Project Start Assessment – VA HCHV

This form should be used by VA funded Healthcare for Homeless Veterans (HCHV) projects for every client. (children pages 1-2; all adults pages 1-7; veterans page 1-8; heads of household pages 1-10)

Answer For All Household Members

Date Of Project Start											HMIS	Clien	nt IE	O - For I	HMIS	User	s only			
		1			1															
Mor	ıth.	•	Day		′	Yea	<u> </u>													
IVIOI	IUI		Day			166	u													
Nam	ne - (First,	Middl	e, Las	st, Suf	fix)]	Name	Data	ı Qı	uality				
First	Nam	е														eported				
												Partial, street name or code name								
Midd	lle Na	me												on't kn						
																o answe	er			
Last	Name	Э											D	ata No	ot Co	ollected				
Suffi	x (e.g	-,																		
Jr, S	r, III)																			
Soc	ial S	acuri	tv Nii	mhei	,						Det	a Qualit	v Stati	ıe						
Social Security Number						Ann	rox. c			n't know			Prefer i	not		Data	not			
							Reported				eported		TI CICIOW			to ansv			collec	
	Veteran Status																			
		Statu	IS														1			
□ '	□ Yes				□ No				□ Do	n't know	′		Prefer not to			Data collec				
														answe	r		COIICC	ica		
_																				
Date	Of I	Birth	(e.g. 1	10/23/	1978)							a Qualit					I			
							Full Reported			rox. c	or eported	□ Doi	n't know	'		Prefer to answ			Data collec	
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Gen	der -	Selec	ct one	or mo	re gen	ıder ide	ntities													
			Sirl, if c								Question	ning								
	Man	(Boy,	if child	d)							Different									
	014.		O:¢		-1:1/-	T	O:-:t)				(Please Don't kn									
		sgenc	•	ic ider	ntity (e	.g. Two	-Spirit)						<i>N</i> ⊖r							
		Binar								□ Prefer not to answer□ Data not collected										
Rac	e an	d Eth	nicity	/ - Sel	lect on	e or mo	re race an	d eth	nic cate	egori	es									
	Ame	rican	Indian	, Alas	ka Nat	ive, or I	ndigenous				White									
	Asia	n or A	sian A	meric	an						Don't kn									
					an, or A	African						ot to ans								
<u> </u>			Latina		41- A £: -							t collecte	<u>d</u>							
					th Afric						litional Ra Ethnicity									
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Rela	Relationship to Head of Household																			
			of hou									househo					r			
	(ather relation to be add)																			
	Head of household's spouse or partner									Other: n	ner: non-relation member									

Disability Status - Do you have a disabling condition?									
☐ Yes	□ No	□ Don't know	☐ 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	Developmental								
Alcohol Use Disorder									
Substance Use Disorder									
Mental Health Disorder									
Health Insurance – Are you currently covered by health insurance? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to ☐ Data not collected									
			answer		000104				
Answer 'Yes' for any source Answer 'No' for sources that	that is currently received. have been terminated, even if they If the client identifies Yes for any i			t Date will be th	ne				
Health Insurance Type				Yes	No				
Medicaid									
Medicare									
State Children's Health Insur	rance Program (or North Carolina I	Health Choice)							
Veteran's Health Administrat	tion (VHA)								
Employer-Provided Health Ir	nsurance								
Health insurance obtained th	rough COBRA								
Private Pay Health Insurance	e								
State Health Insurance for A	dults								
Indian Health Services Progr	ram								
Other If Yes, specify source:									
NC County Of Service In which NC county are you receiving this project's services?									
What is the Zip Code of	your last permanent address	?							

ONLY ANSWER THESE QUESTIONS For Head Of Household And Other Adults

												me of project entry?
☐ NC 502-Du	rham	City 8	: County	□NC	503-N	IC Bala	ance o	State	• 🗆	NC 51	3-Chap	pel Hill/Orange County Other:
Homeless H	isto	ry										
Type Of Prior	· L ivi	na Sit	uation M	/horo w	(Oro)//	su livir	a imn	odiat	oly pr	or to t	hic pro	oiget entry?
Type Of Filor	LIVI	ing Sit	uation - VV	riiele w	reie y	Ju IIVII	ig illili	ieuiai	ely pi	OI tO t	ilis pic	oject entry :
Homeless		Place	not mean	nt for ha	bitatio	n (e.g.,	vehic	e, aba	andone	d build	ing, bu	us station/airport or anywhere outside)
		Emer	gency she	elter, inc	cluding	hotel o	or mote	el paid	l for wi	h eme	rgency	shelter voucher, or Host Home shelter
		Foste	er care hon	ne or fo	ster ca	are gro	up hor	ne				
		Hosp	ital or othe	er reside	ential r	on-psy	/chiatri	c med	lical fa	cility		
Institutional		Jail, p	orison, or j	uvenile	detent	tion fac	ility					
		Long	-term care	facility	or nur	sing ho	me					
		Psyc	hiatric hos	pital or	other p	osychia	tric fac	cility				
			tance abus									
			sitional hou			•		•				th)
		Resid	dential proj	ject or h	nalfway	/ house	e with r	no hor	neless	criteria	ì	
Temporary			or motel p			ıt emer	gency	shelte	er vouc	her		
. ,		Host	Home (no	n-crisis)							
		Stayi	ng or living	g in a fri	end's	room, a	apartm	ent, o	r hous	9		
		Stayi	ng or living	g in a fa	mily m	ember	's roor	n, apa	rtment	, or hou	use	
			al by client									
			al by client				housir	ıg sub	sidy (F	lease S		
			GPD TIP		•	•						sing Stability Voucher
			VASH ho	_	-							ily Unification Program Voucher (FUP)
			· · · · · · · · · · · · · · · · · · ·									ter Youth to Independence Initiative (FYI)
Permanent			Housing Choice Voucher (HCV)									manent Supportive Housing (PSH)
			Public ho	ousing ι	ınit							er permanent housing dedicated for formerly leless persons
	Rental by client, with other ongoing											
			housing s	subsidy								
	□ Owned by client, no ongoing housing subsidy											
			ed by clien									
			t know	it, With t	origoni	g nous	ing sui	Joiuy				
Other			er not to an	swer								
			not collect									
		2 0.10.										
Length Of Sta			Living Sit	uation	- How	long v	vere y					?
☐ 1 night o		S								r or lon	iger	
☐ 2 to 6 nig		re hut	less than	1 mont	h					know r not to	anewe	
			it less than							not coll		<u></u>
			it less than						Data	1101 0011	ootou	
		·		-								
	e Da	te Th	is Episod	de of H	lomel	essne	ss St	arted	– Wh	en did	d you	start staying on the street, or in ES
this time?												
							,					7
				/			/					
			Month		D	ay			Y	ear		

	gardless of where you an emergency shelter				you b	een ho	meless on t	he st	reets, or	
	One time (Select this if the				ness in	the pas	t 3 years)	Тп	Don't know	
	Two times	no lo allo i allilo you	THAT OXPO	TIONIOGA NOMOIOGO	11000 111	i iiio pac	ro youro,		Prefer not to	
									answer	
	Three times								Data not collected	
	Four or more times									
	w Many Months, in tot he past 3 years?	al, have you expe	erienced h	nomelessness o	on the	street,	or in an em	erger	ncy shelter	
	onth or less (Select this if	this is the 1st time you	ı hava aya	prionged homologe	noon ii	o the ne	at 2 vooro)	☐ Don't know		
	veen 2 and 12 Months	•	·	I number of mont		i ille pa	si o years)		Prefer not to	
Detv	veen 2 and 12 Months	Em	er the tota	i number of mon	uis.				answer	
More	e than 12 months								Data not collected	
Inc	ome and Sources - Do	you currently have	any incor	ne from any sour	rce?					
	Yes	□ No		☐ Don't know			efer not to			
							iswer			
	complete the table below								, , ,	
	wer 'Yes' only if the incom				e. not te	erminate	d). Children's	ıncom	e (except earned	
	ome) can be included unde									
	wer 'No' for sources that I									
	ne response for any sour							41 D)	
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, n	nonth	ly amount from	
	irce of Income				Yes	No		round	to nearest dollar)	
	ned income (i.e., employn	nent income)					\$			
	employment Insurance						\$			
	pplemental Security Incom	` '					\$			
	cial Security Disability Inco	, ,					\$			
	Service-Connected Disab	•					\$			
	Non-Service-Connected [Disability Pension					\$			
	ate disability insurance						\$			
	rker's Compensation						\$			
Ten	nporary Assistance for Ne	edy Families (TANF))				\$			
Ger	neral Assistance (GA)						\$			
Ret	irement Income from Soci	al Security					\$			
Per	sion or retirement income	from a former job					\$			
Chi	ld support						\$			
	nony or other spousal sup	port					\$			
Oth	er source:						\$			
	Tota	Il monthly income fr	rom all soເ	ırces			\$			
No	n-Cash Benefits - Do y	ou have any non-ca	ash benefi	ts from any source	ce?					
	Yes	□ No		□ Don't know			Prefer not to		Data not collected	
				_ 2011 CIGIOW			answer		_ 4.4 1101 001100100	
To	complete the table below	V VOII milet anewor	'Yes' or in	lo' for each non	caeh h	-				
	wer 'Yes' only if the non-c						ited)			
	swer 'No' for non-cash ber									
	ne response for any non-					a iii uie	past.			
			,	ı		1				
Ì		t				No	If yes, mont	hly ar	mount from source	

Supplementa	al Nu	trition Assistance Program (SNAP)				\$						
Special Supp Children (WI		ental Nutrition Program for Women, Infants, an	d			\$						
TANF Child	Care	services (or use local name)				\$						
TANF transp	ortat	ion services (or use local name)				\$						
Other TANF	-Fund	ded Services (or use local name)				\$						
Other source	ce:					\$						
Domostic \	/iola	NACO Are you a surviver of demostic violence	?									
	VIOIE	ence - Are you a survivor of domestic viole			TF	1 D f-		_ [>-4	4 11 -	41
□ Yes		□ No	☐ Don't kn	ow		⊒ Preтe answ	er not to ver)	ш [Data no	OT COILE	ected
V		1	l		l .		•					
		I the experience occur?										
		ast three months	☐ Don't kn									
		months ago (excluding six months exactly) to one year ago (excluding one year exactly)	☐ Prefer no									
		go or more	□ Data Not	COIICC	ieu							
T			•									
If YES, Are you currently fleeing?												
□ Yes		□ No	☐ Don't kn	OW		Prefe answ	er not to er	0		Data no	t colle	ected
		•			<u> </u>							
Current Living Situation When was this contact with you?												
Type Of Current Living Situation - Where were you living during this contact?												
if the respon	nse i	s an Institutional, Temporary, or Permanent										
		Place not meant for habitation (e.g., a vehicle outside)	e, an abandon	ea bui	iding, bus	s/train/s	ubway	siai	ion/a	irport o	ranyv	vnere
Homeless		Emergency shelter, including hotel or motel pushelter	oaid for <i>with</i> e	merge	ncy shelte	er voucl	her, or	RH	-fun	ded Ho	st Ho	me
		Foster care home or foster care group home										
		Hospital or other residential non-psychiatric r	nedical facility	ty								
Institutional		Jail, prison, or juvenile detention facility										
		Long-term care facility or nursing home										
		Psychiatric hospital or other psychiatric facilit	V									
		Substance abuse treatment facility or detox of										
		Transitional housing for homeless persons (ii		eless v	outh)							
		Residential project or halfway house with no			· · · · · · · · · · · · · · · · ·							
Temporary		Hotel or motel paid for without emergency sh		JII U								
Temporary		Host Home (non-crisis)	CITCI VOUCIICI									
		· · · · · · · · · · · · · · · · · · ·	t or bouge									
	☐ Staying or living in a friend's room, apartment, or house											
1		Staying or living in a family member's room, a	•	nouse								
		Rental by client, no ongoing housing subsidy										
				se Spe	ecify) lousing St	tability \	Vouche	er				
		Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing s	subsidy (Pleas	se Spe	• ,	•			ouch	ner (FU	P)	
Permanent		Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing s GPD TIP housing subsidy VASH housing subsidy	subsidy (Pleas	se Spe	lousing Stamily Uni	fication	Progra	am ∖		,	•	
Permanent		Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing s GPD TIP housing subsidy VASH housing subsidy RRH or equivalent subsidy	subsidy (Pleas	se Spe	lousing Stamily Uni	fication oth to In	Progra depen	am √ dend	e Ini	tiative (•	
Permanent		Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing s GPD TIP housing subsidy VASH housing subsidy RRH or equivalent subsidy Housing Choice Voucher (HCV)	subsidy (Pleas	se Spe	lousing Si amily Uni oster You ermanent other perm	fication oth to In t Suppo	Progra depen- ortive H housin	am V dend lousi	e Ini ng (F	tiative (PSH)	FYI)	·ly
Permanent		Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing s GPD TIP housing subsidy VASH housing subsidy RRH or equivalent subsidy	subsidy (Pleas	se Spe	lousing Si amily Uni oster You ermanen	fication oth to In t Suppo	Progra depen- ortive H housin	am V dend lousi	e Ini ng (F	tiative (PSH)	FYI)	·ly

	□ Owned by client, no ongoing housing subsidy									
	☐ Owned by	client, with ongo	ing housing subsid	dy						
	☐ Other (spe	ecify):								
	□ Don't know	• •								
Other		to answer								
	□ Data not o									
Livina Sit	uation verified									
	rifying agency and p									
			ent Current Livi							
	ing to have to le		t living situation	_						
□ Yes		⊔ No		│	now	☐ Prefer not to answer	☐ Data not collected			
Ψ		I.		l		anowor				
If Yes to, "you are going to have to leave their current living situation within 14 days?"										
	Has a subseque	ent residence be	en identified?		-					
	☐ Yes	□ No	☐ Don't know		☐ Prefer n	ot to answer	Data not collected			
	Do you or your	family have res	ources or suppor	t networks t	o obtain oth	er permanent hous	ing?			
Answer	□ Yes	□ No	☐ Don't know			ot to answer	Data not collected			
all	Have you had a	lease or owner	ship interest in a	permanent l	housing unit	in the last 60 days	?			
	☐ Yes	□ No	☐ Don't know	•		ot to answer	Data not collected			
-	Have you move	d 2 or more time	es in the last 60 d	ays?						
	☐ Yes	□ No	☐ Don't know	Ū	□ Prefer n	ot to answer	Data not collected			
CURRENT	LIVING SITUATI	ON - Location d	etails							
NC Natura	al Disaster/Sto	rm– Are you exp	periencing homel	essness due	to a recent	natural disaster/st	orm?			
□ Yes		□ No		□ Don't kr	now	☐ Prefer not to	☐ Data not collected			
J.						answer				
<u> </u>										
						that can help you.				
your perr	nission to use tr	No □	o coordinate with	Them to ne		sources and assis	Data not collected			
					HOW					
Ψ				_ Bontk	HOW	answer				
If Yes: What natural disaster/storm caused you to evacuate and seek other shelter?										
				e and seek o	other shelter	answer				
☐ Hurri	hat natural disas	ster/storm cause			other shelter	answer				
	cane Florence County were you	☐ Hurricane M		e and seek o	other shelter	answer				
What NC	cane Florence County were you	☐ Hurricane M	atthew	e and seek o	other shelter	answer				
What NC disaster/s	cane Florence County were you storm?	☐ Hurricane Manueler	atthew	e and seek o	other shelter e Dorian	answer	saster/Storm?			
What NC disaster/s	County were you storm? Type Of Prior L	☐ Hurricane Manuelliving in imme	diately prior to th	e and seek o Hurricand e natural	other shelter e Dorian	answer ? Other:				
What NC disaster/s	County were you storm? Type Of Prior L Place r anywhe	□ Hurricane Manual Iliving in imme Living Situation of meant for habere outside)	diately prior to the name of t	e and seek of the Hurricane e natural ou living immidule, an abandone	other shelter e Dorian nediately pri	answer ? □ Other: or to the Natural D	station/airport or			
What NC disaster/s	County were you storm? Type Of Prior L Place r anywhe	☐ Hurricane Manual Iliving in immediate in	diately prior to the name of t	e and seek of Hurricand e natural bu living immicle, an abandel paid for with	other shelter e Dorian nediately pri	answer ? Other: or to the Natural Ding, bus/train/subway	station/airport or			

	☐ Jail, pr	ison, or ju	ıvenile deter	ntion fa	cility						
	☐ Long-te	erm care	facility or nu	ırsing h	ome						
	☐ Psychi	atric hosp	ital or other	psychi	iatric faci	lity					
	☐ Substa	nce abus	e treatment	facility	or detox	center					
	☐ Transit	ional hou	sing for hon	neless	persons	(including	homele	ess youth))		
	☐ Reside	ntial proje	ect or halfwa	ay hous	se with n	o homele:	ss criter	ia			
T	☐ Hotel o	r motel p	aid for <i>withc</i>	<i>ut</i> eme	ergency s	helter vo	ucher				
Temporary	☐ Host H	ome (non	n-crisis)								
	☐ Staying	g or living	in a friend's	room,	apartme	nt or hou	se				
	☐ Staying	g or living	in a family r	membe	r's room	, apartme	nt or ho	use			
	☐ Rental	by client,	no ongoing	housir	ng subsic	ly					
	☐ Rental	by client,	with ongoin	g hous	ing subs	idy (Plea	se Spec	ify)			
			housing sub						Stability Vo		
			using subsid								/oucher (FUP)
	□ RRH or equivalent subsidy □ Foster Youth to Independence Initiative (FYI) □ Housing Choice Voucher (HCV) □ Permanent Supportive Housing (PSH)										
Permanent											
	_ [Public hou	using unit						s persons	Juonig uo	alcated for formony
			client, with	other o	ngoing						
	ľ	nousing s	ubsidy								
	Owned by client, no ongoing housing subsidy										
	Owned by client, with ongoing housing subsidy										
	☐ Other (specify):									
Othor	☐ Don't k	now									
Other	□ Prefer	not to ans	swer								
	☐ Data not collected										
Length of St		he natura	al disaster/s	storm,	how lon	g did yo	u live in	the prior	r living situ	ation?	
☐ 1 night o							ear or lo	_			
☐ 2 to 6 ni	•					-	n't know				
	or more, but loor or more, but						efer not t ta not co	to answer			
	or more, but		•				la HOL CC	Jilected			
_ 00			. ,								
Approximate	Date of Evac	ruation =	On what d	ate did	l vou lea	VA VOUR I	rior liv	ina situa	tion?		
Approximate	Date of Evac		On what a	T T	l you icu	VC your p	1		tion :		
	Month		 Day			Year					
	WOTH		Бау			Toal					
Do you know	if the place	VOII WAR	living was	destr	oved by	the natu	ral disa	etar/etari	m serious	v damad	ed but not destroyed,
or not seriou			o living was	desti	oyea by	tiic iiata	iai aisa	3101/31011	11, 3011043	y damag	ca bat not acstroyea,
□ Destroyed										□ р	on't know
☐ Seriously											refer not to answer
	sly damaged									□ D	ata not collected
	<u> </u>										
If the place y	ou were livin	a was de	estroved or	dama	ged in a	nv wav. c	lo vou l	have insu	rance to c	over loss	ses?
	rance to cove	_	-		9	,,,	,			T T	on't know
☐ I have insu											refer not to answer
☐ I have no			,								ata not collected
										,	5
Have you reg	istored with	FEMA fo	r accietana	••?							
□ Yes	jistereu With			, c í		□ Dor	ı't know		□ Prefer	not to	□ Data not collected
_ res		- 140	,				ILKIIOW		answe		
									•		

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?								
☐ I have insurance to cover most of my losses		Don't know						
☐ I have insurance to cover some of my losses		Prefer not to answer						
☐ I have no insurance		Data not collected						

Only Answer The Questions Below For Veterans

Veteran Information – If the client is a	veteran, p	lease pro	ovide details	of serv	ice bel	ow				
Year entered military service			Yea	ır separ	ated mil	itary servi	се			
					/	/				
Month Day Yea	ır			Month	n	Day		Y	ear	
Answer 'Yes' or 'No' for each Military Oper	ation (in wl	hite).								
Military Operation		Served in?								
World War II	☐ No	☐ Don't k	now	☐ Prefer	not to answ	er	□Data no	t collecte	ed	
Korean War	☐ Yes	□ No	☐ Don't k	now	☐ Prefer	not to answ	er	□Data no	t collecte	ed
Vietnam War	☐ Yes	□ No	☐ Don't k	now	☐ Prefer	not to answ	er	□Data no	t collecte	ed
Persian Gulf War	☐ Yes	□ No	☐ Don't k	now	☐ Prefer	not to answ	er	□Data not collected		
Afghanistan	☐ Yes	□ No	☐ Don't k	now	☐ Prefer not to answer			□Data not collected		
Iraq Freedom	☐ Yes	□ No	☐ Don't k	now	☐ Prefer not to answer		er	□Data not collected		ed
Iraq Dawn	☐ Yes	□ No	☐ Don't k	now	☐ Prefer	not to answ	er	□Data no	t collecte	ed
Other Peace-Keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ Yes	□ No	□ Don't k	now	□ Prefer	not to answ	er	□Data no	t collecte	ed
Branch Of Military										
□ Army			□ Space Force							
□ Air Force			□ Don't know							
□ Navy			□ Prefer not to answer							
□ Marines			Data not colle	ected						
□ Coast Guard										
Discharge Status										
□ Honorable			Uncharacteri	zed						
☐ General under honorable conditions			Don't know							
□ Under other than honorable conditions			Prefer not to	answer						
□ Bad Conduct			Data not colle							
□ Dishonorable			Not Applicabl	le						
VAMC Station Number Three-digit code and location for VA Medic	eal Center									

Answer These Questions For Head Of Households Only

Coordinated Entry Assessment - For Office HMIS Users Only										
Date Of A	ssessment									
Assessme	ent Location									
	□ CEF									
	☐ Housing Helpline									
	□ HomeLink									
Orange	☐ IFC Commons									
CoC	☐ Jail									
	☐ Medical Provider									
	□ Outreach									
	□ Shelter									
	☐ Region 1	□ Region 8								
	☐ Region 2		Region 9							
	☐ Region 3		Region 10							
BoS CoC	☐ Region 4		Region 11							
	☐ Region 5		Region 12							
	☐ Region 6		Region 13							
	☐ Region 7									
Durham	□ Durham CoC									
			□ Phone							
Assessme	ent Type		☐ In Person							
	· ·		□ Virtual							
_			☐ Crisis Needs Assessment							
Assessme	ent Level		☐ Housing Needs Assessment							
Dui - uiti4	ion Otatus		□ Placed on Prioritization List							
Prioritizat	ion Status		□ Not Placed on Prioritization List							
Coordinat	ed Entry Event – For Office HMIS Users Only									
Start Date	/ Date Of Event									
Event										
	☐ Referral to Prevention Assistance project									
Access	□ Problem Solving/Diversion/Rapid Resolution intervention	or serv	vice Go to A							
Events	☐ Referral to scheduled Coordinated Entry Crisis Needs Ass	sessme	ent							
	☐ Referral to scheduled Coordinated Entry Housing Needs A	Assess	sment Go to B							
	☐ Referral to post-placement/follow-up case management									
	□ Referral to Street Outreach project or services									
Referral	☐ Referral to Housing Navigation project or services									
Events	☐ Referral to Non-continuum services: Ineligible for continuum services									
	Referral to Non-continuum services: No availability in con	tinuum								
	☐ Referral to Emergency Shelter bed opening		Go to C							

	☐ Referral to Transitional Housing bed/unit open	ing	
	☐ Referral to Joint TH-RRH project/unit/resource	opening	
	☐ Referral to RRH project resource opening		
	☐ Referral to PSH project resource opening		
	☐ Referral to Other PH project/unit/resource ope	ning	
	☐ Referral to emergency assistance/flex fund/fur		
	☐ Referral to a Housing Stability Voucher		
If 'Event	answer was 'Problem Solving/Diversion/Rapid Re-	e result', please answer A:	
A.	Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/rehoused in a safe alternative?	□ Yes	□ No
If 'Event	answer was 'Referral to post-placement/follow-up	case management result', pleas	se answer B:
В.	Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	□ Yes	□ No
If 'Event	answer was Referral to an ES, TH, Joint TH-RRH, F	RRH, PSH, or Other PH opening	, please answer C-E:
C.	Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)		
D.	Referral Result (if known)	☐ Client ☐ Clie accepted ☐ reje	nt Provider cted rejected
E.	Date of Result (if known)		1