



HUD CoC and ESG All Other Project Types Intake Assessment for Adults 18 and Over

This form is to be used in assisting HMIS users to record client-level program specific data elements for input into ServicePoint and follows the ServicePoint workflow for ease of input. All information on this assessment is required to be completed and entered into ServicePoint within 5 days of client intake. A client-signed Consent to Share determining the information to be shared within HMIS **must** accompany this assessment prior to data entry.

Agency/Project Name: _____ **Start Date:** _____

Client Name: _____ **Bed (TH):** _____

SSN: _____ **SSN Data Quality:**

<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

Date of Birth: _____ **Date of Birth Type:**

<input type="checkbox"/> Full DOB reported	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client refused

<p>Primary Race:</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 	<p>Secondary Race (Optional):</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Ethnicity:

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Non-Hispanic/Non-Latino			

Gender:

<input type="checkbox"/> Female	<input type="checkbox"/> Trans male to female	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Male	<input type="checkbox"/> Gender Non-Conforming (i.e., not exclusively male or female)	<input type="checkbox"/> Client refused
<input type="checkbox"/> Trans female to male		<input type="checkbox"/> Data not collected

U.S. Military Veteran? Yes No Client doesn't know Client refused Data not collected

Zip Code of Last Permanent Address (Where client spent >= 90 days, had mail in his/her name, etc.) _____



CONSENT TO SHARE CONFIDENTIAL INFORMATION

Client Name: _____	Start Date: _____
	End Date: _____

I request and authorize: _____ at
Staff Person(s)

Agency Name: _____

Project Name: _____

to disclose confidential information to HMIS-ERIE, the homeless database that supports the Erie, PA Continuum of Care PA-605, administered by Erie County Department of Human Services at:

HMIS Administrator
Erie County Department of Human Services MH/ID
154 West 9th Street
Erie, PA 16501

This request and authorization applies to:

- Client demographics and program entry/exit information
- Program-specific information for the purpose of services and referrals only, and/or: _____

Yes No I expressly release the above-named staff person(s) and Agency from any and all liability arising from compliance with this request and disclosure of the requested information to HMIS-ERIE.

Yes No I understand my rights regarding personally identifying information as explained by the above-named staff person(s) and outlined in the HMIS-ERIE Consumer Privacy Policy.

Yes No I authorize the release of my information, such as personal demographics, income, health, and disabilities (including drug, alcohol, and/or mental health treatment) to be shared with other HMIS-ERIE providers to determine program eligibility, send referrals and coordinate services.

Yes No I authorize my demographics information only to be shared with other HMIS-ERIE providers to maintain data integrity within HMIS-ERIE.

Client Signature: _____ Date Signed: _____

Staff Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES ONE (1) YEAR AFTER IT IS SIGNED.



Project Entry

Does the client have a disabling condition?
o Yes o No o Client doesn't know o Client refused o Data not collected

Relationship to Head of Household:
o Self (head of household) o Head of household's other relation member
o Head of household's child o Other: non-relation member
o Head of household's spouse or partner o Data not collected

Residence Prior to Project Entry:
---Homeless Situation---
o Place not meant for habitation
o Emergency shelter, including hotel or motel paid for with emergency shelter voucher
o Safe Haven
o Interim Housing
---Institutional Situation---
o Foster care home or foster care group home
o Hospital or other residential non-psychiatric medical facility
o Jail, prison or juvenile detention facility
o Long-term care facility or nursing home
o Psychiatric hospital or other psychiatric facility
o Substance abuse treatment facility or detox center
---Transitional and Permanent Housing Situation---
o Hotel or motel paid for without emergency shelter voucher
o Owned by client, no ongoing housing subsidy
o Owned by client, with ongoing housing subsidy
o Permanent housing (other than RRH) for formerly homeless persons
o Rental by client, no ongoing housing subsidy
o Rental by client, with VASH subsidy
o Rental by client, with GPD TIP subsidy
o Rental by client, with other ongoing housing subsidy (including RRH)
o Residential project or halfway house with no homeless criteria
o Staying or living in a family member's room, apartment or house
o Staying or living in a friend's room, apartment or house
o Transitional housing for homeless persons (including homeless youth)
o Client doesn't know
o Client refused
o Data not collected

Length of Stay:
o One night or less o One year or longer
o Two to six nights o Client doesn't know
o One week or more, but less than one month o Client refused
o One month or more, but less than 90 days o Data not collected
o 90 days or more, but less than one year

IF Client is coming from Streets, ES, or SH (Homeless Situation):
Approximate Date Homelessness Started: ___/___/___

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:
o One time o Four times or more o Data not collected
o Two times o Client doesn't know
o Three times o Client refused

Total number of months homeless on the street, in ES or SH in the past three years:
o One month (this is the first time) o 6 o 11
o 2 o 7 o 12
o 3 o 8 o More than 12 months
o 4 o 9 o Client doesn't know
o 5 o 10 o Client refused
o Data not collected

IF Client is Coming from Institutional Situation AND Length of Stay was less than 90 Days: (See Residence Prior to Project Entry and Length of Stay)

On the night before, did you stay on the Streets, ES, or SH? o Yes o No

