

Intake Tool

Missouri Balance of State Continuum of Care Coordinated Entry System’s (MO BoS CoC CES) purpose is to assist individuals and families experiencing a housing crisis. Housing services are prioritized based upon severity of need and availability of services. We will ask you some questions to assess your housing needs. Some of the questions we ask might make you feel uncomfortable. If this happens during the interview, you may ask me to take a break or skip any of the questions. You may end the interview at any point. You have the right to confidentiality and privacy. Entry into the MO BoS CoC CES is not a guarantee of services.

There are different ways MO BoS CoC CES may be able to provide assistance based on your housing crisis. For participants who are **not** literally homeless, according to HUD’s definition, please see attached brochure for HUD’s definition, this would be prevention and/or diversion referrals. For participants who are literally homeless, including those who are fleeing or attempting to flee domestic violence, according to HUD’s definition, may be placed on the Prioritization List if not prevention or diversion options resolve the housing crisis.

The MO BoS CoC CES Prioritization List is not a waiting list. If you are placed on the Prioritization List, you have an obligation to maintain contact with MO BoS CoC CES and provide updated contact information. If your housing situation or other significant life circumstance changes, contact us at _____. You have the right to refuse any referral for services or housing. If you are referred to a housing resource, a member of the MO BoS CoC CES will have 3 business days to contact you. If you are unable to be contacted during that time, they will move on to the next eligible person on the CES Prioritization List. If no one is able to contact you for 60 days or you are no longer considered literally homeless per HUD’s definition, your name will be removed from the active Prioritization List. Your name may be placed on the active Prioritization List again when you contact us or another agency in the MO BoS CoC CES.

If you are referred to housing services you will need to provide verification of identity, such as: state issued driver’s license or non-driver id, social security card, birth certificate, verification of income (i.e. paystub, social security benefit letter, etc.), verification of homelessness (i.e. letters from homeless service providers, shelters, etc.). If you do not have these documents, please let us know so we may assist you in obtaining them immediately. If you have any questions about the CES, please contact us.

Is someone in your life currently pressuring or intimidating you to make you do things you would rather not do? Is there anyone in your family or close circle who scares you or makes you afraid?

- Yes (**STOP!** Offer to contact a victim services provider for services, referral and/or safety planning. If the client declines to contact victim services, continue with intake.)
- No

Have you or anyone in your household served in the military?

- Yes (**STOP!** Offer to contact veteran administration or SSVF provider for services and referral. If the client declines to contact veteran services, continue with intake.)
- No

Are you currently in foster care, or did you leave foster care after the age of 16?

- Yes No (If yes, client may be eligible for referral to FYI. Supplement with FYI eligibility form)
- The grievance procedure and brochure was sent to: _____
(address or email address)
- A copy of the grievance procedure and brochure was handed to the participant.

*** Please now complete the HMIS ROI and Missouri Balance of State CoC CES ROI**

Intake Tool

HOUSEHOLD INFORMATION

Head of Household's Name: _____
 Full Name Partial, Street or Code Name Client Doesn't Know Client prefers not to answer Data Not Collected
Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Social Security #: _____
 Full SSN Approximate or partial SSV Client Doesn't Know Client prefers not to answer Data Not Collected
Best practice is to collect all nine digits of the SSN for all clients; CoC-, ESG -, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.

U.S. Veteran: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

Date of Birth: _____
 Full DoB Approximate or partial DoB Client Doesn't Know Client prefers not to answer Data Not Collected

Gender: Woman (Girl, if child) Man (Boy, if child) Transgender Non-Binary Culturally Specific Identity (e.g Two Spirit) Questioning Client prefers not to answer Client doesn't know
 Different Identity (specify): _____
select all that apply

Race and Ethnicity: American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African-American, Africa Hispanic /Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client Doesn't Know Client prefers not to answer
select all that apply

Additional Race & Ethnicity: *(optional, specify)* _____

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

Disabling Condition: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

Income from Any Source: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

If Yes, please list income sources and amounts:

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

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Additional Adult Name: _____

Full Name Partial, Street or Code Name Client Doesn't Know Client prefers not to answer Data Not Collected
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Social Security #: _____

Full SSN Approximate or partial SSV Client Doesn't Know Client prefers not to answer Data Not Collected
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select all that apply

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select all that apply

Additional Race & Ethnicity: *(optional, specify)* _____

Relationship to HoH: Child Spouse/Partner Other Relation Non-Relation Data Not Collected

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

Disabling Condition: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

Income from Any Source: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

If Yes, please list income sources and amounts:

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Social Security Disability Insurance (SSDI)	_____
VA Service-Connected Disability Compensation	_____
VA Non-Service-Connected Disability Pension	_____
Private disability Insurance	_____
Worker's Compensation	_____
Temporary Assistance for Needy Families (TANF)	_____
General Assistance (GA)	_____
Retirement Income from Social Security	_____
Pension or retirement income from a former job	_____
Child support	_____
Alimony and other spousal support	_____
Other Source (Specify: _____)	_____
Total Monthly Income Amount:	_____

Intake Tool

PREVENTION/DIVERSION ASSESSMENT

(Make copies of this page as needed for each additional adult.)

Child's Name: _____

Full Name Partial, Street or Code Name Client Doesn't Know Client prefers not to answer Data Not Collected
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Social Security #: _____

Full SSN Approximate or partial SSV Client Doesn't Know Client prefers not to answer Data Not Collected
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Date of Birth: _____

Full DoB Approximate or partial DoB Client Doesn't Know Client prefers not to answer Data Not Collected

Gender: Woman (Girl, if child) Man (Boy, if child) Transgender Non-Binary Culturally Specific Identity (e.g. Two Spirit) Questioning Client prefers not to answer Client doesn't know

Different Identity (specify): _____

select all that apply

Race and Ethnicity: American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African-American, Africa Hispanic /Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client Doesn't Know Client prefers not to answer

select all that apply

Additional Race & Ethnicity: *(optional, specify)* _____

Relationship to HoH: Child Spouse/Partner Other Relation Non-Relation Data Not Collected

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

Disabling Condition: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

Child's Name: _____

Full Name Partial, Street or Code Name Client Doesn't Know Client prefers not to answer Data Not Collected
Unless specifically required by a funder; clients may use a preferred name (rather than legal name) for HMIS purposes.

Social Security #: _____

Full SSN Approximate or partial SSV Client Doesn't Know Client prefers not to answer Data Not Collected
Best practice is to collect all nine digits of the SSN for all clients; CoC-, ESG -, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.

Date of Birth: _____

Full DoB Approximate or partial DoB Client Doesn't Know Client prefers not to answer Data Not Collected

Gender: Woman (Girl, if child) Man (Boy, if child) Transgender Non-Binary Culturally Specific Identity (e.g. Two Spirit) Questioning Client prefers not to answer Client doesn't know

Different Identity (specify): _____

select all that apply

Race and Ethnicity: American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African-American, Africa Hispanic /Latina/e/o Middle Eastern or North African Native Hawaiian or Pacific Islander White Client Doesn't Know Client prefers not to answer

select all that apply

Additional Race & Ethnicity: *(optional, specify)* _____

Relationship to HoH: Child Spouse/Partner Other Relation Non-Relation Data Not Collected

If female, pregnant? Yes No Client Doesn't Know **Projected Due Date:** _____

Disabling Condition: Yes No Client Doesn't Know Client prefers not to answer Data Not Collected

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(Make copies of this page as needed for each additional child.)

Date assessment completed: ____/____/____

County where assessment was completed: _____

Address/Location: _____

Telephone: _____ Email: _____

Alternate Contact Name/Telephone: _____

Service Provider/Probation/Parole Contact Name: _____

Service Provider Telephone: _____ Service Provider Email: _____

1. My household is in need of the following to resolve our housing crisis:

- Housing
- Rental assistance
- Utility assistance
- Relocation assistance
- Issues with landlord/unit assistance
- Legal assistance for eviction: Landlord: _____
- Other (please describe) _____

2. Current living situation (Where is the client staying right now?)

Date: ____/____/____

Homeless situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

Skip to the next data element.

Institutional situations

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Skip to "Is the client going to have to leave their current living situation within 14 days?"

Temporary housing situations

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Host home (non-crisis) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |

Skip to "Is client going to have to leave their current living situation within 14 days?"

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Permanent housing situations (if none of these options match, skip to "Other")

- Rental by client, no ongoing housing subsidy
 - Rental by client, with ongoing subsidy (select subsidy type)
 - Owned by client, with ongoing housing subsidy
 - Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
- GPD TIP housing subsidy
 - VASH housing subsidy
 - RRH or equivalent subsidy
 - HCV Voucher (tenant or project based)
 - Public housing unit
 - 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
 - Other permanent housing dedicated for formerly homeless persons

Skip to "Is the client going to have to leave their current living situation within 14 days?"

Other

- Other (specify): _____
- Worker unable to determine
- Client doesn't know
- Client prefers not to answer

Is the client going to have to leave their current living situation within 14 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

If yes, continue. Otherwise, skip to next data element.

Has a subsequent residence been identified?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does an individual or family have resources or support networks to obtain other permanent housing?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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4. Do you have any resources that could resolve your housing crisis, even temporarily? (Examples could be: call family/friends for assistance, relocate, increase income, pay for a hotel, contact landlord, etc.)

- Yes (**STOP!** Assist the participant with connection to resources that can resolve their issue)
- No

5. Where did you stay last night?

- Any situation below and fleeing/attempting to flee domestic violence* (1)
- With friends/family (1)
- In my rental home/apartment (1)
- Hotel/motel paid for by self/friend/family (1)
- Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation¹, in an institutional setting for less than 90 days and in one of the situations listed in this section immediately prior to the institutional setting* (0)

1. Places not meant for human habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).

2. An institution setting includes a medical or psychiatric hospital; an in-patient treatment program; a nursing home, respite bed situation, or other typically congregate setting; and jail or other correctional facilities. You must have entered the institution directly from an emergency shelter or place not meant for human habitation.

**Complete Prioritization Assessment after finishing this assessment.*

6. What is your total monthly household income*? _____

*Examples of income: wages, SSI, SSDI, VA benefits, child support, retirement, TANF, etc. This does not include food stamps.

Area Median Income: > 50% (0) <50% (1) <30% (2) <25% (3)

7. Housing Expense Calculation

Current Rent \$ _____

Monthly Household Income ÷ \$ _____

Housing Income to Expense Ratio = _____

- Not applicable/No current rent (0) <40% (0) >40% (1)

8. Do you currently have an eviction notice/notice to vacate/utility disconnection notice?

- No (0) Yes (1)

9. Number of times the household has moved in the last year?

- 0-1(0) 2+ (1)

10. Have you or anyone in your household resided in an emergency shelter or place not meant for human habitation* in the past 5 years?

- No (0) Yes (1)

11. Do you receive any ongoing financial assistance to pay your rent such as: income-based, Housing Choice Voucher, SSVF, VASH, PSH or Shelter Plus Care?

- No (0) Yes (1)

Prevention/Diversion Assessment Score

Are there any housing preferences in your household that would limit housing you are willing to live in (i.e. ground floor, specific neighborhood, etc.)?

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Do you have any places you are no longer welcome to rent from?

How did you hear about coordinated entry?

- MO Dept. of Corrections MO Dept. of Mental Health United Way 211
- MO Dept. of Health and Senior Services MO Dept. of Social Services Service Provider
- Substance Use Treatment Facility Self School
- Emergency Room/Healthcare Facility Marketing/Advertising Word of Mouth
- Other, please describe _____.

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COORDINATED ENTRY EVENT

A CE Event is a single occurrence of an Access Event **or** Referral Event. There may be multiple CE Events at a time, or over the course of CE participation. Each CE Event needs to be documented separately.

Head of Household's Name: _____

Date of Event: ____/____/____

Access Events:

- Referral to Prevention Assistance project
- Problem Solving/Diversion/Rapid Resolution intervention or service*
- Referral to scheduled Coordinated Entry Crisis Needs Assessment
- Referral to scheduled Coordinated Entry Housing Needs Assessment

*If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service', please answer the following question:

Problem Solving/Diversion/Rapid Resolution intervention or service result –
Client housed/re-housed in a safe alternative? Yes No

Referral Events:

- Referral to post-placement/follow-up case management*
- Referral to Street Outreach project or services
- Referral to Housing Navigation project or services
- Referral to Non-continuum services: Ineligible for continuum services
- Referral to Non continuum services: No availability in continuum services
- Referral to Emergency Shelter bed opening**
- Referral to Transitional Housing bed/unit opening**
- 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 opening**

*If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

Referral to post-placement/follow-up case management result –
Enrolled in an Aftercare project? Yes No

**If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following questions:

Location of Crisis Housing or Permanent Housing Referral _____

Referral Result: Successful referral – client accepted
 Unsuccessful referral – client rejected
 Unsuccessful referral – provider rejected

Date of Result: _____

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COORDINATED ENTRY ASSESSMENT

(Make copies of this page as needed for additional CE Event occurrences.)

Coordinated Entry Assessment

Date of Assessment: ____/____/____ Assessment Location: BoS CoC

Assessment Type: In Person Phone Virtual

Assessment Level: Crisis Needs Assessment Housing Needs Assessment

Prioritization Status: Placed on Prioritization List Not Placed on Prioritization List

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PRIORITIZATION ASSESSMENT

Complete a homelessness history below beginning with the first period of homelessness in the previous three years. If the client doesn't know exact dates, use months and years. Also, please complete the entire three year timeframe even if the person was not experiencing homelessness for portions of the time. The "Documentation" column is to help you and the client track the status of obtaining documentation of each episode of homelessness. You do not need to document the times the client was housed.

Dates	Literally Homeless	Location	Documentation
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N

Using the table above, answer the following questions to determine chronicity.

Time toward chronic homelessness will only include time spent in the following HUD literally homeless locations: Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation¹, in an institutional setting for less than 90 days and in one of the situations above immediately prior to the institutional setting.

Is the client currently fleeing domestic violence? Yes No

Does the client meet the HUD definition for chronically homeless? Yes No

Can you provide documentation of these homeless situations? Yes No

Prior Living Situation (Where did the client stay immediately prior to entry?)

Homeless situations (if none of these options match, skip to "Institutional situations")

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

Length of stay in homeless situation noted above

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

Skip to "Approximate date homelessness started" (below)

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Institutional situations (if none of these options match, skip to “Temporary housing situations”)

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Length of stay in institutional situation noted above

- | | |
|---|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> <u>One week or more, but less than one month</u> | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> <u>One month or more, but less than 90 days</u> | <input type="checkbox"/> Client prefers not to answer |

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

- No Yes

If yes, skip to “Approximate date homelessness started” (below)

If no, skip to next section

Temporary housing situations (if none of these options match, skip to “Permanent housing situations”)

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Host home (non-crisis) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |

Length of stay in temporary situation noted above

- | | |
|--|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client prefers not to answer |

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

- No Yes

If yes, skip to “Approximate date homelessness started” (below)

If no, skip to next section

Permanent housing situations (if none of these options match, skip to “Other”)

- | |
|---|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type</u> <input type="checkbox"/>) |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy |

If “rental by client, with ongoing subsidy”, select type

- | |
|--|
| <input type="checkbox"/> GPD TIP housing subsidy |
| <input type="checkbox"/> VASH housing subsidy |
| <input type="checkbox"/> RRH or equivalent subsidy |
| <input type="checkbox"/> HCV Voucher (tenant or project based) |
| <input type="checkbox"/> Public housing unit |
| <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Housing Stability Voucher |
| <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |

Length of stay in permanent situation noted above

- | | |
|--|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client prefers not to answer |

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If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

No Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

Other

Client doesn't know

Client prefers not to answer

Skip to next section

Approximate date this episode of homelessness started: _____

Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today:

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client prefers not to answer

Total number of months homeless on the street, in ES, or SH in the past 3 years:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client Doesn't Know
- Client prefers not to answer

(Current Living Situation will carry over from P/D Assessment)

Translation Assistance Needed:

- No
- Yes
- Client doesn't know
- Client prefers not to answer

If yes, preferred language: _____

Client Location CoC: (BoS) Current County: _____

Are you willing to relocate? Yes No

If yes, list communities (city or county) client is willing to relocate to:

Do you have transportation to view units in those location(s), which may take several trips?

- Yes
- No

Do you have resources/transportation to permanently relocate? Yes No

Do you have support from family/friends in those location(s)? Yes No

Are you a registered sex offender? Yes No

Date of VI-SDAT Assessment: ____/____/____ VI-SPDAT Score: _____

VI-SPDAT Type: Single Family Youth Number of clients in household: ____

Add to Prioritization List

Prioritization List Start Date: ____/____/____

Provider adding client to PL: _____

Name, phone number and email address of who completed this assessment:

Intake Tool

PRIORITIZATION ASSESSMENT (ADDITIONAL ADULT HOUSEHOLD MEMBERS)

Complete a homelessness history below beginning with the first period of homelessness in the previous three years. If the client doesn't know exact dates, use months and years. Also, please complete the entire three year timeframe even if the person was not experiencing homelessness for portions of the time. The "Documentation" column is to help you and the client track the status of obtaining documentation of each episode of homelessness. You do not need to document the times the client was housed.

Dates	Literally Homeless	Location	Documentation
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N
	Y/N		Y/N

Using the table above, answer the following questions to determine chronicity.

Time toward chronic homelessness will only include time spent in the following HUD literally homeless locations: Emergency Shelter, hotel/motel paid for by an agency, in a place not meant for human habitation¹, in an institutional setting² for less than 90 days and in one of the situations above immediately prior to the institutional setting.

Is the client currently fleeing domestic violence? Yes No

Does the client meet the HUD definition for chronically homeless? Yes No

Can you provide documentation of these homeless situations? Yes No

Prior Living Situation (Where did the client stay immediately prior to entry?)

Homeless situations (if none of these options match, skip to "Institutional situations")

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

Length of stay in homeless situation noted above

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

Skip to "Approximate date homelessness started" (below)

Intake Tool

Institutional situations (if none of these options match, skip to “Temporary housing situations”)

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Length of stay in institutional situation noted above

- | | |
|---|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> <u>One week or more, but less than one month</u> | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> <u>One month or more, but less than 90 days</u> | <input type="checkbox"/> Client prefers not to answer |

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

- No Yes

If yes, skip to “Approximate date homelessness started” (below)

If no, skip to next section

Temporary housing situations (if none of these options match, skip to “Permanent housing situations”)

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Host home (non-crisis) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |

Length of stay in temporary situation noted above

- | | |
|--|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client prefers not to answer |

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?

- No Yes

If yes, skip to “Approximate date homelessness started” (below)

If no, skip to next section

Permanent housing situations (if none of these options match, skip to “Other”)

- | |
|---|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type</u> <input type="checkbox"/>) |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy |

If “rental by client, with ongoing subsidy”, select type

- | |
|--|
| <input type="checkbox"/> GPD TIP housing subsidy |
| <input type="checkbox"/> VASH housing subsidy |
| <input type="checkbox"/> RRH or equivalent subsidy |
| <input type="checkbox"/> HCV Voucher (tenant or project based) |
| <input type="checkbox"/> Public housing unit |
| <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Housing Stability Voucher |
| <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |

Length of stay in permanent situation noted above

- | | |
|---|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |

Intake Tool

- One week or more, but less than one month
- One month or more, but less than 90 days
- Client doesn't know
- Client prefers not to answer

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?
 No Yes
If yes, skip to "Approximate date homelessness started" (below)
If no, skip to next section

Other

- Client doesn't know
- Client prefers not to answer

Skip to next section

Approximate date this episode of homelessness started: _____

Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today:

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client prefers not to answer

Total number of months homeless on the street, in ES, or SH in the past 3 years:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client Doesn't Know
- Client prefers not to answer

(Current Living Situation will carry over from P/D Assessment)

Translation Assistance Needed:

- No
- Yes
- Client doesn't know
- Client prefers not to answer

If yes, preferred language: _____

Client Location CoC: (BoS) _____ **Current County:** _____

Are you willing to relocate? Yes No

If yes, list communities (city or county) client is willing to relocate to:

Do you have transportation to view units in those location(s), which may take several trips?

- Yes
- No

Do you have resources/transportation to permanently relocate? Yes No

Do you have support from family/friends in those location(s)? Yes No

Are you a registered sex offender? Yes No

Date of VI-SDAT Assessment: ____/____/____ **VI-SPDAT Score:** _____

VI-SPDAT Type: Single Family Youth **Number of clients in household:** ____