### **COVER and SIGNATURE PAGE**

Intake Date: \_\_\_\_\_

Eligibility Criteri	<b>a</b> (all criteria m	ust be met f	or CARES eligib	oility)					
			80% Area Median Income Guidelines						
□ Resident of <i>N</i>			Family Size	1	% Median		ly Size		Median
Negatively in     (See "COVID	-19 Impact" iter		1		\$51,600		5	\$7	9,600
□ 80% or belo	•		2		\$58,960		6		5,520
			3		\$66,320		7		1,440
			4		\$73,680		8	\$9	7,280
*Covid-19       A loss of income due to COVID-19 related factors         Impact       Compromised health status or elevated risk of infection or vuln         (select all that       Diagnosed or exposed to COVID-19         apply)       Other (please indicate):						or vulnerab		OVID-19 ∃ Declined	to Respond
Head of Househ	old Information	n							
Name (First and	Last)					Phone N	lumber		
Street Address		1					City		
State		ZIP			Email				
Landlord Inform	ation (to send p	payment)							
Name			Phone			Number			
Street Address							City		
State		ZIP			Email				
Household Inco	me								
Monthly Income	e (in the last 30	days)	Annual Inc				ncome		
Assistance Rece	ived								
							Fund So	urce (admir	n only)
Rent Payment T	уре	Month	(s) Amount		nt	City CARI		County CARES	County Non-CARES
Utility Company Month			(s)	Amou	nt		Fund So	urce (admir	n only)
Security Deposit	Payment	Date P	aid	Amou	nt		Fund So	urce (admir	n only)

"I certify that the information on this intake form is true and accurate to the best of my knowledge. I also certify that I have not received rental assistance due to COVID-19 for the same month(s) from a different organization or program."

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Worker/Agency Staff Signature \_\_\_\_\_\_Date \_\_\_\_\_

HEAD OF HOUSEHOLD (HoH) Data (1 of 2)       ServicePoint Client ID for HoH:								
First Name		Last Name						
Date of Birth (MM,	/DD/YYYY):	Housing Move-in Date: (must be on or after intake date)						
Social Security Nu	mber (SSN) (Please indicate how much	n of your SSN you are willing to share)						
Full Last	4 digits Declined to Respond	SSN:						
Primary Language	::	US Military Veteran?  Yes No Declined to Respond						
Gender       □ Female       □ Trans Female (Male to Female)       □ Gender Non-Conforming (not exclusively male or female)         □ Male       □ Trans Male (Female to Male)       □ Declined to Respond								
Race         □ American Indian/Alaska Native □ Asian         □ Black/African American □ Native Hawaiian/Pacific Islander         □ White □ Declined to Respond								
Additional Race (Select all that apply)	□ African □ Middle Eastern □ Slavic	Ethnicity Don-Hispanic/Non-Latino Hispanic/Latino Declined to Respond						
<b>Disability Type</b> (Select all that apply)	<ul> <li>Alcohol Abuse</li> <li>Drug Abuse</li> </ul>	<ul> <li>□ Chronic Health</li> <li>□ Hearing Impaired</li> <li>□ Declined to Respond</li> <li>□ Condition</li> <li>□ Mental Health</li> <li>□ Other:</li> <li>□ Developmental</li> <li>□ Physical</li> <li>□ HIV/AIDS</li> <li>□ Vision Impaired</li> </ul>						
<b>Health Insurance</b> (Select all that apply)	□ None □ Medicat □ COBRA □ Medicat □ Employer Provided □ Indian H Program	re						
<b>Non-Cash Benefits</b> (Select all that apply)		hild Care Services Declined to Respond ransportation Services Other (Describe): ANF-Funded Services						
Income (Fill in all t	nat apply according to funding eligibi	lity requirements)						
Monthly Amount		Monthly Amount						
\$	Alimony or Other Spousal Support	\$ Supplemental Security Income (SSI)						
\$0	Child Support	\$ Social Security Disability Insurance (SSDI)						
	Earned Income (wages, salary, etc.)	\$ TANF						
	General Assistance	Unemployment Insurance						
	Pension or retirement income	VA Non-Service Connected Disability Pension						
	Private Disability Insurance	VA Service Connected Disability Compensation						
\$ Retirement Income from Social Security       \$ Worker's Compensation         \$ Self Employment Wages       \$ Other:								
	Declined to Respond							
Percent of Median          □ 0-30% MFI         □ 50-80% MFI         □ Declined to Respond         □ 30-50% MFI         □ Over 80% MFI         □ Over 80% MFI         □ Over 80% MFI         □ Over 80% MFI         □ Declined to Respond         □ Declined to Respo								

# HEAD OF HOUSEHOLD (HoH) Data (2 of 2)

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Residence Prior to Project Entry Select only ONE option from "homeless", "institutional" OR "transitional and permanent housing" situation.							
HOMELESS SITUATION	INSTITUTIONAL SITUATI	ON TRA	NSITIONAL AND PERMANENT	THOUSING SITUATION			
<ul> <li>Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</li> <li>Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY- funded Host Home shelter</li> <li>Safe Haven</li> </ul>	<ul> <li>Foster care home or facare group home</li> <li>Hospital or other residential non-psychiatric medical facility</li> <li>Jail, prison or juvenile detention facility</li> <li>Long-term care facilit nursing home</li> <li>Psychiatric hospital or other psychiatric fac</li> <li>Substance abuse treatment facility or detox center</li> </ul>	<ul> <li>Hotel or motel paid for without emergency shelter value of transitional housing for homeless persons (including hypouth)</li> <li>Host Home (non-crisis)</li> <li>Staying or living in a friend's room, apartment or how shouse</li> <li>Staying or living in a family member's room, apartment or how house</li> <li>Rental by client, with GPD TIP subsidy</li> <li>Rental by client, with VASH subsidy</li> <li>Permanent housing (other than RRH) for formerly hom persons</li> </ul>					
Previous Residence (Select one option. "Previous Residence" is the location marked as "Residence Prior"	<ul> <li>One night or less</li> <li>Two to six nights</li> <li>One week or more, but le one month</li> <li>One month or more, but le days</li> <li>90 days or more, but less year</li> <li>One year or longer</li> <li>Declined to Respond</li> </ul>	ess than 90	<ul> <li>a permanent or transitional situation for less than seven days.</li> <li>Otherwise, skip to next page.</li> <li>Did you stray on the streets or in shelter the night.</li> </ul>				
			ed "Yes" to "Did you stay on ond", skip to the next page.	the streets on in shelter the			
homeless in the last three years (Select one option)	□ One time □ Two times □ Three times	of homeles	Approximate date current period f homelessness started MM/DD/YYYY)				
	☐ Four or more times ☐ Declined to Respond	in the last t	Total number of months homeless				

## OTHER ADULT (18+ years of age) Data (1 of 2)

First Nar	ne				Last Nam	е			
Date of I	Date of Birth (MM/DD/YYYY): Relati Head					□ Chi □ Spo	ld ouse or Partner	<ul> <li>Other relation member</li> <li>Non-relation member</li> </ul>	
Social Se	ecurity Nun	n <b>ber (SSN)</b> (Pleas	e indicate how ı	much of yo	our SSN you	are wil	ling to share)		
🗆 Full	🗆 Last 4	digits 🛛 Dec	clined to Respon	d	SSN: _				
Primary Language:       US Military Veteran?       Yes       No       Declined to Respond									
Gender	□ Female □ Male		Female (Male to Male (Female to	•	□ Gende □ Declin			xclusively male or female)	
Race	□ Americo □ Asian	an Indian/Alaska		,	can America waiian/Paci		☐ White der ☐ Decline	d to Respond	
Addition (Select a apply)		□ African □ Middle Easte □ Slavic	rn	E	[	∃ Hispo	Hispanic/Non-Lati anic/Latino ned to Respond	no	
<b>Disabilit</b> (Select a apply)		<ul> <li>None</li> <li>Alcohol Abuse</li> <li>Drug Abuse</li> <li>Both Alcohol and an an</li></ul>		Cor Dev	ronic Health ndition velopmental 1/AIDS		learing Impaired Aental Health Physical Vision Impaired	☐ Declined to Respond ☐ Other:	
<b>Health Ir</b> (Select al apply)		<ul> <li>□ None</li> <li>□ COBRA</li> <li>□ Employer Provided</li> </ul>	□ Medi □ Medi □ India Prog	icare n Health S	Services		vate Pay HIP Medical Services	☐ Declined to Respond □Other:	
<b>Non-Cas</b> (Select al apply)	<b>sh Benefits</b> Il that	□ None □ SNAP □ WIC		F Transpoi	are Services rtation Servic unded Servic		☐ Declined t ☐ Other (De	-	
Income (	Fill in all the	at apply accordir	ng to funding eli	gibility re	quirements)				
Monthly	Amount			м	onthly Amou	nt			
\$	A	limony or Other S	Spousal Support	\$_		Sup	oplemental Securit	ty Income (SSI)	
\$	C	hild Support		\$_		Soo	cial Security Disab	ility Insurance (SSDI)	
\$		arned Income (wa	• • •	.) \$_		TA			
\$		eneral Assistance		\$_			employment Insurc		
Pension or retirement income				\$_				nected Disability Pension	
Private Disability Insurance     Retirement Income from Social Securit				ې_ urity \$			orker's Compensat	d Disability Compensation	
.⊅ \$		elf Employment V		υπιγ φ_ \$			her:		
Imployment wages     Imployment wages       Imployment wages     Imployment wages       Imployment wages     Imployment wages									
Family I	Percent of Median          □ 0-30% MFI         □ 50-80% MFI         □ Declined to Respond         □ 30-50% MFI         □ Over 80% MFI         (Select one option)         □         □         □								

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# OTHER ADULT (18+ years of age) Data (2 of 2)

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Residence Prior to Project Entry Select only ONE option from "homeless", "institutional" OR "transitional and permanent housing" situation.							
HOMELESS SITUATION	INSTITUTIONAL SITUATION	TRANSITIONAL AND PERMANENT HOUSING SITUATION					
<ul> <li>Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</li> <li>Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY- funded Host Home shelter</li> <li>Safe Haven</li> </ul>	<ul> <li>Foster care home or foster care group home</li> <li>Hospital or other residential non-psychiatric medical facility</li> <li>Jail, prison or juvenile detention facility</li> <li>Long-term care facility or nursing home</li> <li>Psychiatric hospital or other psychiatric facility</li> <li>Substance abuse treatment facility or detox center</li> </ul>	<ul> <li>Hotel or motel paid for without emergency shelter voucher</li> <li>Transitional housing for homeless persons (including homele youth)</li> <li>Host Home (non-crisis)</li> <li>Staying or living in a friend's room, apartment or house</li> <li>Staying or living in a family member's room, apartment or house</li> <li>Staying or living in a family member's room, apartment or house</li> <li>Rental by client, with GPD TIP subsidy</li> <li>Rental by client, with VASH subsidy</li> <li>Permanent housing (other than RRH) for formerly homeless persons</li> </ul>					
		Declined to Respond					
Previous Residence <pre></pre>	One night or less Two to six nights One week or more, but less to one month One month or more, but less to 90 days 90 days or more, but less tho year One year or longer Declined to Respond	<ul> <li>a permanent or transitional situation for less than seven days.</li> <li>Otherwise, skip to next page.</li> <li>Did you strue on the structure or in shelter the night.</li> </ul>					
		answered "Yes" to "Did you stay on the streets on in shelter the to Respond", skip to the next page.					
homeless in the last three years (Select one option)          □ Two times □ Three times □ Four or more times □ Declined to Respond         □ Total in the		proximate date current period         omelessness started         A/DD/YYYY)         al number of months homeless         be last three years         be conserved on a period         be last three years         be conserved on a period         be last three years         <					

First Name					Last Nam	e			
Date of Birth (MM/DD/YYYY):							<ul> <li>Other relation member</li> <li>Non-relation member</li> </ul>		
Social So	Social Security Number (SSN) (Please indicate how much of your SSN you are willing to share)  Full Last 4 digits Declined to Respond SSN:								
Primary	Language:								
Gender	□ Female □ Male	e □ Trans Female □ Trans Male (F	•	•	_	er Non-Conforming (not e ed to Respond	exclusively male or female)		
Race	□ Americ □ Asian	an Indian/Alaska Native		,	an America vaiian/Paci		ed to Respond		
Addition (Select a apply)		□ African □ Middle Eastern □ Slavic		Et	-	□ Non-Hispanic/Non-La □ Hispanic/Latino □ Declined to Respond	tino		
Disabilit (Select a apply)		<ul> <li>None</li> <li>Alcohol Abuse</li> <li>Drug Abuse</li> <li>Both Alcohol and Dru</li> </ul>	g Abuse	Con	onic Health dition relopmental /AIDS	Aental Health	<ul> <li>Declined to Respond</li> <li>Other:</li> </ul>		
<b>Health Iı</b> (Select a apply)	ns <b>urance</b> Ill that	□ None □ COBRA □ Employer Provided	□ Medi □ Medi □ India Prog	icare n Health	[	□ Private Pay □ SCHIP □ VA Medical Services	<ul> <li>Declined to Respond</li> <li>Other:</li> </ul>		

First Name					Last Nan	ne		
Date of Birth (MM/DD/YYYY):				Relationship to Head of Household		□ Child ■ Spouse or Pa		<ul> <li>Other relation member</li> <li>Non-relation member</li> </ul>
Social Security Number (SSN) (Please indicate how much of your SSN you are willing to share)								
🗆 Full	🗆 Last 4	digits Declined to	Respon	d	55N: .			
Primary La	ınguage:							
	] Female ] Male	□ Trans Female □ Trans Male (F	•	•		ler Non-Conforming ned to Respond	(not ex	cclusively male or female)
	] Americ ] Asian	an Indian/Alaska Native		,	an America vaiian/Pac		White Declined	l to Respond
Additional (Select all t apply)		□ African □ Middle Eastern □ Slavic		Et		<ul> <li>□ Non-Hispanic/N</li> <li>□ Hispanic/Latino</li> <li>□ Declined to Resp</li> </ul>		10
Disability 1 (Select all t apply)		<ul> <li>None</li> <li>Alcohol Abuse</li> <li>Drug Abuse</li> <li>Both Alcohol and Drug</li> </ul>	ig Abuse	Con Dev	onic Health dition relopmenta /AIDS	□ Mental Hea	lth	<ul> <li>Declined to Respond</li> <li>Other:</li> </ul>
Health Insu (Select all t apply)		□ None □ COBRA □ Employer Provided				□ Private Pay □ SCHIP □ VA Medical Serv	vices	<ul> <li>Declined to Respond</li> <li>Other:</li> </ul>

First Name					Last Nam	e			
Date of Birth (MM/DD/YYYY):				Relationship to□Head of Household□Spouse or Partr			□ Other relation member □ Non-relation member		
Social Security Number (SSN) (Please indicate how much of your SSN you are willing to share)									
🗆 Full	🗆 Last 4	digits Declined to	Respond	ł	SSN: _	·			
Primary	Language:								
Gender	□ Female □ Male	□ Trans Female □ Trans Male (F	•	•		er Non-Conforming (not ed to Respond	exclusively male or female)		
Race	□ Americ □ Asian	an Indian/Alaska Native		,	an America vaiian/Paci		ed to Respond		
Addition (Select c apply)	n <b>al Race</b> Ill that	□ African □ Middle Eastern □ Slavic		Et		□ Non-Hispanic/Non-La □ Hispanic/Latino □ Declined to Respond	tino		
Disabilit (Select a apply)		<ul> <li>None</li> <li>Alcohol Abuse</li> <li>Drug Abuse</li> <li>Both Alcohol and Dru</li> </ul>	g Abuse	Con	onic Health dition relopmental /AIDS	<ul> <li>Hearing Impaired</li> <li>Mental Health</li> <li>Physical</li> <li>Vision Impaired</li> </ul>	Declined to Respond		
Health II (Select a apply)	nsurance Ill that	□ None □ COBRA □ Employer Provided	□ Med □ Med □ India Prog	icare In Health	ſ	□ Private Pay □ SCHIP □ VA Medical Services	<ul> <li>Declined to Respond</li> <li>Other:</li> </ul>		

First Name					Last Nam	e		
Date of Birth (MM/DD/YYYY):				Relation Head of	ship to Household	□ Child □ Spouse or Partne	□ Other relation member er □ Non-relation member	
Social Security Number (SSN) (Please indicate how much of your SSN you are willing to share)								
		algins Li Declined to	Respond					
Primary	Language:							
Gender	□ Female □ Male	e □ Trans Female □ Trans Male (F	•	•		er Non-Conforming (no ed to Respond	ot exclusively male or female)	
Race	□ Americ □ Asian	an Indian/Alaska Native		,	an America vaiian/Paci		te ined to Respond	
Addition (Select a apply)		□ African □ Middle Eastern □ Slavic		Et	I	□ Non-Hispanic/Non- □ Hispanic/Latino □ Declined to Respond		
<b>Disabilit</b> (Select a apply)		<ul> <li>None</li> <li>Alcohol Abuse</li> <li>Drug Abuse</li> <li>Both Alcohol and Dru</li> </ul>	ig Abuse	Con	onic Health dition elopmental /AIDS	<ul> <li>Hearing Impair</li> <li>Mental Health</li> <li>Physical</li> <li>Vision Impaired</li> </ul>	☐ Other:	
<b>Health Ir</b> (Select a apply)	ns <b>urance</b> Ill that	□ None □ COBRA □ Employer Provided	□ Media □ Media □ Indian Progr	are Health S	I	□ Private Pay □ SCHIP □ VA Medical Service	<ul> <li>Declined to Respond</li> <li>Other:</li> </ul>	