The HEAD of the HOUSEHOLD						
(REQUIRED)						
Date of Intake:						
First and Last Name:	/ /					
Veteran?	□ Yes	□ No				
Household Type:	🗆 Single Indiv	vidual 🗆	Female Sing	gle Parent	Male Single Pare	
Household Size:						
Date of Birth:	/ /					
Gender:	🗆 Female	🗆 Male	🗆 Transe	gender	Questioning	
	□ A gender o	other than s	singularly fe	emale or male		
Race:	□ American I	ndian,	□ Asian	or Asian-	🗆 Black, African-	
	Alaska Na	tive or	Amer	ican	American or	
	Indigenous				African	
	Native Hawaiian or White					
	Pacific Islaı	nder				
Ethnicity:	🗆 Non-Hispa	nic/Non-la	tin(a)(o)(x)	🗆 Hispanic/L	_atin(a)(o)(x)	
Primary Language:						
Disabling Condition?		No				
Health Insurance?		No				
Prior Living	<u>Institutional</u>	Situations				
Situation:	Foster care	home or f	oster care ç	group		

The SECOND ADULT in the HOUSEHOLD (OPTIONAL)					
First and Last Name:					
Veteran?	□ Yes □ No				
Relationship to Head of Household:	 Head of Household's child 	Head of Household's spouse or partner	 Other relation to HoH 		
Date of Birth:	/ /				
Gender:	□ Female □ Mal	5	Questioning		
	□ A gender ofher the	an singularly female or mal	e		
Race:	 American Indian, Alaska Native or Indigenous 	 Asian or Asian- American 	 Black, African- American or African 		
	 Native Hawaiian c Pacific Islander 	or 🗆 White			

Ethnicity:	🗆 Non-Hi	spanic/Non	ı-latin(a)(o)(x)	Hispanic/Latin(a)(o)(x)	
Primary Language:					
Disabling Condition?	□ Yes	□ No			
Health Insurance?	□ Yes	□ No			

The THIRD ADULT in the HOUSEHOLD (OPTIONAL)						
First and Last Name:						
Veteran?	□ Yes □ No					
Relationship to Head of Household:	 Head of Household's child 	 Head of Household's spouse or partner 	 Other relation to HoH 			
Date of Birth:	/ /					
Gender:	🗆 Female 🛛 🗆 Male	e 🗆 Transgender	Questioning			
	□ A gender other tha	A gender other than singularly female or male				
Race:	 American Indian, Alaska Native or Indigenous Native Hawaiian o Pacific Islander 	 Asian or Asian- American r	 Black, African- American or African 			
Ethnicity:	□ Non-Hispanic/Non-	-latin(a)(o)(x) 🛛 Hispanic/l	_atin(a)(o)(x)			
Primary Language:						
Disabling Condition?	□ Yes □ No					
Health Insurance?	🗆 Yes 🗆 No					

The FOURTH ADULT in the HOUSEHOLD (OPTIONAL)					
First and Last Name:					
Veteran?	□ Yes	□ No			
Relationship to Head of Household:	Head of Household	's child	Head of How spouse or po		□ Other relation to HoH
Date of Birth:	/ /				
Gender:	Female	🗆 Male	e 🗆 Transg	ender	Questioning
A gender other than singularly female or male					

Race:	 American Indian, Alaska Native or Indigenous 	 Asian or Asian- American 	 Black, African- American or African 	
	 Native Hawaiian or Pacific Islander 	r 🗆 White		
Ethnicity:	Non-Hispanic/Non-	latin(a)(o)(x) 🗆 Hispanic/L	.atin(a)(o)(x)	
Primary Language:				
Disabling Condition?	□ Yes □ No			
Health Insurance?	□ Yes □ No			

If response to Current Living Situation of Head of Household is under <u>INSTITUTIONAL</u> , complete this section.	If response to Current Living Situation of Head of Household is under <u>TRANSITIONAL AND PERMANENT HOUSING</u> , complete this section.
Length of Stay in Previous Place (the location marked under Residence Prior):	Length of Stay in Previous Place (the location marked under Residence Prior):
 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 refused 	 □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 refused
\rightarrow If the response above is less than 90 days (the options in bold), then continue:	\rightarrow If the response above is less than 7 days (the options in bold), then continue:
On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? □Yes □No	On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? □Yes □No
\rightarrow If response to the question above is Yes , then continue:	\rightarrow If response to the question above is Yes , then continue:
Approximate date homeless situation began://	Approximate date homeless situation began://
Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:	Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:
□One time □Two times □Three times □Four or more times □Client doesn't know □Client refused	□One time □Two times □Three times □Four or more times □Client doesn't know □Client refused
Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: Client doesn't know Client refused	Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: Client doesn't know Client refused

The table below should be used to track services for the household on a monthly basis. Specify the total amount expended for the month below by service type. More than one service type may be selected if applicable.

SERVICE MONTH & YEAR: _____

SERVICE TYPE	AMOUNT
Rent Payment Assistance	\$
Utility Assistance	\$
Other (e.g. moving expenses, rental deposits, rental application fee) <u>Please specify (required)</u> :	\$

Responses to the following questions, including the Post-Service Living Situation, are required for the <u>Head of Household</u>.

Will these funds solve your current housing issue? If response is No, what would solve your current housing issue?	□ Yes	□ No
Using your best guess, do you think you will need more funds or services over the next six months to stay in your home?	□ Yes	□ No
Do you feel more stable in your housing as a result of these funds?	□ Yes	□ No

Post-Service	Homeless Situations	
Living Situation:		