

### 3.2 NC ESG RRH and Prevention Intake

NC HMIS RRH and Prevention Intake / for HP and RRH projects.

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

Intake Staff/Case Manager: \_\_\_\_\_

Use this page for the head of household or a single client.

#### General Demographic Information

Name: \_\_\_\_\_

- ☐ Full Name Reported
- ☐ Partial, Street Name, or Code Name Reported
- ☐ Client doesn't know
- ☐ Client refused

Social Security: \_\_\_\_\_

- ☐ Full SSN Reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

U.S. Military Veteran? (Answer for adults 18+ only)

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

Relationship to Head of Household:

- ☐ Self (head of household)

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

- ☐ Full DOB reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client doesn't know
- ☐ Client refused

Gender:

- ☐ Female
- ☐ Male
- ☐ Trans Female (MTF or Male to Female)
- ☐ Trans Male (FTM or Female to Male)
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client doesn't know
- ☐ Client refused

Race: (Use the columns to indicate Primary and Secondary)

- ☐ ☐ 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

#### Health and Disability Information

Does the client have a disabling condition?

- ☐ Yes (if yes, answer the following two questions)
- ☐ No (if no, skip the following two questions)
- ☐ Client doesn't know
- ☐ Client refused

Disability Type: (Select all that apply)

- ☐ Physical
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Developmental
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Both Alcohol and Drug Abuse
- ☐ Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

(Not applicable for HIV/AIDS and Developmental disabilities)

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

Covered by Health Insurance:

- ☐ Yes (if yes, answer the following question)
- ☐ No (if no, skip the following question)
- ☐ Client doesn't know
- ☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
- ☐ MEDICARE
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (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: \_\_\_\_\_

Use this page for a non-head of household client.

## General Demographic Information

Name: \_\_\_\_\_

- ☐ Full Name Reported
- ☐ Partial, Street Name, or Code Name Reported
- ☐ Client doesn't know
- ☐ Client refused

Social Security: \_\_\_\_\_

- ☐ Full SSN Reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

U.S. Military Veteran? (Answer for adults 18+ only)

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

Relationship to Head of Household:

- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member  
(other relation to head of household)
- ☐ Other: non-relation member

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

- ☐ Full DOB reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client doesn't know
- ☐ Client refused

Gender:

- ☐ Female
- ☐ Male
- ☐ Trans Female (MTF or Male to Female)
- ☐ Trans Male (FTM or Female to Male)
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client doesn't know
- ☐ Client refused

Race: (Use the columns to indicate Primary and Secondary)

- ☐ ☐ 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

## Health and Disability Information

Does the client have a disabling condition?

- ☐ Yes (if yes, answer the following two questions)
- ☐ No (if no, skip the following two questions)
- ☐ Client doesn't know
- ☐ Client refused

Disability Type: (Select all that apply)

- ☐ Physical
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Developmental
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Both Alcohol and Drug Abuse
- ☐ Mental Health Problem

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

(Not applicable for HIV/AIDS and Developmental disabilities)

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

Covered by Health Insurance:

- ☐ Yes (if yes, answer the following question)
- ☐ No (if no, skip the following question)
- ☐ Client doesn't know
- ☐ Client refused

Health Insurance Type: (Select all that apply)

- ☐ MEDICAID
- ☐ MEDICARE
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (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: \_\_\_\_\_

## Homeless History Interview / for head of household and adults.

Chronic homeless status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an Emergency Shelter, or a Safe Haven (SH). It requires a substantiated disability and continuous homelessness for the past 12 months to qualify or four separate occasions in the past three years as long as the combined occasions total at least 12 months. Intake staff should ask clients about their homeless history, including specific instances the client spent on the street, in an Emergency Shelter, or Safe Haven project. However, intake staff should not instruct the client on the length of time or episodes necessary to qualify as chronically homeless. Responses should simply be the actual client responses. Questions must be asked exactly as they are presented below.

Prior Living Situation:

### Homeless Situations

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

### Institutional Situations

- ☐ 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
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

### Temporary and Permanent Housing Situations

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional Housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

### Other

- ☐ Client doesn't know
- ☐ Client refused

Length of Stay in Previous Place:

- ☐ 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

Did you stay less than 90 days? (Answer for Institutional Situations only)

- ☐ Yes (if yes, answer the following question)
- ☐ No (if no, skip the following question)

On the night before did you stay on the streets, ES, or SH? (Answer for Institutional Situations only)

- ☐ Yes
- ☐ No

Did you stay less than seven nights? (Answer for Temporary and Permanent Housing Situations only)

- ☐ Yes (if yes, answer the following question)  
☐ No (if no, skip the following question)

On the night before did you stay on the streets, ES, or SH? (Answer for Temporary and Permanent Housing only)

- ☐ Yes  
☐ No

Have the client look back at the last time they had a place to sleep other than the streets, ES, or SH. If the client knows the month and year but not the day, you may substitute the day of the month with the same day of the month as project entry.

**What counts as a break in homelessness?**

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be 90 or more consecutive days in an Institutional Situation or 7 or more consecutive nights in a Temporary and Permanent Housing Situation.

If you answered "Yes" to either the "Did you stay less than 90 days?" question (for Institutional Situations) or the "Did you stay less than seven nights?" question (for Temporary and Permanent Housing Situations) above, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

Approximate date homelessness started: (mm/dd/yyyy) \_\_\_\_\_

Regardless of where they stayed last night - number of times the client has been on the streets, in ES, or SH in the past three years including today:

- ☐ 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 ES or SH in the past three years:

- ☐ One month (this time is the first month)  
☐ 2-12

Must specify: \_\_\_\_\_

- ☐ More than 12 months  
☐ Client doesn't know  
☐ Client refused

Housing Status: (Answer for all household members)

- ☐ Category 1 - Homeless  
☐ Category 2 - At imminent risk of losing housing  
☐ Category 3 - Homeless only under other federal statutes  
☐ Category 4 - Fleeing domestic violence  
☐ At-risk of homelessness  
☐ Stably housed  
☐ Client doesn't know  
☐ Client refused

Zip Code (of last permanent address, if known): \_\_\_\_\_

Answer Client Location for head of household only.

Client Location: (CoC Code) \_\_\_\_\_

County and City of Residence refer to where the client is living the night before this assessment.

County of Residence: \_\_\_\_\_

City of Residence: \_\_\_\_\_

## Income & Non-Cash Benefit Information

Income from any source:

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

Monthly Amount	Source of Income	Household Member
<input type="radio"/> \$ _____	Alimony and Other Spousal Support	_____
<input type="radio"/> \$ _____	Child Support	_____
<input type="radio"/> \$ _____	Earned Income	_____
<input type="radio"/> \$ _____	General Assistance	_____
<input type="radio"/> \$ _____	Pension or retirement income from another job	_____
<input type="radio"/> \$ _____	Private Disability Insurance	_____
<input type="radio"/> \$ _____	Retirement Income from Social Security	_____
<input type="radio"/> \$ _____	SSDI (Social Security Disability Insurance)	_____
<input type="radio"/> \$ _____	SSI (Supplemental Security Income)	_____
<input type="radio"/> \$ _____	TANF (Temporary Assistance for Needy Families)	_____
<input type="radio"/> \$ _____	Unemployment Insurance	_____
<input type="radio"/> \$ _____	VA Service Connected Disability Compensation	_____
<input type="radio"/> \$ _____	VA Non-Service-Connected Disability Pension	_____
<input type="radio"/> \$ _____	Worker's Compensation	_____
<input type="radio"/> N/A	No Financial Resources	_____
<input type="radio"/> \$ _____	Other: _____	_____

Total monthly income: \$ \_\_\_\_\_

Non-cash benefit from any source:

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

Source of Non-Cash Benefit	Amount	Household Member
<input type="radio"/> Supplemental Nutrition Assistance Program (Food Stamps)	\$ _____	_____
<input type="radio"/> Special Supplemental Nutritional Program for WIC	\$ _____	_____
<input type="radio"/> TANF Child Care Services	\$ _____	_____
<input type="radio"/> TANF Transportation Services	\$ _____	_____
<input type="radio"/> Other TANF-Funded Services	\$ _____	_____
<input type="radio"/> Other Source: _____	\$ _____	_____

## Domestic Violence Information

Domestic Violence Victim/Survivor should be indicated as "Yes" if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place within the individual's or family's primary nighttime residence.

Domestic Violence Victim/Survivor?

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

If yes for Domestic Violence Victim/Survivor, when experience occurred:

- ☐ Within the past three months
- ☐ Three to six months ago
- ☐ From six to twelve months ago
- ☐ More than a year ago
- ☐ Client doesn't know
- ☐ Client refused

Currently fleeing should be indicated as "Yes" if the person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.

If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

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

Overview of domestic violence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Current Living Situation / for head of household and adults.

Street Outreach projects must record a current living situation for every contact made. Please refer to the [NC HMIS Street Outreach Supplemental Form](#) for more detail. Night by night shelters should only record a current living situation if the interaction between the shelter personnel and client goes beyond a basic provision of shelter services. Contacts may include activities such as a conversation between the shelter worker and the client about the client's well being or needs, an office visit to discuss their housing plan, or a referral to another community service.

Current Living Situation:

### Homeless Situations

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

### Institutional Situations

- ☐ 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
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

### Temporary and Permanent Housing Situations

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional Housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

### Other

- ☐ Client doesn't know
- ☐ Client refused

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

- ☐ Yes (if yes, answer all of the following questions)
- ☐ No (if no, this is the end of this section)
- ☐ Client doesn't know
- ☐ Client refused

Has a subsequent residence been identified?

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

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

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

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

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

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

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

### Client Contact Information

Is there a phone number where someone can get in touch with you or leave a message? \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Contact Type (Relationship to Client): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact's Street Address: \_\_\_\_\_

\_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_



## Natural Disaster/Storm / for head of household and adults.

Are you experiencing homelessness due to a recent natural disaster/storm?

- ☐ Yes (if yes, answer all of the following questions)
- ☐ No (if no, this is the end of this section)
- ☐ Client doesn't know
- ☐ Client refused

There are resources and partners available during natural disasters/storms that can help you. Do we have your permission to use this information to coordinate with them to help you get resources and assistance?

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

What natural disaster/storm caused you to evacuate and seek other shelter?

- ☐ Hurricane Dorian - September 2019
- ☐ Hurricane Michael - October 2018
- ☐ Hurricane Florence - September 2018
- ☐ Hurricane Matthew - October 2016
- ☐ Other: \_\_\_\_\_

What NC county were you living in immediately prior to the natural disaster/storm? \_\_\_\_\_

What was your living situation immediately prior to the natural disaster/storm?

### Homeless Situations

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

### Institutional Situations

- ☐ 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
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

### Temporary and Permanent Housing Situations

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional Housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

### Other

- ☐ Client doesn't know
- ☐ Client refused

Before the natural disaster/storm occurred, how long did you live in the prior living situation?

- ☐ 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

On what date did you leave your prior living situation? (mm/dd/yyyy) \_\_\_\_\_

Do you know if the place you were living was by destroyed by the natural disaster/storm, seriously damaged but not destroyed, or not seriously damaged?

- ☐ Destroyed
- ☐ Seriously damaged
- ☐ Not seriously damaged
- ☐ Client doesn't know
- ☐ Client refused

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
- ☐ I have insurance to cover some of my losses
- ☐ I have no insurance
- ☐ Client doesn't know
- ☐ Client refused

Have you registered with FEMA for assistance?

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

As of today, what are your plans for housing?

- ☐ Stay in a shelter until I can move back home permanently
- ☐ Stay in a shelter until I can move somewhere else permanently
- ☐ Move somewhere temporarily until I can make a permanent move
- ☐ Client doesn't know
- ☐ Client refused

### NC County of Service

Do not complete the following unless instructed to by your CoC/Local System Administrator. If you are unsure, contact your Agency Administrator or Local System Administrator.

County of Service refers to the county in which the client is receiving services.

NC County of Service: \_\_\_\_\_