

ASSESSMENT DATE: ____/____/____ **ENTRY DATE:** ____/____/____ **PHONE:** (____) ____-____

CLIENT NAME: _____
FIRST MI LAST SUFFIX

ALIAS: (optional) _____

SSN: ____ - ____ - ____ **SSN DATA QUALITY:**
 Full SSN reported (HUD) Partial SSN reported (HUD)
 Don't Know Unknown Don't Know or Don't have SSN (HUD) Refused

DATE OF BIRTH: ____/____/____ **DOB TYPE:** Full DOB Reported Don't Know
MM DD YYYY Approximate or partial DOB Reported Refused

ETHNICITY: Hispanic/Latino Not Hispanic/Latino Don't Know Refused
MARITAL STATUS: (optional) Single Married Divorced
 Widowed Separated

PRIMARY RACE: American Indian or Alaskan Native (HUD)
 Native Hawaiian or Other Pacific Islander (HUD)
 Black or African American (HUD)
 White (HUD)
 Asian (HUD)
 Other Multi-Racial
 Other
 Unknown

SECONDARY RACE: (optional) American Indian or Alaskan Native (HUD)
 Native Hawaiian or Other Pacific Islander (HUD)
 Black or African American (HUD)
 White (HUD)
 Asian (HUD)
 Other Multi-Racial
 Other
 Unknown

DISABILITY of LONG DURATION: Yes No Don't Know Refused

HOUSING STATUS: Literally Homeless (HUD) Stably Housed Housed and at imminent risk of losing housing (HUD)
 Housed and at-risk of losing housing (HUD) Don't Know Refused

TYPE OF LIVING SITUATION: (Indicate where the client spent the night prior to entering your program)	
<input type="checkbox"/> Don't know (HUD)	<input type="checkbox"/> Psychiatric hospital or facility (HUD)
<input type="checkbox"/> Emergency shelter, including hotel/motel with voucher (HUD)	<input type="checkbox"/> Refused (HUD)
<input type="checkbox"/> Foster care or foster group home (HUD)	<input type="checkbox"/> Rental by client, no housing subsidy (HUD)
<input type="checkbox"/> Hospital (non-psychiatric) (HUD)	<input type="checkbox"/> Rental by client with other (non-VASH) subsidy (HUD)
<input type="checkbox"/> Hotel/motel without emergency shelter voucher (HUD)	<input type="checkbox"/> Rental by client with VASH housing subsidy (HUD)
<input type="checkbox"/> Jail, prison, or juvenile detention facility (HUD)	<input type="checkbox"/> Safe Haven (HUD)
<input type="checkbox"/> Other: _____(HUD)	<input type="checkbox"/> Staying or living with family (HUD)
<input type="checkbox"/> Owned by client, no housing subsidy (HUD)	<input type="checkbox"/> Staying or living with friends (HUD)
<input type="checkbox"/> Owned by client with housing subsidy (HUD)	<input type="checkbox"/> Substance abuse facility or detox center (HUD)
<input type="checkbox"/> Permanent housing for formerly homeless (HUD)	<input type="checkbox"/> Transitional housing for homeless, including youth (HUD)
<input type="checkbox"/> Place not meant for habitation (outreach programs only) (HUD)	

LENGTH OF STAY: (pertains to previous night's living situation)*** **NOW REQUIRED*****

1 week or less (HUD) More than 1 week but less than 1 month (HUD) 1 to 3 months (HUD)
 More than 3 months but less than 1 year (HUD) 1 year or longer (HUD)

INDICATE ZIP CODE WHERE CLIENT RESIDED FOR AT LEAST 90 DAYS, OR HAD UTILITIES/RENT IN HIS/HER NAME:

ZIP CODE OF LAST PERMANENT ADDRESS: (last address client resided for 90 days or more) _____

ZIP CODE DATA QUALITY: Full or partial zip code recorded (HUD) Don't Know (HUD) Refused (HUD)

US MILITARY VETERAN: Yes No Don't Know Refused