InHOUSE Standard Intake Form v. 5.5 Effective 10/01/2016

Project Name: ____________ **Start:** __ __ / __ __ / __ __ __ __ **ServicePoint ID:** __ __ __ __ __

Entry Type: ☐ HUD ☐ VA ☐ PATH

First: ____________ **Middle:** ________ ☐ Full name reported ☐ Partial, Street or Code Name

Last: ____________ **Suffix:** ________ ☐ Client doesn't know ☐ Client refused

Alias: ____________

Social Security Number: __ __ __ __ __ __ __ __ __

☐ Full SSN ☐ Approximate or Partial SSN

☐ Client doesn't know ☐ Client refused

Date of Birth: __ __ / __ __ / __ __

☐ Full DOB reported ☐ Approx or Partial DOB

☐ Client doesn't know ☐ Client refused

Household Information

☐ Single adult, no children ☐ Female single parent ☐ Male single parent ☐ Couple with no children

☐ Two parent family with children ☐ Couple (parent and friend) and children ☐ Foster parent(s) and children ☐ Grandparent(s) and children

☐ Non-custodial caregiver(s) ☐ Other: ____________

Relationship to Head of Household:

☐ Self (Head of Household) ☐ HoH's child ☐ HoH's spouse or partner

☐ HoH's other relation member ☐ Other: non-relation member

Veteran Status

☐ No ☐ Yes

Gender

☐ Female

☐ Male

☐ Transgender male to female

☐ Transgender female to male

☐ Doesn't identify as male, female or Transgender

☐ Client doesn't know

☐ Client refused

Race *(Select all that apply—up to five responses)*

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused

Ethnicity

☐ Non-Hispanic/Non-Latino

☐ Hispanic/Latino

☐ Client doesn't know

☐ Client refused

CoC Location: ☒ CA-502

Education

What is the highest level of school that you have completed?

☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11

☐ Grade 12 ☐ School program does not have grade levels ☐ GED ☐ Some college

☐ Associates degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification

☐ Client doesn't know ☐ Client refused

Employment

Are you presently employed?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

If employed, is this permanent, temporary or seasonal work?

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Client doesn't know ☐ Client refused

Last night's location (Geographical Location)

☐ Alameda ☐ Albany ☐ Berkeley ☐ Castro Valley ☐ Dublin

☐ Emeryville ☐ Fremont ☐ Hayward ☐ Livermore ☐ Newark

☐ Oakland ☐ Piedmont ☐ Pleasanton ☐ San Leandro ☐ San Lorenzo

☐ Sunol ☐ Union City ☐ Other unincorporated Alameda County ☐ Other California County ☐ Other State ☐ Other Country

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Residence Prior to Project Entry *(Where did you stay last night?)*

Homeless Situation

- ☐ Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- ☐ Safe Haven
- ☐ Interim Housing

Transitional and Permanent Housing

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons (CoC project; HUD legacy programs; or HOPWA PH, or Rapid Re-housing)
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP (transition-in-place) subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a FAMILY member's room, apartment or house
- ☐ Staying or living in a FRIEND'S member's room, apartment or house
- ☐ Transitional housing for homeless persons (including homeless youth)

Institutional Situation

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home

Unknown

- ☐ Client doesn't know
- ☐ Client refused

Length of Stay in Prior Living Situation

☐ One night or less	☐ 90 days or more, but less than one year
☐ Two to six nights	☐ One year or longer
☐ One week or more, but less than one month	☐ Client doesn't know
☐ One month or more, but less than 90 days	☐ Client refused

On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes

Approximate start date of homelessness: __/__/____

Total number of times homeless on the street, in ES, or SH in the past three years

☐ One time	☐ Two times	☐ Three times
☐ Four times	☐ Client doesn't know	☐ Client refused

Total number of months homeless on the street, in emergency shelter or SH in the past three years ____

Domestic Violence

Are you, or have you been a survivor of domestic or intimate partner violence?

☐ No	☐ Yes
☐ Client doesn't know	☐ Client refused

→ **If YES, how long ago did you have this experience?**

☐ Within the past 3 months	☐ 1 year ago or more
☐ 3 to 6 months ago	☐ 6 months to 1 year ago
☐ Client doesn't know	☐ Client refused

→ **If Yes , are you currently fleeing ?**

☐ No	☐ Yes
☐ Client doesn't know	☐ Client refused

Housing Status

Homeless and At-Risk of Homelessness Status

☐ Category 1 - Homeless	☐ Category 4 — Fleeing domestic violence
☐ Category 2 - At imminent risk of losing housing	☐ At-risk of homelessness
☐ Category 3 - Homeless only under other federal statutes	☐ Stably housed

In permanent housing

☐ No ☐ **Yes** (complete **Housing Assessment** form)

Move-in date: __/__/__

City/State Info

Answer the questions below, using the values at right:

What is the City, State of your last permanent housing where you lived for 90 days or more?

____

What is the City, State of the high school you last attended? (child: blank)

____

What is the City, State of your family residence when you were born?

____

Alameda County:
1 Alameda
2 Albany
3 Berkeley
4 Castro Valley
5 Dublin
6 Emeryville
7 Fremont
8 Hayward
9 Livermore
10 Newark
11 Oakland
12 Piedmont
13 Pleasanton
14 San Leandro
15 San Lorenzo
16 Sunol
17 Union City
18 Other unincorporated Alameda County

Other County:
19 Contra Costa
20 Marin
21 San Francisco
22 San Mateo
23 Santa Clara
24 Other California County
25 Other State
26 Other Country

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Income

☐ No/None at all ☐ **Yes** (Identify source and amounts)
☐ Client doesn't know ☐ Client refused

Source:	Amount:
☐ Earned income **(i.e., employment income)**	$ _____ . 00
☐ Unemployment Insurance	$ _____ . 00
☐ Supplemental Security Income **(SSI)**	$ _____ . 00
☐ Social Security Disability Income **(SSDI)**	$ _____ . 00
☐ Retirement Income from Social Security	$ _____ . 00
☐ VA Service-Connected Disability Compensation	$ _____ . 00
☐ VA Non-Service-Connected Disability Pension	$ _____ . 00
☐ Worker's Compensation	$ _____ . 00
☐ Temporary Assistance for Needy Families **(TANF)**	$ _____ . 00
☐ General Assistance **(GA)**	$ _____ . 00
☐ Private disability Insurance	$ _____ . 00
☐ Pension or retirement income from a former job	$ _____ . 00
☐ Child Support	$ _____ . 00
☐ Alimony or other spousal support	$ _____ . 00
☐ Other source: ____________	$ _____ . 00
Total Monthly Income:	$

Non-Cash Benefits

☐ No/None at all ☐ **Yes** (Identify source below)
☐ Client doesn't know ☐ Client refused

Source:

☐ Supplemental Nutrition Assistance Program (SNAP/CalFresh)
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care services
☐ TANF transportation services
☐ Other TANF-funded services
☐ Section 8, public housing, or other ongoing rental assistance
☐ Temporary rental assistance
☐ Other: ____________

Health Insurance

☐ No ☐ **Yes** (Identify source below)
☐ Client doesn't know ☐ Client refused

Source:

☐ MEDICAID/MediCal ☐ MEDICARE
☐ State Children's Health Insurance (SCHIP) ☐ VA Medical Services
☐ Employer-Provided Health Insurance ☐ Health Insurance obtained through COBRA
☐ Private Pay Health Insurance ☐ State Health Insurance for Adults
☐ Indian Health Services Program ☐ Other: ____________

Disability

Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a developmental disability, HIV/AIDS, or a diagnosable substance abuse problem?

☐ No ☐ **Yes** (Indicate type(s) below) ☐ Client doesn't know ☐ Client refused

	☐ Physical	☐ Mental Health	☐ Chronic Health Condition	☐ Alcohol ☐ Drugs ☐ Both	☐ Developmental	☐ HIV/AIDS
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	☐ Yes	☐ Yes	☐ Yes	☐ Yes	N/A	N/A
Expected to substantially impair ability to live independently:	N/A	N/A	N/A	N/A	☐ Yes	☐ Yes
Documentation of the disability and severity on file:	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Currently receiving services/treatment for this disability:	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Staff Completing (Printed Name):	**Date:**