

**HPRP ASSESSMENT / UNIVERSAL INTAKE**

**Housing Status:**

- |  |  |
|--|--|
| <input type="checkbox"/> Literally Homeless (HUD)                            | <input type="checkbox"/> Stably Housed |
| <input type="checkbox"/> Housed and at imminent risk of losing housing (HUD) | <input type="checkbox"/> Don't Know    |
| <input type="checkbox"/> Housed and at-risk of losing housing (HUD)          | <input type="checkbox"/> Refused       |

**INCOME AND SOURCES**

Income received from any source in the past 30 days:  Yes  No  Don't Know  Refused

**MONTHLY INCOME SUB-ASSESSMENT (BY SOURCE)** Note: If no income, select "No financial resources"

(1) (2) (3) (4)

Income Source (from below)

Last 30 day income \$ /mo \$ /mo \$ /mo \$ /mo

Start Date (required) / / / / / / / /

End Date (if applicable) / / / / / / / /

(5) (6) (7) (8)

Income Source (from below)

Last 30 day income \$ /mo \$ /mo \$ /mo \$ /mo

Start Date (required) / / / / / / / /

End Date (if applicable) / / / / / / / /

**Source of Income:**

**Cash income source:** (Indicate source by number)

Alimony or other spousal support (HUD)*	Pension/Retirement
No Financial Resources (HUD)	Alimony*
Pension from a former job (HUD)*	Retirement Disability
Private Disability Insurance (HUD)*	Self Employment Wages
Veteran's pension (HUD)	State Disability
Child support (HUD)*	Contributions from other people*
Earned Income (HUD)	Dividends(Investments)
General Assistance (HUD)	Interest(Bank)*
Supplemental Security Income (SSI) (HUD)	Annuities
Retirement income from social security (HUD)	Railroad Retirement
A Veteran's disability payment (HUD)	Rental Income
TANF (HUD)	Other (HUD)*
Unemployment insurance (HUD)	SSDI (HUD)
Worker's compensation (HUD)*	

**Note to HUD-funded programs: (\*) indicates income source that will be reported as "other" on current HUD Annual Progress Report.**

Non-cash benefit received in the past 30 days:  Yes  No  Don't Know  Refused

**Non-Cash Benefits:** (Indicate source by number)

Supplemental Nutrition Assistance Program (Food Stamps)(HUD)	TANF Child Care Services (HUD)
MEDICAID (HUD)	TANF transportation services (HUD)
MEDICARE (HUD)	Other TANF funded sources (HUD)
SCHIP (HUD)	Section 8, Public Housing or rental assistance (HUD)
Special Supplemental Nutrition Program for WIC (HUD)	Other (HUD)* _____
Veteran's Administration (VA) Medical Services (HUD)	

**HPRP MULTIPLE SERVICES**

<b>Client Name:</b>		<b>Provider:</b>	
<b>Service:</b>			
____/____/____ Start Date of Service		____/____/____ End Date of Service	
<b>HPRP Housing Relocation &amp; Stabilization Services Provided (Use Service Transactions)</b>			
<input type="checkbox"/> Case Management		<input type="checkbox"/> Outreach and engagement	
<input type="checkbox"/> Housing Search and Placement		<input type="checkbox"/> Credit Repair	
<input type="checkbox"/> Legal Services			
____/____/____ Start Date of Financial Assistance		____/____/____ End Date of Financial Assistance	
\$_____ Financial Assistance Amount			
<b>HPRP Financial Assistance Type (Indicate source and cost)</b>			
<input type="checkbox"/> Rental Assistance		<input type="checkbox"/> Utility Payments	
<input type="checkbox"/> Security Deposits		<input type="checkbox"/> Moving Cost Assistance	
<input type="checkbox"/> Utility Deposits		<input type="checkbox"/> Motel & Hotel Vouchers	
<b>Cost 1:</b>	<b>Source 1:</b>	<b>Cost 2:</b>	<b>Source 2:</b>
	CAP		CAP
	FEMA		FEMA
	HPRP Source 1 (County)		HPRP Source 1 (County)
	HPRP Source 2 (City)		HPRP Source 2 (City)
	HPRP Source 3 (Other)		HPRP Source 3 (Other)
	HUD S+C		HUD S+C
	HUD SHP		HUD SHP
	Internal Budget		Internal Budget
	Title III		Title III
No. of units		Unit type	
		Cost of unit	
<b>Status:</b>		<b>Outcome:</b>	
<input type="checkbox"/> Identified		<input type="checkbox"/> Pending	
<input type="checkbox"/> In Progress		<input type="checkbox"/> Fully Met	
<input type="checkbox"/> Closed		<input type="checkbox"/> Partially Met	
		<input type="checkbox"/> Not Met	
<b>If not met, reason:</b>			
<input type="checkbox"/> All Services Full		<input type="checkbox"/> Service Does Not Exist	
<input type="checkbox"/> Client Not Eligible		<input type="checkbox"/> Service Not Accessible	
<input type="checkbox"/> Client Refused Service			

### Service Code Description

BH-840	Supportive Housing	APR		
BT	Transportation	APR		
FT-320	General Legal Aid	APR	HPRP	
H	Education	APR		
LH	Health Supportive Services	APR		
LT-175.050	AIDS/HIV Clinics	APR		
LX	Substance Abuse Services	APR		
ND	Employment	APR		
PH-100	Case/Care Management	APR	HPRP	
PH-160.150	Child Care Providers	APR		
PH-620.460	Life Skills Education	APR		
RR	Psychiatric/Mental Health Support Services	APR		
TJ-650.630	Outreach Programs	APR	HPRP	
BH-390	Housing Search and Information		HPRP	
DD-500.150	Credit Counseling		HPRP	
BH-380.700	Rent Payment Assistance		HPRP	
BH-380.725	Rental Deposit Assistance		HPRP	
BH-890.915	Utility Deposit Assistance		HPRP	
BH-890.910	Utility Bill Payment Assistance		HPRP	
BH-500.510	Moving Expense Assistance		HPRP	
BH-180.850-30	Homeless Motel Vouchers		HPRP	