past ance type, the health	answer t.	rt Date will be	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin Veteran's Health Administration (VHA)  Employer-Provided Health Insurance	ney wer	Don't know re received in the past ance type, the health	answer t.	Yes	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin Veteran's Health Administration (VHA)  Employer-Provided Health Insurance  Health insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults	ney wer	Don't know re received in the past ance type, the health	answer t.	Yes	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin Veteran's Health Administration (VHA)  Employer-Provided Health Insurance  Health insurance obtained through COBRA  Private Pay Health Insurance	ney wer	Don't know re received in the past ance type, the health	answer t.	Yes	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin 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	ney wer	Don't know re received in the past ance type, the health	answer t.	Yes	the No						
Answer 'Yes' or 'No' for each health insurance source. Answer 'Yes' for any source that is currently received. Answer 'No' for sources that have been terminated, even if the For Office HMIS Users Only: If the client identifies Yes for an Project Start Date.  Health Insurance Type  Medicaid  Medicare  State Children's Health Insurance Program (or North Carolin 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	ney wer	Don't know re received in the past ance type, the health	answer t.	Yes	the No						

## **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:								

H	Homeless History – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections											
	Section 1: Type of Prior Living Situation- Where did you live immediately prior to this project entry?											
	Homeless	Institutional	Temporary Housing									
	Place not meant for habitation (e.g., vehicle, abandoned	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 room, apartment, or house								
	Data not collected	☐ Don't know		Permanent Housing								
		□ Prefer not to answer		Rental by client, no ongoing housing subsidy								
		☐ Data not collected		Rental by client, with another ongoing housing subsidy (Please specify)								
				GPD TIP housing subsidy  VASH housing subsidy  RRH or equivalent subsidy  Housing Choice Voucher (HCV)  Public housing unit  Rental by client, with other ongoing housing subsidy  Housing Choice Voucher (HCV)  RRH or equivalent subsidy  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								
			H	Prefer not to answer								
				Data not collected								
	<b>↓</b>	ţ		<b>†</b>								
		Stay in Prior Living Situation- How										
	If any responses in the shaded boxes  1 night or less	below are checked, you must go to Section  1 night or less		all others should go to Income and Sources  1 night or less								
	i inglit of 1000	- Trigite of 1600		i mgm or 1000								

☐ 2 to 6 nights	☐ 2 to 6 nights		2 to 6 n	ights						
1 week or more, but less than 1 month	1 week or more, but less than 1 month		1 week	or more, but less than 1 month						
1 month or more, but less than 90 days	1 month or more, but less than 90 days		1 month	n 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			s or more, but less than 1 year						
☐ 1 year or longer	☐ 1 year or longer☐ Don't know			or longer						
☐ Don't know	now									
☐ Prefer not to answer	☐ Prefer not to answer☐ Data not collected			not to answer						
☐ Data not collected	ot collected									
Section 3: Break in Homele	the streets, or in emer	gency	shelter							
If any responses in the shaded boxes be	pelow are checked, you must go to SEC			ers should go to Income and Sou	rces					
	☐ Yes [Go to Section 4]			Go to Section 4]						
	□ No		No							
Go to Section 4	☐ Don't know		Don't kr							
	☐ Prefer not to answer	_		not to answer						
	☐ Data not collected		Data no	ot collected						
Section 4. A	actions heleved		mloto t	this section						
	nswer the three questions below to	o com	ipiete t	INIS SECTION						
Approximate Date This Episode o	f Homelessness Started?									
Month	Day Year									
Regardless of where you stayed la in an emergency shelter in the pas		ou be	en hoi	meless on the streets, or						
☐ One time (Select this if this is the 1	st time you have experienced homelessn	ess in	the past	t 3 years) $\Box$ Don't know						
☐ Two times			•	☐ Prefer not to answer	5					
☐ Three times				☐ Data not co	llected					
☐ Four or more times				·						
How Many Months, in total, have y in the past 3 years?	you experienced homelessness or	the s	street,	or in an emergency shelter						
☐ 1 month or less (Select this if this is	the 1st time you have experienced home	elessne	ess in th	ie past 3 years) □ Don't know						
☐ Between 2 and 12 Months ——	► Enter the total number of month	s:		☐ Prefer not to answer	o o					
☐ More than 12 months				☐ Data not co	llected					
Income and Sources - Do you curre	ently have any income from any source	e?	ı							
☐ Yes ☐ No	☐ Don't know			efer not to	ected					
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.										
				If yes, monthly amount fro						
Source of Income	2)	Yes	No	source (round to nearest do						
Earned income (i.e., employment income	<del>-</del> )			\$						
Unemployment Insurance				\$						
Supplemental Security Income (SSI) Social Security Disability Income (SSDI)				\$						
VA Service-Connected Disability Compe				\$						
1 Solvios Solliosica Disability Collipe				Y						

.,	connected	Disability Pension						\$						
Private disability in	nsurance							\$						
Worker's Compen	sation							\$						
Temporary Assista	ance for Ne	eedy Families (TANF)						\$						
General Assistance	ce (GA)							\$						
Retirement Incom	e from Soc	ial Security						\$						
Pension or retirem	nent income	e from a former job						\$						
Child support								\$						
Alimony or other s	pousal sup	pport						\$						
Other source:								\$						
	Tota	al monthly income from all s	source	es	ı	ı.		\$						
Non-Cash Bene	efits - Do y	you have any non-cash bene	efits fr	rom any sou	rce?									
☐ Yes ☐ No ☐ Don't kno								Prefer i			□ Da <sup>·</sup>	ta not	collec	cted
To complete the	table belo	w, you must answer 'Yes' or	r 'No'	for each non	-cash	hene	ofit							
		cash benefit is recurrent and re						ed).						
		nefit that have been terminated					the p	ast.						
For Office HMIS L	<b>or any no</b> n Jsers Onlv:	I-cash benefit is 'Yes', comp If the client identifies Yes for a	olete ti anv no	<b>ne snaded se</b> on-cash benef	it. the	bene	fit's S	tart Da	ate will	be th	ne Pro	iect S	tart Da	ate.
					,									
Source of Non-C	ash Benef	it			Yes	N	0	If yes	, mon (rou	thly a	amou neares	nt fro	m sou ar)	ırce
Supplemental Nut	rition Assis	tance Program (SNAP)					] ;	\$						
Special Suppleme Children (WIC)	ental Nutriti	on Program for Women, Infant	ts, and	d			]	\$						
TANF Child Care	services (o	r use local name)					]	\$						
TANF transportation	on services	s (or use local name)					] ;	\$						
TANF transportation services (or use local name)														
Other TANF-Funded Services (or use local name)							]   :	\$						
Other TANF-Fund Other source:	led Service	s (or use local name)						<u>\$                                    </u>						
	led Service	s (or use local name)				<u> </u>		•						
	led Service	s (or use local name)				<u> </u>		•						
Other source:		. ,	violor	nco2		<u> </u>		•						
Other source:  Domestic Viole		you a survivor of domestic	violer			<u> </u>		\$						
Other source:		. ,	violer	nce?		<u> </u>		\$ Prefer	not to	, 1	□ Da	ta not	collec	cted
Other source:  Domestic Viole		you a survivor of domestic	violer			<u> </u>		\$		, ]	□ Da	ta not	collec	cted
Other source:  Domestic Viole  Yes  If Yes, when did	nce - Are	you a survivor of domestic on the state of t	violer	□ Don't kno	DW .	<u> </u>		\$ Prefer		· ]	□ Da	ta not	collec	oted
Other source:  Domestic Viole  Yes  If Yes, when did  Within the	nce - Are	you a survivor of domestic value No  rience occur? months		☐ Don't kno	Dw now			\$ Prefer			□ Da	ta not	collec	oted
Other source:  Domestic Viole  Yes  If Yes, when did  Within the Three to si	nce - Are d the expe past three x months a	you a survivor of domestic value of No  rience occur? months ago (excluding six months exact	ctly)	□ Don't kno	now not to a	answ		\$ Prefer			□ Da	ta not	collec	cted
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Other source:  Domestic Viole Yes  If Yes, when did Within the Six months One year at  If Yes, are you described and yes  Current Living When was this compared to the response is	d the experiment past three is to one year ago or more currently full Living san Institution place not	you a survivor of domestic of No  rience occur? months igo (excluding six months exact ar ago (excluding one year exact)  leeing?  No  n you?  Situation - Where were you	ctly) actly) living	□ Don't kno □ Don't k □ Prefer i □ Data no □ Don't k  during this situation, fo	now not to a ot collection.	answ ected	er	Prefer answe	er not ver	delco	□ D	ata no	ot colle	ected
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	☐ Hospital or other residential non-psychiatric medical facility												
		Jail, priso	n, or j	uvenile det	tentior	n facility							
		Long-term	n care	facility or i	nursin	g home							
		Psychiatri	ic hos	pital or oth	er psy	chiatric faci	lity						
		Substance	e abu	se treatme	nt faci	lity or detox	cente	er					
		Transition	al hou	using for ho	omele	ss persons	(inclu	ding hon	neles	s youth)			
		Residentia	al proj	ject or half	way h	ouse with no	o hom	neless cr	iteria	I			
Temporary		Hotel or m	notel p	oaid for <i>wit</i>	hout e	mergency s	shelte	r vouche	er				
		Host Hom	ne (no	n-crisis)									
		Staying o	r living	g in a friend	d's roc	m, apartme	nt, or	house					
		Staying o	r living	g in a famil	y men	nber's room	, apar	rtment or	hou	se			
		Rental by	client	, no ongoir	ng hou	ısing subsid	dy						
		Rental by	client	, with othe	r ongo	ing housing	g subs	sidy (Ple	ase S	Specify)			
		□ GP	D TIP	housing s	ubsidy	/				Housing	Stability Vouc	her	
		□ VAS	SH ho	ousing subs	sidy					Family l	Jnification Pro	gram \	Voucher (FUP)
		□ RR	H or e	equivalent	subsid	У				Foster Y	outh to Indepe	enden	ce Initiative (FYI)
Permanent		☐ Hot	using	Choice Vo	ucher	(HCV)					ent Supportive		<b>O</b> ( )
		□ Puk	olic ho	using unit							ermanent hous ss persons	ing de	edicated for formerly
		□ Rer	ntal by using s	/ client, wit subsidy	h othe	er ongoing				Homeles	33 per30113		
		Owned by	/ clien	t, no ongoi	ng ho	using subsid	dy						
		Owned by	/ clien	t, with ong	oing h	ousing subs	sidy						
		Other (sp	ecify):										
Other		Don't kno	W										
		Prefer not	t to an	iswer									
		Data not o		ted									
Living Sit Name the ve				+									
	··· ,··· <u>·</u>	g											
If Instituti										•			
Are you go	ing to	nave to ie	ave y	No	nt livi	ng situatio		Don't k			□ Prefer not	to	□ Data not collected
				110				Dontk	IIIOW		answer	. 10	= Bata flot collected
<u> </u>													
If Yes to, "							ng sit	uation v	vithir	า 14 days	?"		
-		a subsequ								<b>.</b> .			5
-				No		Don't knov			Ш.		ot to answer		Data not collected
		<b>ou or your</b> Yes		l <b>y have res</b> No	Source	es or suppe Don't knov		etworks	to ol		er permanent ot to answer	housi	ing? Data not collected
Answer all			l .		<u> </u>			manont	hou		in the last 60	dave.	•
-		Yes		No		Don't knov	_	manem			ot to answer	uays	Data not collected
-	Have	vou move	ed 2 o	r more tin	nes in	the last 60	davs	;?	<u> </u>				
-		Yes		No		Don't knov				Prefer no	ot to answer		Data not collected
CURRENT	LIVIN	G SITUATI	ON -	Location o	details	3							

NC Natural	Disaster/Storm- Are you experiencing homel	essness due to a recent	natural disaster/sto	orm?
□ Yes	□ No	□ Don't know	☐ Prefer not to answer	□ Data not collected
Ψ				1
If Yes: There	are resources and partners available during na	atural disasters/storms t	that can help you. D	o we have your
permission t	o use this information to coordinate with them	to help get you resource	es and assistance?	
☐ Yes	□ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected
<b>T</b>			answer	
If Yes: What	natural disaster/storm caused you to evacuate	and seek other shelter?		
	<u>-</u>	☐ Hurricane Dorian	☐ Other:	
What NC Cou	inty were you living in immediately prior to the	natural		
uisastei/stoi				
T	o Of Dalam Linda an Olfstration 140	P. C. C. C. P. C. L. C.	. ( . ( ) . ( ) . ( )	
Тур	e Of Prior Living Situation - Where were you			
	Place not meant for habitation (e.g., a vehicle anywhere outside)	le, an abandoned building	յ, bus/train/subway st	tation/airport or
Homeless	Emergency shelter, including hotel or motel	noid for with amarganay		aat Hama ahaltar
	☐ Foster care home or foster care group home		sileiter vouciler, or ni	OSI HOITIE STIEILEI
	☐ Hospital or other residential non-psychiatric			
	☐ Jail, prison, or juvenile detention facility	Theulcal facility		
Institutional	□ Long-term care facility or nursing home			
	Psychiatric hospital or other psychiatric facil	ity		
	☐ Substance abuse treatment facility or detox			
	☐ Transitional housing for homeless persons (		<u> </u>	
	Residential project or halfway house with no	•	<u>′</u>	
	☐ Hotel or motel paid for <i>without</i> emergency si			
Temporary	☐ Host Home (non-crisis)			
	☐ Staying or living in a friend's room, apartme	nt or house		
	☐ Staying or living in a family member's room,	apartment or house		
	☐ Rental by client, no ongoing housing subside	у	-	
	☐ Rental by client, with ongoing housing subsi	dy (Please Specify)		
	☐ GPD TIP housing subsidy	•	g Stability Voucher	
	□ VASH housing subsidy □ RRH or equivalent subsidy		Unification Program \	
	☐ Housing Choice Voucher (HCV)		Youth to Independendent nent Supportive Hous	
Permanent	Public housing unit	□ Other p	ermanent housing de	
	☐ Rental by client, with other ongoing	homele	ss persons	
	housing subsidy			
	Owned by client, no ongoing housing subsidered.	h.,		
	<ul><li>Owned by client, no ongoing housing subsic</li><li>Owned by client, with ongoing housing subs</li></ul>	•		
	Other (specify):	liuy		
	□ Don't know			
Other	☐ Prefer not to answer			
	☐ Data not collected			
Length of Sta	ay – Before he natural disaster/storm, how long	did you live in the prior	r living situation?	
☐ 1 night o	•	☐ 1 year or longer		
□ 2 to 6 ni		☐ Don't know		
	or more, but less than 1 month	☐ Prefer not to answe	<u>r</u>	
	or more, but less than 90 days	☐ Data not collected		

Approximate D	ate of Ev	acuat	ion –	On wh	iat dat	e did	you le	ave	your pr	ior liv	ing si	tuati	on?						
			<b>/</b>			7													
	Mont	h		Day	y				Year										
Do you know it or not seriousl			ı were	e living	was c	destro	oyed by	y the	e natura	ıl disa	ster/s	torm	ı, ser	riousl	y dama	ged	but not	destr	oyed,
□ Destroyed	y damag	<u> </u>														Don'	't know		
☐ Seriously da	maged																er not to	answe	er
☐ Not seriously	y damage	∍d														Data	not coll	ected	
If the place you						amaç	ged in a	any	way, do	you l	have i	nsur	ance	to c	over los	sses	?		
☐ I have insura																	't know		
☐ I have insura		over so	ome c	of my lo	sses												er not to		<del>e</del> r
☐ I have no ins	surance															Data	not coll	ectea	
Have you regis	stered wit	th FEI	MA fo	r assis	stance	?													
□ Yes			□ No					1	□ Don't	know	'			Prefer	not to	T	□ Data r	not col	lected
													а	answe	er				
If the place you						amaç	ged in a	any	way, do	you l	have i	nsur	ance	to c	over los	sses	?		
☐ I have insura																	't know		
☐ I have insura		over so	ome c	of my lo	sses												er not to a not coll		<u>∍r</u>
- Thave no ins	Surance															Data	I HOL COIL	ecteu	
Only Answer	These	Que	estic	ons F	or Ve	etera	ans												
Veteran Inform	nation -	If the	clie	nt is a	veter	an. r	olease	pro	vide d	etails	of se	ervic	e be	low					
Year entered mi			00.		70101	w, p	]	ρ. υ	71.45 4						y servic	:e			
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Month	Day			Yea	ar						Mont			P	ay I			ear	
											IVIOITI	.11			ay		'	Cai	
Answer 'Yes' or	'No' for	each I	Milita	ry Ope	ration	(in w	hite).												
Military Operation	on						_				Se	rved	in?						
World War II						Yes		No		Don't kr	now		Prefe	r not to	o answer	r	□Data r	not colle	ected
Korean War						Yes		No		Don't kr	now		Prefe	r not to	o answer	r	□Data r	not colle	ected
Vietnam War						Yes		No		Don't kr	now		Prefe	r not to	o answei	r	□Data r	not colle	ected
Persian Gulf War	•					Yes		No		Don't kr	now		Prefe	r not to	o answer	r	□Data r	ot colle	ected
Afghanistan						Yes		No		Don't kr	now		Prefe	r not to	o answei	r	□Data r	not colle	ected
Iraq Freedom						Yes		No		Don't kr	now		Prefe	r not to	o answei	r	□Data r	not colle	ected
Iraq Dawn						Yes		No		Don't kr	now		Prefe	r not to	o answer	r	□Data r	not colle	ected
Other Peace-Kee	ping Ope	ration	s or N	/lilitary		Yes		No		Don't kr	now		Prefe	r not to	o answei	r	□Data r	not colle	ected
Interventions (suc		anon,	Pana	ıma,															
Somalia, Bosnia,	Kosovo)																		
Branch Of Milita	rv.																		
□ Army	ıı y								Space	Force	<del></del>								
☐ Air Force									Don't l										
□ Navy									Prefer	not to	answ	er							
□ Marines									Data n	ot coll	ected								
□ Coast Guar	d							1											

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t Location													
□ CEF													
☐ Housing Helpline													
☐ HomeLink													
☐ IFC Commons													
□ Jail													
☐ Medical Provider													
□ Outreach													
□ Shelter													
□ Region 1				Reg	gion 8								
☐ Region 2				Reg	gion 9								
☐ Region 3				Reg	gion 1	0							
☐ Region 4				Reg	gion 1	1							
☐ Region 5				Reg	gion 1	2							
☐ Region 6				Reg	gion 1	3							
☐ Region 7													
□ Durham CoC					_			_					
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on Status													
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d Entry Event - For Office HMIS Users	Only												
a Lindy Lyont – For Office Hillio Users	Jilly				1			1	1				
									1	1	1	1	
	e under honorable conditions her than honorable conditions duct able  In Number ode and location for VA Medical Center  Bese Questions For Head Of House of Entry Assessment - For Office HMIS  Bessment	e under honorable conditions   Capable   Capab	Uncha   Index   Don't     In	Uncharacterize	e	e   Uncharacterized under honorable conditions   Don't know   wer than honorable conditions   Data not collected   able   Not Applicable    In Number ride and location for VA Medical Center    Bese Questions For Head Of Households Only    Identity Assessment - For Office HMIS Users Only    Bessment   It Location      CEF   Housing Helpline     HomeLink     IFC Commons     Jail     Medical Provider     Outreach     Shelter     Region 1   Region 8     Region 2   Region 9     Region 1   Region 1     Region 6   Region 1     Region 7     Durham CoC    In Type   In Pick In	Uncharacterized   Don't know   Prefer not to answer   Data not collected   Data not collect	Uncharacterized   Uncharacterized   Don't know   Perfer not to answer   Incharacterized   Don't know   Perfer not to answer   Incharacterized   Incharacte	Uncharacterized   Uncharacte	Uncharacterized   Uncharacte	e	e   Ducharacterized under honorable conditions   Don't know   her than honorable conditions   Data not collected able   Data not collected able   Not Applicable   hin Number ride and location for VA Medical Center   hin Number ride and location for VA Medical Center   hin Number ride and location for VA Medical Center   hin Number ride and location for VA Medical Center   hin Number ride and location for VA Medical Center   hin Number ride and location for VA Medical Center   hin Location	

Event													
	☐ Referral to Prevention Assistance project												
Access	□ Problem Solving/Diversion/Rapid Resolution i	intervention or service	Go to A										
Events	☐ Referral to scheduled Coordinated Entry Crisi	is Needs Assessment											
	☐ Referral to scheduled Coordinated Entry House	sing Needs Assessment	Go to B										
	☐ Referral to post-placement/follow-up case ma	anagement											
	☐ Referral to Street Outreach project or services	s											
	☐ Referral to Housing Navigation project or serv	vices											
	☐ Referral to Non-continuum services: Ineligible	e for continuum services											
	□ Referral to Non-continuum services: No availability in continuum services												
Referral	□ Referral to Emergency Shelter bed opening												
Events	☐ Referral to Transitional Housing bed/unit oper	ning											
	☐ Referral to Joint TH-RRH project/unit/resource	e opening											
	☐ Referral to RRH project resource opening		Go to C										
	☐ Referral to PSH project resource opening												
	☐ Referral to Other PH project/unit/resource ope												
	☐ Referral to emergency assistance/flex fund/fu	ırniture assistance											
	☐ Referral to a Housing Stability Voucher												
If 'Event' a	answer was 'Problem Solving/Diversion/Rapid Re	e-Housing intervention or service	result', please answer A:										
ir	roblem Solving/Diversion/Rapid Resolution Intervention or service result – Client housed/re-	□ Yes	□ No										
	oused in a safe alternative? answer was 'Referral to post-placement/follow-up	n case management result' nieses	a answer R										
	eferral to post-placement/follow-up case	case management result, pieds	, answer B.										
m	nanagement result – Enrolled in Aftercare roject?	□ Yes	□ No										
If 'Event' a	answer was Referral to an ES, TH, Joint TH-RRH,	RRH, PSH, or Other PH opening,	please answer C-E:										
	ocation of Crisis Housing or Permanent Housing eferral (Project name or Project ID)												
D. R	eferral Result (if known)	☐ Client ☐ Client reject											
E. D	ate of Result (if known)												